

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

June 7, 2022

Teresa Murray Murrays Country View 6201 HWY M-35 Gladstone, MI 49837

> RE: License #: AH210396377 Murrays Country View 6201 HWY M-35 Gladstone, MI 49837

Dear Ms. Murray:

An administrative review of your licensing activity for the past year has revealed substantial compliance with the public health code and administrative rules regulating home for the aged facilities. Therefore, in accordance with MCL 333.20155(1) Home for the Aged license has been renewed. Your 12-month license is renewed until 6/11/2023. It is valid only at the address listed and is not transferable.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event I am not available, and you need to speak to someone immediately, please feel free to contact the local office at (616) 356-0100.

Sincerely,

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Julie Viviano, Licensing Staff Bureau of Community and Health Systems Unit 13, 7th Floor 350 Ottawa, N.W. Grand Rapids, MI 49503 Cell (616) 204-4300

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

I. IDENTIFYING INFORMATION

License #:	AH210396377	
Licensee Name:	Murray's Country View, LLC	
Licensee Address:	3670 Blacksmith 20.5 Ln	
	Gladstone, MI 49837	
Liconoco Tolonhono #:	(000) 200 7594	
Licensee Telephone #:	(906) 399-7581	
Authorized Representative:	Teresa Murray	
•		
Administrator/Licensee Designee:	Carolyn Sargent	
Name of Facility:	Murrays Country View	
Facility Address:	6201 HWY M-35	
	Gladstone, MI 49837	
Facility Telephone #:	(906) 428-1334	
Original Issuance Date:	12/12/2018	
Capacity:	25	
Program Type:	ALZHEIMERS	
	AGED	

II. METHODS OF INSPECTION

Date of On-site Inspection(s): No On-site 6/7/2022

Date of Bureau of Fire Services Inspection if applicable: BFS – A 12/31/2021

Inspection Type:	Interview and Observation Combination	⊠Worksheet	
Date of Exit Conference:			
No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed Role			
 Medication pass / simulated pass observed? Yes			
 Medication(s) and medication records(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.			
• Water temperatures checked? Yes 🗌 No 🗌 If no, explain.			
 Incident report follow-up? Yes IR date/s: N/A . Corrective action plan compliance verified? Yes CAP date/s and rule/s: 			
• Number of excluded er	nployees followed up?	N/A 🗌	

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

IV. RECOMMENDATION

Renewal of the license is recommended.

Jus humano

6/7/2022

Date

Licensing Consultant