



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

September 8, 2025

Kent Vanderloon  
McBride Quality Care Services, Inc.  
P.O. Box 387  
Mt. Pleasant, MI 48804-0387

RE: License #: AS590395849  
**McBride Breezy AFC Home**  
**9020 Neff Road**  
**Edmore, MI 48829**

Dear Mr. Vanderloon:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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) 335-5985.

Sincerely,

A handwritten signature in black ink, appearing to read 'Amanda Blasius', written in a cursive style.

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

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

**I. IDENTIFYING INFORMATION**

**License #:** AS590395849

**Licensee Name:** McBride Quality Care Services, Inc.

**Licensee Address:** 3070 Jen's Way  
Mt. Pleasant, MI 48858

**Licensee Telephone #:** (989) 772-1261

**Licensee/Licensee Designee:** Kent Vanderloon, Designee

**Administrator:** Cathie Griffs

**Name of Facility:** McBride Breezy AFC Home

**Facility Address:** 9020 Neff Road  
Edmore, MI 48829

**Facility Telephone #:** (989) 772-1261

**Original Issuance Date:** 03/19/2019

**Capacity:** 6

**Program Type:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 9/4/2025  
Date of Bureau of Fire Services Inspection if applicable: NA  
Date of Health Authority Inspection if applicable: 8/18/2025  
No. of staff interviewed and/or observed 5  
No. of residents interviewed and/or observed 4  
No. of others interviewed 0 Role: [REDACTED]

- 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? N/A
- Variances? Yes  (please explain) No  N/A

### III. DESCRIPTION OF FINDINGS & C/ONCLUSIONS

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

**R 400.14403**

**Maintenance of premises.**

**(2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.**

At the time of inspection, Resident A's room was observed and smelled of urine and had personal belongings all over the floor.

**R 400.14403**

**Maintenance of premises.**

**(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.**

At the time of inspection, Resident A's bedroom was observed to have dirty walls, which needed repair.

### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.



09/08/2025

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Amanda Blasius  
Licensing Consultant

Date