



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

December 9, 2025

Shirley Talley
4460 Kinneville Road
Onondaga, MI 49264

RE: License #: AF330405810
Country2haven
4460 Kinneville Road
Onondaga, MI 49264

Dear Shirley Talley:

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 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 that reads "Mahtina Rubritius". The signature is written in a cursive style with a large initial "M".

Mahtina Rubritius, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa
P.O. Box 30664
Lansing, MI 48909
(517) 262-8604

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

I. IDENTIFYING INFORMATION

License #:	AF330405810
Licensee Name:	Shirley Talley
Licensee Address:	4460 Kinneville Road Onondaga, MI 49264
Licensee Telephone #:	(517) 937-8146
Licensee/Licensee Designee:	N/A
Administrator:	N/A
Name of Facility:	Country2haven
Facility Address:	4460 Kinneville Road Onondaga, MI 49264
Facility Telephone #:	(517) 937-8146
Original Issuance Date:	06/15/2021
Capacity:	5
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/04/2025

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: Pending

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 2

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.
The on-site inspection was not concurrent with the mealtimes.
- 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.
Incident reports are no longer required to be submitted to LARA.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
These rules were cited prior to the promulgation of the new rules, which became effective on November 3, 2025. R 400. 1407 (5), R 400.1421 (3) and R 330.1803 (6).
N/A
- Number of excluded employees followed-up? 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 330.1803 Facility environment; fire safety.

(1) A facility that has a capacity of 4 to 6 clients shall be equipped with an interconnected multistation smoke detection system which is powered by the household electrical service and which, when activated, initiates an alarm that is audible in all areas of the home. The smoke detection system shall be installed on all levels, including basements, common activity areas, and outside each sleeping area, but excluding crawl spaces and unfinished attics, so as to provide full coverage of the home. The system shall include a battery backup to assure that the system is operable if there is an electrical power failure and accommodate the sensory impairments of clients living in the facility, if needed. A fire safety system shall be installed in accordance with the manufacturer's instructions by a licensed electrical contractor and inspected annually. A record of the inspections shall be maintained at the facility.

- There was no record that the smoke detection system had been inspected in 2024 or 2025.

R 330.1803 Facility environment; fire safety.

(3) A facility that has a capacity of 4 or more clients shall conduct and document fire drills at least once during daytime, evening, and sleeping hours during every 3-month period.

- In 2024, there was no record that fire drills had been completed during the day and evening hours, in the first quarter.
- There were no records that fire drills had been conducted during the sleeping hours in the second quarter of 2024.
- In the third quarter of 2024, there were no records that fire drills had been completed during the daytime or sleeping hours.
- In the fourth quarter of 2024, there were no records that fire drills had been completed during the evening hours.
- Technical Assistance was provided regarding the duration of the fire drills and how they should be timed.

R 330.1803 Facility environment; fire safety.

(6) Evacuation assessments shall be conducted within 30 days after the admission of each new client and at least annually thereafter. The specialized program shall forward a copy of each completed assessment to the responsible agency and retain a copy in the home for inspection. A home that is assessed as having an evacuation difficulty index of "impractical" using appendix f of the life safety code of the national fire protection association shall have a period of 6 months from the date of the finding to do either of the following:
 (a) Improve the score to at least the "slow" category.

- There were no E-Scores available for review.
- **This is a REPEAT VIOLATION.** Please see LSR dated November 30, 2023. CAP Approved November 30, 2023.

R 400.685 Resident admission; resident assessment plan; resident care agreement; health care appraisal.

(10) A resident or resident's designated representative shall provide a written health care appraisal or a medical discharge summary by an appropriate health care professional that is completed within the 90-day period before admission. A written health care appraisal must be completed at least annually thereafter. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be completed no later than 30 days after admission.

- There was no written health care appraisal available for review for Resident A's file.

R 400.685 Resident admission; resident assessment plan; resident care agreement; health care appraisal.

(4) A written assessment plan must be completed with and signed by the resident or the resident's designated representative, responsible agency if applicable, and the licensee at the time of admission and annually thereafter. A licensee shall maintain a copy of the resident's most recent assessment plan on file at the facility for up to 2 years after discharge.

- There was no written assessment plan available for review for Resident A's file.

R 400.721 Interior finishes prohibited materials.

The following materials must not be used as an interior finish in a facility unless they are at least class C rated:

(g) Other finish materials that contribute to the rapid spread of fire or give off dense smoke or toxic gases.

- The wallpaper in the kitchen and laundry area was peeling. The licensee was informed she would need to demonstrate that the interior finish was at least class C rated. She informed me that she would be removing the interior finishes and painting.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan and an approved environmental health inspection report, renewal of the license and the special certification are recommended.

Mahtina Rubritius

12/09/2025

Mahtina Rubritius
Licensing Consultant

Date