



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 2, 2025

Cynthia Gengler
Country Pride LLC
6464 Ferden Road
Chesaning, MI 48616

RE: License #:	AS730371029 Country Pride LLC 6787 Ferden Road Chesaning, MI 48616
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Dear Mrs. Gengler:

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) 643-7960.

Sincerely,

A handwritten signature in cursive script, appearing to read "Martin Gonzales".

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

License #:	AS730371029
Licensee Name:	Country Pride LLC
Licensee Address:	6464 Ferden Road Chesaning, MI 48616
Licensee Telephone #:	(989) 213-8037
Licensee/Licensee Designee:	Cynthia Gengler
Administrator:	Linda Diem
Name of Facility:	Country Pride LLC
Facility Address:	6787 Ferden Road Chesaning, MI 48616
Facility Telephone #:	(989) 845-3783
Original Issuance Date:	03/26/2015
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/26/2025

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

Date of Health Authority Inspection if applicable: 05/06/2025

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 0

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? 0 N/A
- Variances? 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 400.14203	Licensee and administrator training requirements.
	<p>(1) A licensee and an administrator shall complete the following educational requirements specified in subdivision (a) or (b) of this subrule, or a combination thereof, on an annual basis:</p> <p style="padding-left: 40px;">(a) Participate in, and successfully complete, 16 hours of training designated or approved by the department that is relevant to the licensee's admission policy and program statement.</p> <p style="padding-left: 40px;">(b) Have completed 6 credit hours at an accredited college or university in an area that is relevant to the licensee's admission policy and program statement as approved by the department.</p>
At the time of my inspection there was no Resident Register completed and maintained in the files.	
R 400.14204	Direct care staff; qualifications and training.
	<p>(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas:</p> <p style="padding-left: 40px;">(a) Reporting requirements.</p> <p style="padding-left: 40px;">(b) First aid.</p> <p style="padding-left: 40px;">(c) Cardiopulmonary resuscitation.</p> <p style="padding-left: 40px;">(d) Personal care, supervision, and protection.</p> <p style="padding-left: 40px;">(e) Resident rights.</p> <p style="padding-left: 40px;">(f) Safety and fire prevention.</p> <p style="padding-left: 40px;">(g) Prevention and containment of communicable diseases.</p>
At the time of my inspection the training hours had not been completed since 2023.	
R 400.14210	Resident register.
	A licensee shall maintain a chronological register of residents who

	<p>are admitted to the home. The register shall include all of the following information for each resident:</p> <ul style="list-style-type: none"> (a) Date of admission. (b) Date of discharge. (c) Place and address to which the resident moved, if known.
<p>At the time of my inspection the training hours had not been completed since 2023.</p>	

IV. RECOMMENDATION

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

Martin Gonzales

09/02/2025

<p>Martin Gonzales Licensing Consultant</p>	<p>Date</p>
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