



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

December 5, 2022

Krystal Samuel  
Encompassing Care LLC  
11416 Ossineke Rd  
Ossineke, MI 49766

RE: License #: AS040410720  
**Encompassing Care**  
**11229 US 23 N**  
**Ossineke, MI 49766**

Dear Ms. Samuel:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- An on-site inspection will be conducted.

A six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan within 15 days.

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 blue ink, appearing to read "Matthew Soderquist".

Matthew Soderquist, Licensing Consultant

Bureau of Community and Health Systems  
Ste 3  
931 S Otsego Ave  
Gaylord, MI 49735  
(989) 370-8320

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

**I. IDENTIFYING INFORMATION**

**License #:** AS040410720

**Licensee Name:** Encompassing Care LLC

**Licensee Address:** 11416 Ossineke Rd  
Ossineke, MI 49766

**Licensee Telephone #:** (989) 590-0145

**Licensee/Licensee Designee:** Krystal Samuel, Designee

**Administrator:** Krystal Samuel

**Name of Facility:** Encompassing Care

**Facility Address:** 11229 US 23 N  
Ossineke, MI 49766

**Facility Telephone #:** (989) 590-0145

**Original Issuance Date:** 06/07/2022

**Capacity:** 6

**Program Type:** PHYSICALLY HANDICAPPED  
AGED  
ALZHEIMERS

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 12/01/2022

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

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 0

No. of others interviewed [redacted] Role: [redacted]

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
No Residents admitted
- Medication(s) and medication record(s) reviewed? Yes  No  If no, explain.  
No Residents admitted
- Resident funds and associated documents reviewed for at least one resident?  
Yes  No  If no, explain. No Residents admitted
- Meal preparation / service observed? Yes  No  If no, explain.  
No Residents admitted
- Fire drills reviewed? Yes  No  If no, explain.  
No Residents admitted
- Fire safety equipment and practices observed? Yes  No  If no, explain.  
No Residents admitted
- E-scores reviewed? (Special Certification Only) Yes  No  N/A   
If no, explain.
- Water temperatures checked? Yes  No  If no, explain.  
No Residents admitted
- Incident report follow-up? Yes  No  If no, explain.  
No Residents admitted
- 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 found to be in non-compliance with the following rules:

**MCL 400.717**

**Provisional license.**

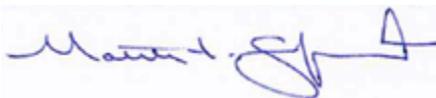
**(1) A provisional license may be issued to an adult foster care facility that has previously held a temporary or regular license under this act or an act repealed by this act. A provisional license may be issued for 6 months if an adult foster care facility is temporarily unable to conform to the requirements of this act for a regular license and may be renewed not more than 2 consecutive times as provided in subsections (2) and (4). The issuance of a provisional license shall be contingent upon the submission to the department of an acceptable plan of correction for the adult foster care facility within the time limitations of the provisional period.**

The facility has not admitted any residents since the original issuance of the license.

An exit conference with completed with the licensee Krystal Samuel. A corrective action plan was requested and approved on 12/01/2022. The licensee accepted the six-month provisional license. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

**IV. RECOMMENDATION**

An acceptable corrective action plan has been approved; issuance of a provisional license is recommended.



12/5/2022

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Matthew Soderquist  
Licensing Consultant

Date

