



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

September 27, 2019

Kimberly Studer  
K And K Quality Care Inc  
351 Bay Mid Line Rd  
Midland, MI 48642

RE: License #: AM090071937  
K and K Quality Care  
351 Bay Mid Line Road  
Midland, MI 48642

Dear Ms. Studer:

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:

- You are to submit documentation of compliance.

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 (517) 284-9720.

Sincerely,

A handwritten signature in cursive script that reads "Sabrina McGowan".

Sabrina McGowan, Licensing Consultant  
Bureau of Community and Health Systems  
4809 Clio Road  
Flint, MI 48504  
(810) 835-1019

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

**I. IDENTIFYING INFORMATION**

**License #:** AM090071937

**Licensee Name:** K And K Quality Care Inc

**Licensee Address:** 351 Bay Mid Line Rd  
Midland, MI 48642

**Licensee Telephone #:** (989) 835-9412

**Licensee/Licensee Designee:** Kimberly Studer

**Administrator:** Kimberly Studer

**Name of Facility:** K and K Quality Care

**Facility Address:** 351 Bay Mid Line Road  
Midland, MI 48642

**Facility Telephone #:** (989) 835-9412

**Original Issuance Date:** 07/14/1996

**Capacity:** 12

**Program Type:** AGED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 09/27/2019

Date of Bureau of Fire Services Inspection if applicable: 09/20/2019

Date of Health Authority Inspection if applicable: 06/11/2019

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 11  
No. of others interviewed 1 Role: Licensee

- 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.  
No IR's to review.
- 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:

**R 400.14407**

**Bathrooms.**

**(3) Bathrooms shall have doors. Only positive-latching, non-locking-against-egress hardware may be used. Hooks and eyes, bolts, bars, and other similar devices shall not be used on bathroom doors.**

Bathrooms did not have non-locking against egress hardware.

**R 400.14408**

**Bedrooms generally.**

**(4) Interior doorways of bedrooms that are occupied by residents shall be equipped with a side-hinged, permanently mounted door that is equipped with positive-latching, nonlocking-against-egress hardware.**

Bedrooms did not have non-locking against egress hardware.

A corrective action plan was requested and approved on 09/27/2019. 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 received. Renewal of the license is recommended upon the receipt of an approved Bureau of Fire Services (BFS) report.



September 27, 2019

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Sabrina McGowan  
Licensing Consultant

Date