

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

ORLENE HAWKS DIRECTOR

December 6, 2022

Mark McNeary Midland Retirement, LLC PO Box 1359 Aberdeen, SD 57402

> RE: License #: AH560387542 Primrose of Midland 5600 N. Waldo Road Midland, MI 48640

Dear Mr. McNeary:

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 review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (517) 284-9730.

Sincerely,

Maron L. Clum

Aaron Clum, Licensing Staff Bureau of Community and Health Systems 611 W. Ottawa Street P.O. Box 30664 Lansing, MI 48909 (517) 230-2778

enclosure

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

## I. IDENTIFYING INFORMATION

License #:	AH560387542	
Licensee Name:	Midland Retirement, LLC	
Licensee Address:	815 N 2nd Street	
	Aberdeen, SD 57401	
Licensee Telephone #:		
Authorized Depresentations	Norle Moble en :	
Authorized Representative:	Mark McNeary	
Administrator:	Myndy Sanders	
Administrator.		
Name of Facility:	Primrose of Midland	
Facility Address:	5600 N. Waldo Road	
	Midland, MI 48640	
Facility Telephone #:	(989) 575-3255	
Original Issuance Date:	05/31/2019	
	400	
Capacity:	106	
Drogram Type:		
Program Type:	ALZHEIMERS AGED	
	AGLU	

# **II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 12/06/2022

Date of Bureau of Fire Services Inspection if applicable: 8/04/2022

Inspection Type:	Interview and Observation	Worksheet	
Date of Exit Conference:	12/06/2022		
No. of staff interviewed an No. of residents interviewe No. of others interviewed	ed and/or observed	10 60	
Medication pass / sim	ulated pass observed? Yes 🖂	No 🗌 If no, explain.	
<ul> <li>Medication(s) and medication records(s) reviewed? Yes X No I If no, explain.</li> <li>Resident funds and associated documents reviewed for at least one resident?</li> </ul>			
<ul> <li>Yes No X If no, explain. Facility does not maintain resident funds</li> <li>Meal preparation / service observed? Yes X No I If no, explain.</li> </ul>			
Fire drills reviewed? Yes 🖂 No 🗌 If no, explain.			
Water temperatures c	hecked? 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: N/A
- Number of excluded employees followed up? 2 N/A

### **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

The facility was found to be in substantial compliance with the public health code and administrative rules regulating home for the aged facilities.

### **IV. RECOMMENDATION**

Renewal of the license is recommended.

Daron L. Clum

12/06/2022

Aaron L. Clum Licensing Consultant Date