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GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

June 5, 2025

Michael Fields Advanced Teaching Concepts Inc P.O. Box 158 South Lyon, MI 48178

RE: License #: AS630252353

Countryview AFC

3440 Countryview Drive

Oxford, MI 48371

Dear Michael Fields:

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. To verify your implementation and compliance with this corrective action plan:

- You are to submit documentation of compliance or
- You are to submit a Statement of Correction.

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 (248) 972-9136.

Sincerely,

Kristen Donnay, Licensing Consultant

Bureau of Community and Health Systems

4th Floor. Suite 4B

51111 Woodward Avenue

Kisten Donna

Pontiac, MI 48342

(248) 296-2783

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

I. IDENTIFYING INFORMATION

License #:	AS630252353
Licensee Name:	Advanced Teaching Concepts Inc
Licensee Address:	60674 Russell Lane
	South Lyon, MI 48178
Licensee Telephone #:	(248) 486-5368
Licensee Designee:	Michael Fields
Name of Facility:	Countryview AFC
	04400
Facility Address:	3440 Countryview Drive
	Oxford, MI 48371
Facility Telephone #:	(248) 969-0468
Original Issuance Date:	11/14/2003
Capacity:	4
B	DUNGIO ALLI VILIANDIO ADDED
Program Type:	PHYSICALLY HANDICAPPED
	DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of	of On-site Inspection(s): 06/05/2025	
Date o	of Bureau of Fire Services Inspection if applicable: N	I/A
Date o	of Environmental/Health Inspection if applicable:	02/25/2025
No. of	f staff interviewed and/or observed f residents interviewed and/or observed f others interviewed 2 Role: Licensee designe	2 3 ee
• N	Medication pass / simulated pass observed? Yes $igtimes$	No ☐ If no, explain.
• N	Medication(s) and medication record(s) reviewed? Y	es 🗵 No 🗌 If no, explain.
Y	Resident funds and associated documents reviewed $'$ es $oxed{\boxtimes}$ No $oxed{\square}$ If no, explain. Meal preparation / service observed? Yes $oxed{\boxtimes}$ No $oxed{\square}$	
• F	Fire drills reviewed? Yes 🗵 No 🗌 If no, explain.	
• F	Fire safety equipment and practices observed? Yes	⊠ No □ If no, explain.
lf	e-scores reviewed? (Special Certification Only) Yes no, explain. Vater temperatures checked? Yes No If no,	
• Ir	ncident report follow-up? Yes 🗵 No 🗌 If no, expla	ain.
	Corrective action plan compliance verified? Yes 🖂 N/A 🔲 Number of excluded employees followed-up?	CAP date/s and rule/s: N/A ⊠
• V	/ariances? 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 400.14315	Handling of resident funds and valuables.	
	(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.	

During the onsite inspection, there was no Funds Part II form on file to show cost of care payments for Resident R.

R 400.14401	Environmental health.
	(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.

During the onsite inspection, the water temperature in the bathrooms and kitchen was measured at 80°F.

A corrective action plan was requested and approved on 06/05/2025. 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.

IV. RECOMMENDATION

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

Kristen Donnay Date Licensing Consultant