

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

September 30, 2022

Keristin Hetherington KC Assisted Living Corporation 7884 Emery Rd Portland, MI 48875

> RE: License #: AM340410910 Country Living Senior Care 7884 Emery Rd Portland, MI 48875

Dear Ms. Hetherington:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your Adult Foster Care medium group home license are renewed. The regular license 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,

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

> 611 W. OTTAWA • P.O. BOX 30664 • LANSING, MICHIGAN 48909 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 #:	AM340410910
Licensee Name:	KC Assisted Living Corporation
Licensee Address:	7884 Emery Rd Portland, MI  48875
Licensee Telephone #:	(517) 647-4920
Licensee Designee:	Keristin Hetherington
Administrator:	Courtney Shafer
Name of Facility:	Country Living Senior Care
Name of Facility: Facility Address:	Country Living Senior Care 7884 Emery Rd Portland, MI 48875
-	7884 Emery Rd
Facility Address:	7884 Emery Rd Portland, MI 48875
Facility Address: Facility Telephone #:	7884 Emery Rd Portland, MI 48875 (517) 647-4920

## **II. METHODS OF INSPECTION**

Date of On-site Inspection(s):	09/29/2022
Date of Bureau of Fire Services Inspection if appli	icable: 11/18/2021
Date of Health Authority Inspection if applicable:	11/30/2021
No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed 2 Role:	2 9
Medication pass / simulated pass observed?	Yes 🔀 No 🗌 If no, explain.
Medication(s) and medication record(s) revie	wed? Yes 🛛 No 🗌 If no, explain.
<ul> <li>Resident funds and associated documents reviewed for at least one resident? Yes D No D If no, explain. There were no personal resident funds kept onsite.</li> <li>Meal preparation / service observed? Yes D No D If no, explain.</li> </ul>	
• Fire drills reviewed? Yes 🛛 No 🗌 If no, ex	kplain.
• Fire safety equipment and practices observed	d? Yes 🛛 No 🗌 If no, explain.
<ul> <li>E-scores reviewed? (Special Certification On If no, explain.</li> <li>Water temperatures checked? Yes X No </li> </ul>	.,
<ul> <li>Incident report follow-up? Yes ⊠ No □ If r</li> </ul>	no, explain.
<ul> <li>Corrective action plan compliance verified? Confirming letter from 8/8/2022 Interim insperiod (3) R400.14208 (1)(f) N/A .</li> <li>Number of excluded employees followed-up?</li> </ul>	ction R400.14201 (10) R400.14205
• 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 medium group home (capacity 12).

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Jennifer Browning Licensing Consultant

\_09/30/2022\_ Date