



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

March 12, 2020

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 Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license with special certification is renewed. It is valid only at your present address and is nontransferable.

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) 284-9730.

Sincerely,

A handwritten signature in black ink that reads "Diane L. Stier".

Diane L Stier, Licensing Consultant  
Bureau of Community and Health Systems  
1919 Parkland Drive  
Mt. Pleasant, MI 48858-8010  
(989) 948-0560

611 W. OTTAWA • P.O. BOX 30664 • LANSING, MICHIGAN 48909  
[www.michigan.gov/lara](http://www.michigan.gov/lara) • 517-335-1980

**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/Licensee Designee:** Kent VanderLoon, Designee

**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): 03/12/2020

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

Date of Health Authority Inspection if applicable: N/A

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 3

No. of others interviewed 1 Role: ADOS

- 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: 3/19/18 as403(1) 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 determined to be in substantial compliance with rules and requirements.

### IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care license with special certification.



Diane L Stier  
Licensing Consultant

March 12, 2020  
Date