



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

October 7, 2024

Mikala Hofmann  
Country Easy Living, LLC  
5478 210th Ave.  
Reed City, MI 49677

RE: License #: AM670280009  
**Country Easy Living**  
**5478 210th Avenue**  
**Reed City, MI 49677**

Dear Mikala Hofmann:

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 and special certification are 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 cursive script, appearing to read "Bruce A. Messer".

Bruce A. Messer, Licensing Consultant  
Bureau of Community and Health Systems  
Suite 11  
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**

**License #:** AM670280009

**Licensee Name:** Country Easy Living, LLC

**Licensee Address:** 5478 210th Avenue  
Reed City, MI 49677

**Licensee Telephone #:** (231) 580-3350

**Licensee Designee:** Mikala Hofmann

**Administrator:** Mikala Hofmann

**Name of Facility:** Country Easy Living

**Facility Address:** 5478 210th Avenue  
Reed City, MI 49677

**Facility Telephone #:** (231) 465-4103

**Original Issuance Date:** 03/17/2006

**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): 10/03/2024

Date of Bureau of Fire Services Inspection if applicable: 05/07/2024

Date of Health Authority Inspection if applicable: 06/25/2024

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 7

No. of others interviewed 1 Role: ORR

- 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: CAP dated 8/4/24 R 403 N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes  (please explain) No  N/A

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility is in compliance with all applicable rules and statutes.

On October 3, 2024, I conducted an exit conference with Licensee Designee Mikala Hofmann. I explained my findings as noted above. Ms. Hofmann stated she understood the findings, had no further information to provide, nor questions to ask, concerning this renewal inspection.

#### IV. RECOMMENDATION

I recommend issuance of a 2 year regular adult foster care license.

 October 7, 2024

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Bruce A. Messer  
Licensing Consultant

Date