



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

October 27, 2017

Rhonda and Richard Ranville  
3581 N US 131  
Cadillac, MI 49601

RE: License #: AF830016214  
**Country Oaks**  
**3581 N US 131**  
**Cadillac, MI 49601**

Dear Rhonda and Richard Ranville:

Attached is the Licensing Study Report for the above referenced 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) 356-0183.

Sincerely,

A handwritten signature in cursive script, appearing to read "Bruce A. Messer".

Bruce A. Messer, Licensing Consultant  
Bureau of Community and Health Systems  
Suite 11  
701 S. Elmwood  
Traverse City, MI 49684  
(231) 342-4939

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF830016214
<b>Licensee Name:</b>	Rhonda Ranville, Richard Ranville
<b>Licensee Address:</b>	3581 N US 131 Cadillac, MI 49601
<b>Licensee Telephone #:</b>	(231) 775-6687
<b>Name of Facility:</b>	Country Oaks
<b>Facility Address:</b>	3581 N US 131 Cadillac, MI 49601
<b>Facility Telephone #:</b>	(231) 775-6687
<b>Original Issuance Date:</b>	04/20/1995
<b>Capacity:</b>	6
<b>Program Type:</b>	AGED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 10/19/2017

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

Date of Health Authority Inspection if applicable: 10/25/2017

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 3

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: N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes  (please explain) No  N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility is in compliance with all applicable rules and statutes.

An exit conference was completed with the Licensee on October 19, 2017. I explained my findings as noted above. Mr. and Ms. Ranville stated they understood and had no further questions concerning this renewal inspection.

### IV. RECOMMENDATION

I recommend issuance of a 2 year regular adult foster care license.

 October 27, 2017

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Bruce A. Messer  
Licensing Consultant

Date