GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 19, 2026

Gary Marsman
12291 Crockery Creek
Ravenna, MI 49451

RE: License #:	AF610238757 Crockery Creek Elder Care 12291 Crockery Creek Ravenna, MI 49451-9412

Dear Mr. Marsman:

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 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. If I am not available and you need to speak to someone immediately, you may contact the local office at (616) 356-0100.

Sincerely,

Elizabeth Elliott, Licensing Consultant
Bureau of Community and Health Systems
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 901-0585

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

I. IDENTIFYING INFORMATION

License #:	AF610238757
Licensee Name:	Marsman, Gary and Marsman, Marquette
Licensee Address:	12291 Crockery Creek Ravenna, MI 49451
Licensee Telephone #:	(231) 853-5318
Licensee/Licensee Designee:	N/A
Administrator:	N/A
Name of Facility:	Crockery Creek Elder Care
Facility Address:	12291 Crockery Creek Ravenna, MI 49451-9412
Facility Telephone #:	(231) 685-1129
Original Issuance Date:	12/17/2001
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED
Certified Programs:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/15/2026

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

Date of Health Authority Inspection if applicable: 06/15/2026

No. of staff interviewed and/or observed 1
No. of residents interviewed and/or observed 5
No. of others interviewed 1 Role: G. Marsman

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.
  At the time of the inspection, resident medications were not being administered. A review of the resident medications and MARs was condcuted.
- 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? Reviewed the WFBC site with Mr. Marsman. 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 400.629	**Direct care staff; qualifications and training.**
	(5) 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 trained and competent in all of the following areas before performing assigned tasks independently: (a) Reporting requirements. (b) First aid. (c) Cardiopulmonary resuscitation, which includes a hands-on demonstration as part of the training. (d) Personal care, supervision, and protection. (e) Resident rights. (f) Safety and fire prevention. (g) Prevention and containment of communicable diseases including recognizing signs of illness. (h) Food safety, which includes food storage, preparation, distribution, and serving in a safe manner. (i) Nutrition and special diets. (6) Training for subrule (5)(b) and (c) of this rule must be in accordance with these rules. The individual providing the training shall be trained in and follow nationally recognized standards. (7) Documentation of training must be maintained in the staff's record to determine that the training has been completed and is current.
Finding: Staff training is not complete and documented in staff files. **Response:** Mr. Marsman stated he will make sure staff training is complete and in the staff files for department review.	
R 400.675	**Resident medications.**
	(1) Medication must be given, taken, or applied as prescribed, ordered, or directed by an appropriately licensed health care professional.

Finding: While reviewing resident medications, Resident A's medication Diclofenac Gel 1%, 2 gms topically to right shoulder and left knee every shift. The medication is prescribed to be administered at 7:00a.m., 3:00p.m. and 11:00p.m.

The medication is documented as administered at 7:00a.m. but not signed by staff as administered at 3:00p.m. or 11:00p.m. at all to date on June 2026 MAR.

Response: Mr. Marsman stated staff will be reminded to document the MAR each time medications are administered and to administer resident medications and treatments as prescribed by the physician.

A corrective action plan was requested and approved on 06/19/2026. 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 re-evaluate the status of your license and special certification.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license and special certification is recommended.

Elizabeth Elliott

06/19/2026

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Elizabeth Elliott Date
Licensing Consultant