



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

April 21, 2026

Jeffery Richards  
Gogebic CMH Svs Board  
103 W Us2  
Wakefield, MI 49968

RE: License #: AS270303161  
Greenbush Home  
N10281 Greenbush  
Ironwood, MI 49938

Dear Mr. Richards:

Attached is the Licensing Study Report for the above-mentioned facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license is 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 (616) 356-0111.

Sincerely,

A handwritten signature in cursive script that reads "Maria DeBacker".

Maria DeBacker, Licensing Consultant  
Bureau of Community and Health Systems CAMP Office  
350 Ottawa  
Grand Rapids, MI 49503  
(906) 280-8531

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS270303161
<b>Licensee Name:</b>	Gogebic CMH Svs Board
<b>Licensee Address:</b>	103 W Us2 Wakefield, MI 49968
<b>Licensee Telephone #:</b>	(906) 229-6100
<b>Licensee Designee:</b>	Jeffery Richards
<b>Name of Facility:</b>	Greenbush Home
<b>Facility Address:</b>	N10281 Greenbush Ironwood, MI 49938
<b>Facility Telephone #:</b>	(906) 229-6160
<b>Original Issuance Date:</b>	10/09/2009
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL TRAUMATICALLY BRAIN INJURED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 4/1/26

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable: 4/1/26

No. of staff interviewed and/or observed 3  
No. of residents interviewed and/or observed 3  
No. of others interviewed [redacted] 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: 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 2 year regular adult foster care license.

*Maria Debacker*

4/18/26

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Maria Debacker  
Licensing Consultant

Date