



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

August 12, 2020

Jennia Woodcock  
Community Health Care Management  
1805 E Jordan  
Mt. Pleasant, MI 48858

RE: License #: AL370068815  
**Country Place Senior Care Center**  
**1805 E. Jordan Road**  
**Mount Pleasant, MI 48858**

Dear Ms. Woodcock:

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 has been renewed.

Please contact me with any questions. If I am not available and you need to speak to someone immediately, you may contact the local office at (517) 284-9700.

Sincerely,

A handwritten signature in cursive script that reads "Candace L. Pilarski".

Candace Pilarski, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(517) 243-6063

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

**I. IDENTIFYING INFORMATION**

**License #:** AL370068815

**Name:** Community Health Care Management

**Licensee Address:** 2033 Westbrook, Ionia, Michigan 48846

**Licensee Telephone #:** (989) 855-3784

**Licensee/Licensee Designee:** Jennia Woodcock, Designee

**Administrator:** Jennia Woodcock

**Name of Facility:** Country Place Senior Care Center

**Facility Address:** 1805 E. Jordan Road  
Mount Pleasant, MI 48858

**Facility Telephone #:** (989) 773-6320

**Original Issuance Date:** 02/01/1996

**Capacity:** 20

**Program Type:** MENTALLY ILL  
AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): Virtual inspection done 6/4/2020 due to COVID 19

Date of Bureau of Fire Services Inspection if applicable: 7/24/2020

Date of Health Authority Inspection if applicable: 11/22/2019

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 6

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.  
Virtual inspection took place outside of meal 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.  
Facility checks water temperatures currently
- 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.



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Candace Pilarski  
Licensing Consultant

8/12/2020  
\_\_\_\_\_  
Date