



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

October 28, 2022

Michael Crosby  
Country Easy Living, LLC  
5478 210th Ave.  
Reed City, MI 49677

RE: License #: AM670280009  
**Country Easy Living**  
**5478 210th Avenue**  
**Reed City, MI 49677**

Dear Mr. Crosby:

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 and 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 (616) 356-0183.

Sincerely,

A handwritten signature in red ink that reads "Bruce A. Messer".

Bruce A. Messer, Licensing Consultant  
Bureau of Community and Health Systems  
Suite 11  
701 S. Elmwood  
Traverse City, MI 49684  
(231) 342-4939

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

**I. IDENTIFYING INFORMATION**

**License #:** AM670280009

**Licensee Name:** Country Easy Living, LLC

**Licensee Address:** 1030 Cotey St.  
Cadillac, MI 49601

**Licensee Telephone #:** (231) 920-9003

**Licensee Designee:** Michael Crosby

**Administrator:** Michael Crosby

**Name of Facility:** Country Easy Living

**Facility Address:** 5478 210th Avenue  
Reed City, MI 49677

**Facility Telephone #:** (231) 465-4020

**Original Issuance Date:** 03/17/2006

**Capacity:** 12

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

**Certified Programs:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 10/28/2022  
Date of Bureau of Fire Services Inspection if applicable: 05/17/2022  
Date of Health Authority Inspection if applicable: 06/14/2022  
No. of staff interviewed and/or observed 2  
No. of residents interviewed and/or observed 2  
No. of others interviewed 1 Role: ORR

- 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: R. 205/205/318/410/507 CAP dated 10/27/20 N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes  (please explain) No  N/A

**III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

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

On October 28, 2022, I conducted an exit conference with Licensee Designee Mike Crosby. I explained my findings as noted above. Mr. Crosby stated he understood, and he had no further comments or questions pertaining to this renewal inspection.

It is noted that this renewal inspection was completed via telecom due to CV-19 concerns.

#### IV. RECOMMENDATION

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

 October 28, 2022

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Bruce A. Messer  
Licensing Consultant

Date