



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

May 24, 2023

Krystal Samuel  
Encompassing Care LLC  
11416 Ossineke Rd  
Ossineke, MI 49766

RE: License #: AS040410720  
**Encompassing Care**  
**11229 US 23 N**  
**Ossineke, MI 49766**

Dear Ms. Samuel:

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 (616) 356-0183.

Sincerely,

A handwritten signature in blue ink, appearing to read "Matthew Soderquist".

Matthew Soderquist, Licensing Consultant  
Bureau of Community and Health Systems  
Ste 3  
931 S Otsego Ave  
Gaylord, MI 49735  
(989) 370-8320



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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS040410720
<b>Licensee Name:</b>	Encompassing Care LLC
<b>Licensee Address:</b>	11416 Ossineke Rd Ossineke, MI 49766
<b>Licensee Telephone #:</b>	(989) 590-0145
<b>Licensee/Licensee Designee:</b>	Krystal Samuel, Designee
<b>Administrator:</b>	Krystal Samuel
<b>Name of Facility:</b>	Encompassing Care
<b>Facility Address:</b>	11229 US 23 N Ossineke, MI 49766
<b>Facility Telephone #:</b>	(989) 590-0145
<b>Original Issuance Date:</b>	06/07/2022
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED MENTALLY ILL AGED ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/23/2023

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: 12/19/2022

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 2

No. of others interviewed Role:

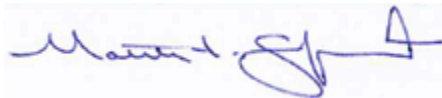
- Medication pass / simulated pass observed? Yes ☒ No ☐ If no, explain.
- Medication(s) and medication record(s) reviewed? Yes ☒ No ☐ If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes ☒ No ☐ If no, explain.
- Meal preparation / service observed? Yes ☒ No ☐ 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

This facility was determined to be in substantial compliance with rules and requirements. On 05/23/2023 I conducted an exit conference with the licensee designee Krystal Samuel and she concurred with the findings of the inspection.

### IV. RECOMMENDATION

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



05/24/2023

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Matthew Soderquist  
Licensing Consultant

Date