



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 11, 2026

Bethany Mays
Resident Advancement, Inc.
PO Box 555
Fenton, MI 48430

RE: License #: AS250010959
Burleigh
8155 Burleigh
Grand Blanc, MI 48439

Dear Bethany Mays:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan: *(choose one or more)*

- You are to submit documentation of compliance.
- You are to submit a Statement of Correction.
- An on-site inspection will be conducted.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license and special certification are renewed. It is valid only at your present address and is nontransferable.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (517) 643-7960.

Sincerely,

A handwritten signature in cursive script that reads "Christopher A. Holvey".

Christopher Holvey, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 899-5659

611 W. OTTAWA • P.O. BOX 30664 • LANSING, MICHIGAN 48909
www.michigan.gov/lara • 517-335-1980

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
RENEWAL INSPECTION REPORT**

I. IDENTIFYING INFORMATION

License #: AS250010959

Licensee Name: Resident Advancement, Inc.

Licensee Address: 411 S. Leroy, PO Box 555
Fenton, MI 48430

Licensee Telephone #: (810) 750-0382

Licensee/Licensee Designee: Bethany Mays, Designee

Administrator: Jennifer Soto

Name of Facility: Burleigh

Facility Address: 8155 Burleigh
Grand Blanc, MI 48439

Facility Telephone #: (810) 695-7455

Original Issuance Date: 05/19/1993

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED

Special Certification: DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/10/2026

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: 11/25/2025

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 5

No. of others interviewed 0 Role: [REDACTED]

- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication record(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain.
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
- Fire safety equipment and practices observed? Yes No If no, explain.
- E-scores reviewed? (Special Certification Only) Yes No N/A If no, explain.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes No If no, explain.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s: 4/3/24, 510 (4)
- 10/21/24, 310(4) and 303(2) N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

R 400.647 Safety and maintenance of premises.

(2) Home furnishings and housekeeping standards must present a comfortable, clean, and orderly appearance.

Multiple kitchen cabinets were viewed to be in rough condition and are in need of repair or replacement.

R 400.673 Use of assistive devices, therapeutic support.

(2) An assistive device or therapeutic support must be authorized in writing by an appropriately licensed health care professional and the authorization must state the reason for and the term of the authorization.

Home has two residents who utilize Hoyer lifts, but home did not have authorizations in writing by an appropriately licensed health care professional for the use of the assistive device.

R 400.725 Means of egress.

(1) A means of egress must be considered the entire way and method of passage through the facility and out an exit door to free and safe ground outside the facility and must be arranged and maintained to provide free and unobstructed egress from all parts of the facility.

The side door, which is a means of egress, was observed to not be opening or closing easily. The door is in need of repair.

R 400.725 Means of egress.

(3) Doors that form a part of a required means of egress must be equipped with positive-latching, non-locking-against-egress hardware and have a width to allow for residents requiring wheelchairs or other devices to easily navigate through doorways.

The front entrance of the home was observed to have a deadbolt lock on it, which is not positive-latching, non-locking-against-egress hardware. Deadbolt must be removed or rendered non-functioning.

A corrective action plan was requested and approved on 03/10/2026. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license and special certification are recommended.



3/11/2026

Christopher Holvey
Licensing Consultant

Date