



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 2, 2026

Morgan Bailey
Extended Care at Ramsdell, Inc.
747 Tamarack Ave NW
Grand Rapids, MI 49504

RE: License #: AL410417948
Extended Care At Ramsdell
12471 Ramsdell Dr. NE
Rockford, MI 49504

Dear Ms. Bailey:

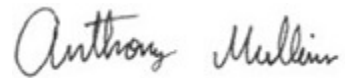
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 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 (616) 356-0100.

Sincerely,

A handwritten signature in cursive script that reads "Anthony Mullins".

Anthony Mullins, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503

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

I. IDENTIFYING INFORMATION

License #: AL410417948

Licensee Name: Extended Care at Ramsdell, Inc.

Licensee Address: 747 Tamarack Ave NW
Grand Rapids, MI 49504

Licensee Telephone #: (616) 361-6571

Licensee/Licensee Designee: Morgan Bailey

Administrator: Morgan Bailey

Name of Facility: Extended Care At Ramsdell

Facility Address: 12471 Ramsdell Dr. NE
Rockford, MI 49504

Facility Telephone #: (419) 494-4008

Original Issuance Date: 12/12/2023

Capacity: 20

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
ALZHEIMERS
AGED
TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/27/2026

Date of Bureau of Fire Services Inspection if applicable: 11/14/2025 & 11/21/2025 A - Rating

Date of Health Authority Inspection if applicable: 05/01/2026 – A Rating

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 7

No. of others interviewed 1 Role: Chief Operations Officer

- 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. N/A
- Corrective action plan compliance verified? Yes CAP date/s and rule/s: 04/15/26 - Rule 647(5), 675(1),675(4), 685(6), 685(8), and 691(3) 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:

MCL 400.734b

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.

(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.

During the onsite inspection, Chief Operations Officer Jess Engstrom informed me that background checks for all

employees were completed under a different license owned and operated by the same company. All current employees need to be listed in Workforce Background under Extended Care At Ramsdell licensee to be in compliance with licensing regulations.

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.

During the onsite inspection, staff were unable to provide copies of fire drills completed in January and February 2026.

R 400.647 Safety and maintenance of premises.

(1) A facility must be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

The awning that covers the side of the house and is currently used as a designated smoke area for residents needs to be repaired. During the onsite inspection, I observed wood attached to the awning rotting and nails were exposed/hanging from the awning/home.

R 400.647 Safety and maintenance of premises.

(8) Water closet compartments, bathrooms, and kitchen floor surfaces must be constructed and maintained to be reasonably impervious to water and allow the floor to be easily maintained in a clean condition.

The tile in the recently renovated bathroom on the main floor needs to be repaired after observing several cracks throughout it. In its current state, it poses a safety hazard for residents.

R 400.691 Resident records.

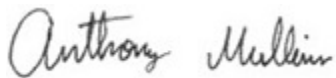
**(1) A licensee shall complete and maintain a separate record for each resident that includes all of the following:
(g) Admission and monthly weight record.**

Resident A, Resident B, Resident C, Resident D, Resident E, Resident F, Resident G, and Resident H were missing more than a year and a half worth of monthly weight records from their files.

While onsite, I conducted an exit conference with Chief Operations Officer, Jess Engstrom on behalf of licensee designee, Morgan Bailey. A corrective action plan is required within 15 days of receipt of this report.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license and special certification is recommended.



06/02/2026

Anthony Mullins
Licensing Consultant

Date