



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

April 25, 2024

Jennia Cook  
Community Health Care Management  
1805 E Jordan  
Mt. Pleasant, MI 48858

RE: License #: AM370085651  
**Country Place II**  
**1807 E. Jordan**  
**Mount Pleasant, MI 48858**

Dear Ms. Cook:

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 by sending a picture of the screen and the bathroom door as soon as possible but no later than **5/25/24**.

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,

*Jennifer Browning*

Jennifer Browning, Licensing Consultant  
Bureau of Community and Health Systems  
browningj1@michigan.gov - 989-444-9614

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

**I. IDENTIFYING INFORMATION**

**License #:** AM370085651

**Licensee Name:** Community Health Care Management

**Licensee Address:** 2033 Westbrook  
Ionia, MI 48846

**Licensee Telephone #:** (989) 773-6320

**Licensee Designee:** Jennia Cook

**Administrator:** Jennia Cook

**Name of Facility:** Country Place II

**Facility Address:** 1807 E. Jordan  
Mount Pleasant, MI 48858

**Facility Telephone #:** (989) 773-6320

**Original Issuance Date:** 07/02/2001

**Capacity:** 10

**Program Type:** PHYSICALLY HANDICAPPED  
DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
AGED  
ALZHEIMERS

**Certified Programs:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/25/2024

Date of Bureau of Fire Services Inspection if applicable: 12/5/2023

Date of Health Authority Inspection if applicable: Pending - Requested on 3/1/2024

No. of staff interviewed and/or observed 4

No. of residents interviewed and/or observed 6

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

- 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**

This facility was found to be in non-compliance with the following rules:

**R 400.14401**

**Environmental health.**

**(7) Each habitable room shall have direct outside ventilation by means of windows, louvers, air-conditioning, or mechanical ventilation. During fly season, from April to November, each door, openable window, or other opening to the outside that is used for ventilation purposes shall be supplied with a standard screen of not less than 16 mesh.**

Bedroom 6 did not have a screen in the window for ventilation.

**R 400.14403**

**Maintenance of premises.**

**(4) A roof, exterior walls, doors, skylights, and windows shall be weathertight and watertight and shall be kept in sound condition and good repair.**

The bathroom door in the half bath off the dining room had a hole in the back of the door which needs repair.

A corrective action plan was requested and approved on 04/25/2024. 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 and special certification.

**IV. RECOMMENDATION**

An acceptable corrective action plan has been received. Upon receipt of an approved environmental health inspection, renewal of the license and special certification is recommended.

*Jennifer Browning*

Jennifer Browning  
Licensing Consultant

\_\_\_\_\_ 04/25/2024 \_\_\_\_\_  
Date