



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 30, 2024

Kimberly Studer
K And K Quality Care Inc
351 Bay Mid Line Rd
Midland, MI 48642

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| RE: License #: | AS090314318 K & K Quality Care II 351 Bay Mid Line Midland, MI 48642 |
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Dear Kimberly Studer:

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 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,

Martin Gonzales, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

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

I. IDENTIFYING INFORMATION

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| License #: | AS090314318 |
| Licensee Name: | K And K Quality Care Inc |
| Licensee Address: | 351 Bay Mid Line Rd Midland, MI 48642 |
| Licensee Telephone #: | (989) 835-9412 |
| Licensee/Licensee Designee: | Kimberly Studer |
| Administrator: | |
| Name of Facility: | K & K Quality Care II |
| Facility Address: | 351 Bay Mid Line Midland, MI 48642 |
| Facility Telephone #: | (989) 835-9412 |
| Original Issuance Date: | 11/30/2011 |
| Capacity: | 6 |
| Program Type: | PHYSICALLY HANDICAPPED AGED |
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II. METHODS OF INSPECTION

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

Date of Bureau of Fire Services Inspection if applicable: n/a

Date of Health Authority Inspection if applicable: 01/30/2024

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 1

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: N/A ☒
- Number of excluded employees followed-up? 0 N/A ☐
- Variances? Yes ☐ (please explain) No ☒ N/A ☐

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements.

IV. RECOMMENDATION

I recommend issuance of a regular license to this AFC adult small group home (capacity 1-6).



04/30/2024

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| Martin Gonzales Licensing Consultant | Date |
|---|------|