



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 that reads "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**

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

---

Licensing Consultant

Date