



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 11, 2026

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

RE: License #: AS370088019
McBride #1
235 S. Bamber Road, Mount Pleasant, MI 48858

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.
- Dates for each violation 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 and a date.

Upon receipt of an acceptable corrective plan, a regular license and special certification 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 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 #: AS370088019

Licensee Name: McBride Quality Care Services, Inc.

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

Licensee Telephone #: (989) 772-1261

Licensee Designee: Kent Vanderloon

Administrator: Kent Vanderloon

Name of Facility: McBride #1

Facility Address: 235 S. Bamber Road
Mount Pleasant, MI 48858

Facility Telephone #: (989) 773-7058

Original Issuance Date: 10/01/1999

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL

Certified Programs: DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/10/2026

Date of Bureau of Fire Services Inspection if applicable: Not applicable.

Date of Health Authority Inspection if applicable: Requested on 11/03/2025, waiting on results.

No. of staff interviewed and/or observed 4

No. of residents interviewed and/or observed 6

No. of others interviewed 1 Role: ADOS Jackie Brown

- 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

This facility was found to be in non-compliance with the following rules:

R 400.619	Emergency preparedness plan.
	(8) A licensee shall practice the emergency preparedness plan, including the fire safety plan, at least once a quarter per calendar year during each shift, 7 a.m. to 3 p.m., 3 p.m. to 11 p.m. and 11 p.m. to 7 a.m. A record of the practices must be maintained for 2 years.
	In 2025, there were no sleeping fire drills during the fourth quarter. In 2024, there was not a fire drill completed for the first quarter during sleeping hours because it was completed on 03/23/2024 at 7:30 PM.
R 400.665	Food service.
	(5) Refrigerators and freezers must be equipped with thermometers.
	The kitchen refrigerator did not have a thermometer to ensure the refrigerator was kept at a safe temperature.
R 400.675	Resident medications..
	(2) Prescribed medication must be kept in the original pharmacy container and labeled for a specific resident. Over-the-counter medication must be kept in the original manufacturer's container. Prescription and over-the-counter medication must be kept in a locked cabinet or drawer and refrigerated if required. Equipment necessary to administer a medication must be easily accessible and used only for the resident for whom it is prescribed unless generally used for all residents.
	Medications were reviewed for Resident A and there were two medications not available in the facility despite being on the Medication Administration Record. Vitamin D3 1000 is prescribed as a PRN medication and it was not available in the facility. Alendronate Sodium 70 mg tablet is prescribed every Saturday and it was not available in the facility. Ms. Richards stated the medication was last ordered on 02/03/2025.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan and approved environmental health inspection (EHI), issuance of a regular license and special certification is recommended.

Jennifer Browning

Jennifer Browning
Licensing Consultant

03/11/2026

Date