



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

February 20, 2020

Anne Kesler
Country Woods Assisted Living, LLC
8504 Doe Pass
Lansing, MI 48917

RE: License #: AM230388695
Country Woods Assisted Living
7021 Hartel Road
Pottersville, MI 48876

Dear Ms. Kesler:

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 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 cursive script that reads "Julie Elkins".

Julie Elkins, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

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

I. IDENTIFYING INFORMATION

License #: AM230388695

Licensee Name: Country Woods Assisted Living, LLC

Licensee Address: 8504 Doe Pass
Lansing, MI 48917

Licensee Telephone #: (517) 898-5559

Licensee Designee: Anne Kesler

Administrator: Anne Kesler

Name of Facility: Country Woods Assisted Living

Facility Address: 7021 Hartel Road
Pottersville, MI 48876

Facility Telephone #: (517) 898-5559

Original Issuance Date: 08/27/2019

Capacity: 12

Program Type: ALZHEIMERS
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/19/2020

Date of Bureau of Fire Services Inspection if applicable: 06/06/2020

Date of Health Authority Inspection if applicable: 08/09/2019

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 2
No. of residents interviewed and/or observed 6
No. of others interviewed 1 Role: licensee designee

- 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. inspection was not during meal time.
- 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: 02/14/2020 315 (3), 316 (1) (a) 316 (1)(b), 318 (1), 318 (5) N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A

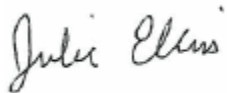
III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements.

The facility is in compliance with all applicable rules and statutes.

IV. RECOMMENDATION

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



02/20/2020

Julie Elkins
Licensing Consultant

Date