



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

May 5, 2025

Janet Allen  
Deer Run Rehabilitation Inc.  
4421 W Main  
Midland, MI 48640

RE: License #: AM560083703  
**Deer Run**  
**4421 W Main**  
**Midland, MI 48640**

Dear Ms. Allen:

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 (616) 356-0100.

Sincerely,

A handwritten signature in cursive script that reads "Johnnie Daniels".

Johnnie Daniels, Licensing Consultant  
Bureau of Community and Health Systems  
350 Ottawa Ave NW  
Grand Rapids MI 49503

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM560083703
<b>Licensee Name:</b>	Deer Run Rehabilitation Inc.
<b>Licensee Address:</b>	4421 W Main Midland, MI 48640
<b>Licensee Telephone #:</b>	(989) 832-9026
<b>Licensee Designee:</b>	Janet Allen
<b>Name of Facility:</b>	Deer Run
<b>Facility Address:</b>	4421 W Main Midland, MI 48640
<b>Facility Telephone #:</b>	(989) 832-9026
<b>Original Issuance Date:</b>	11/01/1998
<b>Capacity:</b>	12
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL TRAUMATICALLY BRAIN INJURED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/29/2025

Date of Bureau of Fire Services Inspection if applicable: 11/20/2024

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 6

No. of residents interviewed and/or observed 5

No. of others interviewed 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.  
Meals were not being served at the time of the inspection.
- 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? 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.

### IV. RECOMMENDATION

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



5/5/25

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Johnnie Daniels  
Licensing Consultant

Date