



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

November 22, 2024

Jonathan Harland
Community Home & Health Services LLC
657 Chestnut Ct
Gaylord, MI 49735

RE: License #: AS690382137
Brackenwood
3214 Hayes Tower Rd.
Gaylord, MI 49735

Dear Mr. Harland:

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 616-356-0100.

Sincerely,

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

Matthew Soderquist, Licensing Consultant
Bureau of Community and Health Systems
350 Ottawa Ave NW Unit #13
Grand Rapids, MI 49503
(989) 370-8320

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

I. IDENTIFYING INFORMATION

| | |
|------------------------------------|--|
| License #: | AS690382137 |
| Licensee Name: | Community Home & Health Services LLC |
| Licensee Address: | 657 Chestnut Ct Gaylord, MI 49735 |
| Licensee Telephone #: | (989) 732-6374 |
| Licensee/Licensee Designee: | Jonathan Harland |
| Administrator: | Jonathan Harland |
| Name of Facility: | Brackenwood |
| Facility Address: | 3214 Hayes Tower Rd. Gaylord, MI 49735 |
| Facility Telephone #: | (989) 732-9464 |
| Original Issuance Date: | 05/27/2016 |
| Capacity: | 6 |
| Program Type: | PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL |
| Certified Programs: | DEVELOPMENTALLY DISABLED MENTALLY ILL |

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/19/2024

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

Date of Health Authority Inspection if applicable: 08/13/2024

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 3

No. of others interviewed 2 Role: CMH

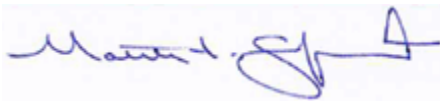
- Medication pass / simulated pass observed? Yes ☒ No ☐ If no, explain.
- Medication(s) and medication record(s) reviewed? Yes ☒ No ☐ If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes ☒ No ☐ If no, explain.
- Meal preparation / service observed? Yes ☒ No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

A handwritten signature in blue ink, appearing to read "Matthew Soderquist", is written over a light blue rectangular background.

11/22/24

Matthew Soderquist
Licensing Consultant

Date