



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

May 20, 2022

Jennia Woodcock  
Community Health Care Management  
1805 E Jordan  
Mt. Pleasant, MI 48858

RE: License #: AM370085651  
**Country Place II**  
**1807 E. Jordan**  
**Mount Pleasant, MI 48858**

Dear Ms. Woodcock:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- You are to submit documentation of compliance. Please take picture of the corrected areas and send them by June 18, 2022.

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 "Jennifer Browning".

Jennifer Browning, Licensing Consultant  
Bureau of Community and Health Systems  
Browningj1@michigan.gov - (989) 444-9614

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

**I. IDENTIFYING INFORMATION**

**License #:** AM370085651

**Licensee Name:** Community Health Care Management

**Licensee Address:** 2033 Westbrook  
Ionia, MI 48846

**Licensee Telephone #:** (989) 773-6320

**Licensee Designee:** Jennia Woodcock

**Administrator:** Jennia Woodcock

**Name of Facility:** Country Place II

**Facility Address:** 1807 E. Jordan  
Mount Pleasant, MI 48858

**Facility Telephone #:** (989) 773-6320

**Original Issuance Date:** 07/02/2001

**Capacity:** 10

**Program Type:** PHYSICALLY HANDICAPPED  
DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
AGED  
ALZHEIMERS

**Certified Programs:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 05/18/2022

Date of Bureau of Fire Services Inspection if applicable: 03/25/2022

Date of Health Authority Inspection if applicable: 04/05/2022

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 8

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.  
The inspection was not done during meal times. The food at the facility appeared safe and free from spoilage and contamination, the food service equipment was in good repair, and the facility appeared equipped to prepare and serve adequate meals.
- 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 found to be in non-compliance with the following rules:

**R 400.14401            Environmental health.**

**(7) Each habitable room shall have direct outside ventilation by means of windows, louvers, air-conditioning, or mechanical ventilation. During fly season, from April to November, each door, openable window, or other opening to the outside that is used for ventilation purposes shall be supplied with a standard screen of not less than 16 mesh.**

Resident bedroom 7 did not have a screen in the window for ventilation.

**R 400.14403            Maintenance of premises.**

**(11) Handrails and nonskid surfacing shall be installed in showers and bath areas.**

Bathroom two does not have a handrail installed near the bath area.

**R 400.14403            Maintenance of premises.**

**(9) Stairway risers and treads shall be a uniform and consistent size. Stairways that form a part of a required means of egress shall change direction at landings only.**

The back porch emergency exit is missing a board on the stairs and the boards were loose coming out of the door.

**R 400.14408            Bedrooms generally.**

**(4) Interior doorways of bedrooms that are occupied by residents shall be equipped with a side-hinged, permanently mounted door that is equipped with positive-latching, nonlocking-against-egress hardware.**

The lock on bedroom 5 was broken and the lock remained pushed in.

A corrective action plan was requested and approved on 05/18/2022. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license and special certification.

#### IV. RECOMMENDATION

An acceptable corrective action plan has been received. I recommend issuance of a 2 year regular adult foster care license and special certification to this AFC adult medium group home (capacity 10).

*Jennifer Browning*

Jennifer Browning  
Licensing Consultant

05/20/2022  
Date