



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 7, 2024

Roxanne Goldammer
The Country House, LLC
890 N. 10th St. Ste. 110
Kalamazoo, MI 49009

RE: License #: AM040291143
Beacon Home at Ossineke
10685 Spruce Rd
Ossineke, MI 49766

Dear Roxanne Goldammer:

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.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license and special certification is renewed. It 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 blue ink, appearing to read "Matthew Soderquist".

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

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

I. IDENTIFYING INFORMATION

License #: AM040291143

Licensee Name: The Country House, LLC

Licensee Address: 890 N. 10th St. 110
Kalamazoo, MI 49009

Licensee Telephone #: (989) 471-8482

Licensee/Licensee Designee: Roxanne Goldammer

Administrator: Roxanne Goldammer

Name of Facility: Beacon Home at Ossineke

Facility Address: 10685 Spruce Rd
Ossineke, MI 49766

Facility Telephone #: (989) 471-1192

Original Issuance Date: 12/17/2009

Capacity: 12

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED

Certified Programs: DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/06/2024

Date of Bureau of Fire Services Inspection if applicable: 08/04/2023

Date of Health Authority Inspection if applicable: 02/13/2024

No. of staff interviewed and/or observed 4

No. of residents interviewed and/or observed 11

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? 1 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.

(1) Private water systems shall be in compliance with R 325.10101 et seq. of the Michigan Administrative Code. A bacteriological report confirming water quality shall be required during the initial inspection and every 2 years thereafter. Group homes that use a community-approved water system need not be in compliance with this requirement.

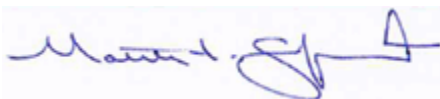
An environmental health inspection dated 2/13/24 with a C-rating was issued due to broken electrical conduit on the well casing. The conduit has been repaired per the licensee. An updated environmental health inspection has been requested.

A corrective action plan was requested and approved on 06/06/2024. 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.

On 6/6/2024 I conducted an exit conference with the licensee designee Roxanne Goldammer. Ms. Goldammer concurred with the findings of the investigation and submitted an acceptable corrective action plan.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.



6/7/24

Matthew Soderquist
Licensing Consultant

Date