



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 21, 2026

Jonathan Harland
Community Home & Health Services LLC
657 Chestnut Ct
Gaylord, MI 49735

RE: License #: AS690382149
Investigation #: 2026A0360047
White Pines

Dear Mr. Harland:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. 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 time frames 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 responsible party and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (866) 865-0006.

Sincerely,

Matthew Soderquist, Licensing Consultant
Bureau of Community and Health Systems
350 Ottawa Ave NW Unit #13
Grand Rapids, MI 49503
(989) 370-8320

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
SPECIAL INVESTIGATION REPORT**

I. IDENTIFYING INFORMATION

License #:	AS690382149
Investigation #:	2026A0360047
Complaint Receipt Date:	07/24/2026
Investigation Initiation Date:	07/24/2026
Report Due Date:	09/22/2026
Licensee Name:	Community Home & Health Services LLC
Licensee Address:	657 Chestnut Ct Gaylord, MI 49735
Licensee Telephone #:	(989) 732-6374
Administrator/License Designee:	Jonathan Harland
Name of Facility:	White Pines
Facility Address:	1835 Murner Rd Gaylord, MI 49735
Facility Telephone #:	(989) 732-1938
Original Issuance Date:	05/27/2016
License Status:	REGULAR
Effective Date:	11/27/2024
Expiration Date:	11/26/2026
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

II. ALLEGATION(S)

	Violation Established?
Water well tested positive for coliform for third inspection in a row.	Yes

III. METHODOLOGY

07/24/2026	Special Investigation Intake 2026A0360047
07/24/2026	Special Investigation Initiated - Letter Health Department
07/27/2026	Contact - Document Sent Licensee Jory Harland
07/27/2026	Contact - Document Received Jory Harland
07/29/2026	Inspection Completed On-site DCSM Rachel Mick
08/17/2026	Contact - Document Received Stephanie Hobbs-Renard Health Department of Northwest Michigan
09/21/2026	Exit Conference

ALLEGATION:

Water well tested positive for coliform for third inspection in a row.

INVESTIGATION:

On 7/24/26, I contacted Joslyn Buiting, Land Use Sanitarian from the Health Department of Northwest Michigan and confirmed that a special investigation would be opened regarding the third positive water sample test for coliform at the home.

On 7/27/26, I contacted the licensee Jory Harland to confirm that residents had access to clean bottled water for drinking and cooking. Mr. Harland stated staff were informed Friday to only use bottled water for cooking and drinking. Northern Well Services should be out today to address the well.

On 7/29/26, I conducted an unannounced onsite inspection at the home. Direct care staff member (DCSM) Rachel Mick stated that they have been using only bottled water for cooking and drinking since the positive water test. Ms. Mick showed me several cases of water in the home located in the kitchen and garage.

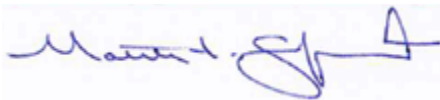
On 8/17/26, I received all of the water well test results for the home Stephanie Hobbs from the Health Department of Northwest Michigan. Ms. Hobbs noted that despite the passing rating after well chlorination that the sanitarian is recommending the home do monthly testing because of the history of positive coliform tests. The documents noted that the well has now passed inspection after being chlorinated.

APPLICABLE RULE	
R 400.645	Environmental health.
	(1) The water supply must be of potable, reliable quality and from an approved source.
ANALYSIS:	Interviews and documentation from Ms. Hobbs, Ms. Buiting, Mr. Harland, and Ms. Mick revealed that the home has had several positive coliform water test results. Despite the well being chlorinated and the home getting a passing rating the sanitarian is recommending monthly water testing.
CONCLUSION:	VIOLATION ESTABLISHED

On 9/21/26 I conducted an exit conference with licensee Jory Harland who stated he would submit a corrective action plan for approval.

IV. RECOMMENDATION

Upon receipt of an acceptable corrective action plan, I recommend no change in the status of the license.

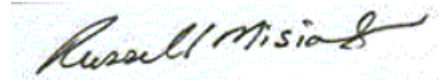


9/21/26

Matthew Soderquist
Licensing Consultant

Date

Approved By:

A handwritten signature in black ink, appearing to read "Russell Misiak", written over a light blue horizontal line.

9/21/26

Russell B. Misiak
Area Manager

Date