



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

February 27, 2026

Jennia Cook
Community Health Care Management
1805 E Jordan
Mt. Pleasant, MI 48858

RE: License #: AL370068815
Country Place Senior Care Center
1805 E. Jordan Road
Mount Pleasant, MI 48858

Dear Ms. Cook:

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 by **3/15/2026** by sending documents and pictures showing compliance.

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 cursive script that reads "Jennifer Browning".

Jennifer Browning, Licensing Consultant
Bureau of Community and Health Systems
browningj1@michigan.gov - 989-444-9614

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

I. IDENTIFYING INFORMATION

License #: AL370068815

Licensee Name: Community Health Care Management

Licensee Address: 2033 Westbrook
Ionia, MI 48846

Licensee Telephone #: (989) 773-6320

Licensee Designee: Jennia Cook

Administrator: Jennia Cook

Name of Facility: Country Place Senior Care Center

Facility Address: 1805 E. Jordan Road
Mount Pleasant, MI 48858

Facility Telephone #: (989) 773-6320

Original Issuance Date: 02/01/1996

Capacity: 20

Program Type: MENTALLY ILL
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/27/2026

Date of Bureau of Fire Services Inspection if applicable: 01/13/2026

Date of Health Authority Inspection if applicable: 11/03/2025

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 13

No. of others interviewed [redacted] 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 & CONCLUSIONS

<p>MCL 400.734b</p>	<p>Employing or contracting with certain individuals providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; determination of existence of national criminal history; failure to conduct criminal history check; automated fingerprint identification system database; electronic web-based system; costs; definitions.</p>
	<p>(2) Except as otherwise provided in this subsection or subsection (6), an adult foster care facility shall not employ or independently contract with an individual who has direct access to residents until the adult foster care facility or staffing agency has conducted a criminal history check in compliance with this section or has received criminal history record information in compliance with subsections (3) and (11). This subsection and subsection (1) do not apply to an individual who is employed by or under contract to an adult foster care facility before April 1, 2006. On or before April 1, 2011, an individual who is exempt under this subsection and who has not been the subject of a criminal history check conducted in compliance with this section shall provide the department of state police a set of fingerprints and the department of state police shall input those fingerprints into the automated fingerprint identification system database established under subsection (14). An individual who is exempt under this subsection is not limited to working within the adult foster care facility with which he or she is employed by or under independent contract with on April 1, 2006 but may transfer to another adult foster care facility, mental health facility, or covered health facility. If an individual who is exempt under this subsection is subsequently convicted of a crime or offense described under subsection (1)(a) to (g) or found to be the subject of a substantiated finding described under subsection (1)(i) or an order or disposition described under subsection (1)(h), or is found to have been convicted of a relevant crime described under 42 USC 1320a-7(a), he or she is no longer exempt and shall be terminated from employment or denied employment.</p>

<p>After reviewing the MWBC database, it was determined there were employees listed who were no longer working at Country Place Senior Care Center. All employees were listed under a different license number and not Country Place Senior Care Center which inaccurately showed on MWBC there were no active employees at this license.</p>	
R 400.617	Records.
	(1) A licensee shall maintain the following records: (k) Fire drill records.
<p>No fire drills were documented from the time period of 05/2025-09/2025.</p>	
R 400.627	Licensee and administrator training requirements.
	<p>(1) A licensee and administrator shall complete annual training based on the license issue date, the educational requirements specified in subdivision (a) or (b) of this subrule, or a combination that totals 16 hours:</p> <p>(a) 16 hours of training accepted by the department that is relevant to the licensee's admission policy and program statement.</p> <p>(b) 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 accepted by the department.</p>
<p>Ms. Cook did not have 16 hours of training per year to total 32 hours. The total training hours for this renewal period was 21.5 hours.</p>	
R 400.661	Bedroom furnishings.
	(1) Bedroom furnishings must include all of the following: (e) Chair.
<p>Bedroom #5 and #9 did not have a chair for the residents to use.</p>	
R 400.673	Use of assistive devices, therapeutic support.
	(2) An assistive device or therapeutic support must be authorized in writing by an appropriately licensed health care professional and the authorization must state the reason for and the term of the authorization.
<p>Resident A did not have a physician order authorizing the reason and term of authorization for their walker. Resident B did not have a physician order authorizing the reason and term of authorization for their wheelchair.</p>	

A corrective action plan was requested and approved on 02/27/2026. 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.

Jennifer Browning

Jennifer Browning
Licensing Consultant

02/27/2026

Date