



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

December 22, 2022

Renee Kelly
Cretsinger Care Homes Ltd
P O Box 279
Battle Creek, MI 49016-0279

RE: License #: AM130065138
Cretsinger Country Place
4171 Capital Avenue, SW
Battle Creek, MI 49015

Dear Mrs. Kelly:

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,

Kevin L. Sellers

Kevin Sellers, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 230-3704

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

I. IDENTIFYING INFORMATION

License #: AM130065138

Licensee Name: Cretsinger Care Homes Ltd

Licensee Address: P O Box 279
Battle Creek, MI 49016-0279

Licensee Telephone #: (269) 964-8292

Licensee/Licensee Designee: Renee Kelly

Administrator: Renee Kelly

Name of Facility: Cretsinger Country Place

Facility Address: 4171 Capital Avenue, SW
Battle Creek, MI 49015

Facility Telephone #: (269) 979-4936

Original Issuance Date: 12/08/1995

Capacity: 12

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/20/2022

Date of Bureau of Fire Services Inspection if applicable: 03/02/2022

Date of Health Authority Inspection if applicable: 09/25/2015

No. of staff interviewed and/or observed 3
No. of residents interviewed and/or observed 6
No. of others interviewed 1 Role: Licensee

- 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: 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.

IV. RECOMMENDATION

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

Kevin L. Sellers

12/22/2022

Kevin Sellers
Licensing Consultant

Date

Approved:

Dawn Timm

12/28/2022

Dawn Timm
Area Manager

Date