



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

May 16, 2023

Teresa Murray
Murrays Country View
6201 HWY M-35
Gladstone, MI 49837

RE: License #: AH210396377
Murrays Country View
6201 HWY M-35
Gladstone, MI 49837

Dear Ms. Murray:

An administrative review of your licensing activity for the past year has revealed substantial compliance with the public health code and administrative rules regulating home for the aged facilities. Therefore, in accordance with MCL 333.20155(1) Home for the Aged license has been renewed. Your 12-month license is effective until 6/11/2024. It is valid only at the address listed and is not transferable.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event I am not available, and you need to speak to someone immediately, please feel free to contact the local office at (616) 356-0100.

Sincerely,

A handwritten signature in cursive script that reads "Julie Viviano".

Julie Viviano, Licensing Staff
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503

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

I. IDENTIFYING INFORMATION

License #:	AH210396377
Licensee Name:	Murray's Country View, LLC
Licensee Address:	3670 Blacksmith 20.5 Ln Gladstone, MI 49837
Licensee Telephone #:	(906) 399-7581
Authorized Representative:	Teresa Murray
Administrator/Licensee Designee:	Carolyn Sargent
Name of Facility:	Murrays Country View
Facility Address:	6201 HWY M-35 Gladstone, MI 49837
Facility Telephone #:	(906) 428-1334
Original Issuance Date:	12/12/2018
Capacity:	25
Program Type:	ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): No On-Site/Administrative Desk Review 5/16/2023

Date of Bureau of Fire Services Inspection if applicable: BFS - A 9/19/2022

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 5/16/2023

No. of staff interviewed and/or observed

No. of residents interviewed and/or observed

No. of others interviewed Role

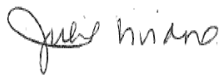
- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication records(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain.
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes IR date/s: N/A
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
- Number of excluded employees followed up? N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

IV. RECOMMENDATION

Renewal of the license is recommended.



5/16/2023

Licensing Consultant

Date