



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

December 29, 2021

Jeffrey Shepard  
Walnut Ridge Country Estate, LLC  
P.O. Box 518  
Stockbridge, MI 49205

RE: License #: AL330280995  
**Walnut Ridge Country Estate, LLC**  
**4077 Oakley Rd.**  
**Stockbridge, MI 49285**

Dear Mr. Shepard:

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. Your special certification license is renewed for MI as well through 12/29/2023. These licenses are valid only at your present address and is nontransferable.

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 (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Candace L. Pilarski".

Candace Pilarski, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(517) 284-8967

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

**I. IDENTIFYING INFORMATION**

**License #:** AL330280995

**Licensee Name:** Walnut Ridge Country Estate, LLC

**Licensee Address:** 4077 Oakley Rd.  
Stockbridge, MI 49285

**Licensee Telephone #:** (517) 851-7501

**Licensee/Licensee Designee:** Jeffrey Shepard, Designee

**Administrator:** Jennifer Flores

**Name of Facility:** Walnut Ridge Country Estate, LLC

**Facility Address:** 4077 Oakley Rd.  
Stockbridge, MI 49285

**Facility Telephone #:** (517) 851-7501

**Original Issuance Date:** 12/27/2007

**Capacity:** 20

**Program Type:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
AGED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 12/27/2021

Date of Bureau of Fire Services Inspection if applicable: 6/17/2021

Date of Environmental/Health Inspection if applicable: 10/5/2021

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 6

No. of others interviewed [redacted] Role: [redacted]

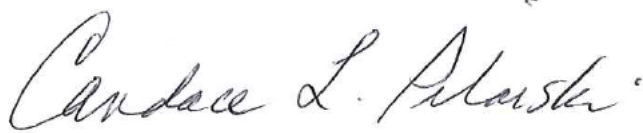
- Medication pass / simulated pass observed? Yes  No  If no, explain.
- Medication(s) and medication record(s) reviewed? Yes  No  If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes  No  If no, explain.
- Meal preparation / service observed? Yes  No  If no, explain.  
Inspection took place between meal times
- 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? 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 regular license to this AFC adult large group home (capacity 13-20).



12/29/2021

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Candace Pilarski  
Licensing Consultant

Date