



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

September 11, 2024

Suzanne Lange  
5065 S. Schwass Road  
Scottville, MI 49454

RE: License #: AS530311141  
**Country Care AFC**  
**5065 S. Schwass Road**  
**Scottville, MI 49454**

Dear Suzanne Lange:

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.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license 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 (616) 356-0183.

Sincerely,

A handwritten signature in blue ink, reading "Bruce A. Messer".

Bruce A. Messer, Licensing Consultant  
Bureau of Community and Health Systems  
701 S. Elmwood  
Traverse City, MI 49684  
(231) 342-4939

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS530311141
<b>Licensee Name:</b>	Suzanne Lange
<b>Licensee Address:</b>	5065 S. Schwass Road Scottville, MI 49454
<b>Licensee Telephone #:</b>	(231) 233-0050
<b>Name of Facility:</b>	Country Care AFC
<b>Facility Address:</b>	5065 S. Schwass Road Scottville, MI 49454
<b>Facility Telephone #:</b>	(231) 233-0050
<b>Original Issuance Date:</b>	08/09/2011
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/10/2024

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

Date of Health Authority Inspection if applicable: 05/28/2024

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 4

No. of others interviewed 0 Role:

- 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:  
R 402.1, 105 ,308, 312, 201, 205 CAP dated 2/29/2024 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 400.14506                      Fire extinguishers; location, examination, and maintenance.**

**(1) A minimum of 1 underwriters laboratories approved 2A 10BC extinguisher or equivalent shall be provided for use in a small group home on each occupied floor and in the basement.**

It was noted during this renewal inspection that the Licensee did not have any 2A 10BC fire extinguishers in the facility. It is recognized that the licensee had several smaller 1A 10BC extinguishers throughout the facility.

**R 400.14507                      Means of egress generally.**

**(5) A door that forms a part of a required means of egress shall be not less than 30 inches wide and shall be equipped with positive-latching, non-locking-against-egress hardware.**

It was noted during the renewal inspection that the egress door on the south side of the facility has locking against egress hardware.

On September 10, 2024, I provided Licensee Suzanne Lange with an exit conference. I explained my findings as noted above. Ms. Lange stated she understood the findings and had no further questions concerning this renewal inspection.

A corrective action plan was requested, received and approved on 09/10/2024. 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.

On September 11, 2024, I received emailed photographs showing that Ms. Lange had purchased three correct sized 2A 10 BC fire extinguishes and a set of door hardware which is non locking against egress style.

#### IV. RECOMMENDATION

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



September 11, 2024

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Bruce A. Messer  
Licensing Consultant

Date