



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

July 26, 2023

Debra Ruff  
Debra Ruff & Richard Ruff  
11241 California Rd  
Bridgman, MI 49106

RE: License #: AM110076805  
**Country Manor Care Center**  
**11241 California Road**  
**Bridgman, MI 49106**

Dear Debra Ruff:

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 will be renewed when the necessary application materials have been received, so long as there is not an open special investigation at that time. Once received, your license is valid only at your present address and is nontransferable.

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) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Cassandra Duursma".

Cassandra Duursma, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(269) 615-5050

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM110076805
<b>Licensee Name:</b>	Debra Ruff & Richard Ruff
<b>Licensee Address:</b>	11241 California Rd Bridgman, MI 49106
<b>Licensee Telephone #:</b>	(269) 465-5320
<b>Licensee Designee:</b>	Debra Ruff
<b>Administrator:</b>	Debra Ruff
<b>Name of Facility:</b>	Country Manor Care Center
<b>Facility Address:</b>	11241 California Road Bridgman, MI 49106
<b>Facility Telephone #:</b>	(269) 465-5320
<b>Original Issuance Date:</b>	11/21/1997
<b>Capacity:</b>	12
<b>Program Type:</b>	AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 7/25/23

Date of Bureau of Fire Services Inspection if applicable: 7/7/22

Date of Health Authority Inspection if applicable: n/a

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 3

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.
- 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

Consultation was provided regarding medication passing procedures and the water heater pressure relief valve discharge pipe. This facility was determined to be in substantial compliance with rules and requirements.

### IV. RECOMMENDATION

I recommend issuance of a regular license to this AFC adult medium group home (capacity 7-12).

*Cassandra Duursma*

7/26/23

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Cassandra Duursma  
Licensing Consultant

Date