



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 18, 2024

Carissa Gregory
Country Gardens
203 N Caseville Road
Pigeon, MI 48755

RE: License #: AH320238093
Country Gardens
203 N Caseville Road
Pigeon, MI 48755

Dear Carissa Gregory:

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 is renewed. It is valid only at your present address and is nontransferable.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (517) 284-9730.

Sincerely,

A handwritten signature in cursive script, reading "Aaron L. Clum".

Aaron Clum, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 230-2778

enclosure

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

I. IDENTIFYING INFORMATION

License#:	AH320238093
Licensee Name:	Scheurer Community Services
Licensee Address:	170 N Caseville Rd. Pigeon, MI 48755
Licensee Telephone #:	(989) 453-7474
Administrator/Authorized Representative:	Carissa Gregory
Name of Facility:	Country Gardens
Facility Address:	203 N Caseville Road Pigeon, MI 48755
Facility Telephone #:	(989) 453-7474
Original Issuance Date:	04/21/2003
Capacity:	61
Program Type:	AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 9/18/2024

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

Inspection Type: ☐ Interview and Observation ☒ Worksheet
☐ Combination

Date of Exit Conference: 9/18/2024

No. of staff interviewed and/or observed 6
No. of residents interviewed and/or observed 10
No. of others interviewed N/A Role

- Medication pass / simulated pass observed? Yes ☒ No ☐ If no, explain.
- Medication(s) and medication records(s) reviewed? Yes ☒ No ☐ If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes ☐ No ☒ If no, explain. Facility does not maintain resident funds
- Meal preparation / service observed? Yes ☒ No ☐ If no, explain.
- Fire drills reviewed? Yes ☐ No ☒ If no, explain.
Completed by BFS
- Water temperatures checked? Yes ☒ No ☐ If no, explain.
- Incident report follow-up? Yes ☐ IR date/s: N/A ☒
- Corrective action plan compliance verified? Yes ☐ CAP date/s and rule/s: N/A
- Number of excluded employees followed up? 1 N/A ☐

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility was found to be in substantial compliance with the public health code and administrative rules regulating home for the aged facilities.

IV. RECOMMENDATION

Renewal of the license is recommended.

Aaron L. Clum

9/18/2024

Date

Licensing Consultant