



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

April 13, 2023

John Drews
Country Living Of Hillsdale LLC
101 Village Green Blvd.
Hillsdale, MI 49242

RE: License #: AL300296087
Country Living of Hillsdale, LLC
1133 N. Lake Pleasant Rd.
Hillsdale, MI 49242

Dear Mr. Drews:

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 large group home license is renewed. The regular license is valid only at your present address and is nontransferable.

Please contact me with any questions. If I am not available and you need to speak to someone immediately, you may contact the local office at (517) 284-9730.

Sincerely,

A handwritten signature in cursive script, appearing to read "Dwight Forde".

Dwight Forde, Licensing Consultant
Bureau of Community and Health Systems
350 Ottawa, N.W. Unit 13, 7th Floor
Grand Rapids, MI 49503

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

I. IDENTIFYING INFORMATION

License #: AL300296087

Licensee Name: Country Living Of Hillsdale LLC

Licensee Address: 101 Village Green Blvd.
Hillsdale, MI 49242

Licensee Telephone #: (517) 398-5333

Licensee Designee/ Administrator: John Drews

Name of Facility: Country Living of Hillsdale, LLC

Facility Address: 1133 N. Lake Pleasant Rd.
Hillsdale, MI 49242

Facility Telephone #: (517) 437-4611

Original Issuance Date: 10/03/2008

Capacity: 20

Program Type: AGED
ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 4/4/23

Date of Bureau of Fire Services Inspection if applicable: 12/21/22

Date of Health Authority Inspection if applicable: 4/3/23

No. of staff interviewed and/or observed 4

No. of residents interviewed and/or observed 9

No. of others interviewed 0 Role: [REDACTED]

- 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.

IV. RECOMMENDATION

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



4/13/23

Dwight Forde
Licensing Consultant

Date