



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 19, 2026

Brant Wilson
The Lighthouse, Inc.
PO Box 289
Caro, MI 48723

RE: License #: AM790405945
Jamie's House
1771 Luder Rd
Caro, MI 48723

Dear Brant Wilson:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your Adult Foster Care medium group home license and special certification for developmentally disabled and/or mentally ill is renewed. The regular license 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 "Cynthia Badour".

Cynthia Badour, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48605
(517) 648-8877

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

I. IDENTIFYING INFORMATION

License #: AM790405945

Licensee Name: The Lighthouse, Inc.

Licensee Address: 1655 East Caro Road
Caro, MI 48723

Licensee Telephone #: (989) 673-2500

Licensee Designee: Brant Wilson

Administrator: Tristan Schramke

Name of Facility: Jamie's House

Facility Address: 1771 Luder Rd
Caro, MI 48723

Facility Telephone #: (989) 673-2500

Original Issuance Date: 12/07/2021

Capacity: 12

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED
TRAUMATICALLY BRAIN INJURED
ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/19/2026
Date of Bureau of Fire Services Inspection if applicable: 03/05/2026
Date of Health Authority Inspection if applicable: 02/10/2026
No. of staff interviewed and/or observed 4
No. of residents interviewed and/or observed 2
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. Inspection occurred prior to meal preparation/service.
- 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: 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 determined to be in substantial compliance with rules and requirements.

IV. RECOMMENDATION

I recommend issuance of a regular license and special certification for developmentally disabled and/or mentally ill to this AFC adult medium group home (capacity 7-12).



05/19/2026

Cynthia Badour
Licensing Consultant

Date