



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

November 27, 2024

Jeffrey Chaffee
Jeffrey D. Chaffee and Maria LeZyle A Chaffee
7021 N. Hartel Rd
Pottersville, MI 48876

RE: License #: AM230418294
Country Woods Adult Care
7021 N. Hartel Rd
Pottersville, MI 48876

Dear Jeffrey Chaffee:

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,

A handwritten signature in black ink, appearing to read "Eli DeLeon".

Eli DeLeon, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(269) 251-4091

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

I. IDENTIFYING INFORMATION

License #:	AM230418294
Licensee Name:	Jeffrey D. Chaffee and Maria LeZyle A Chaffee
Licensee Address:	7021 N. Hartel Rd Pottersville, MI 48876
Licensee Telephone #:	517-214-2144
Licensee/Licensee Designee:	Jeffrey Chaffee
Administrator:	Maria Chaffee
Name of Facility:	Country Woods Adult Care
Facility Address:	7021 N. Hartel Rd Pottersville, MI 48876
Facility Telephone #:	(517) 214-2144
Original Issuance Date:	06/11/2024
Capacity:	12
Program Type:	PHYSICALLY HANDICAPPED AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/12/2024

Date of Bureau of Fire Services Inspection if applicable: 03/18/2024

Date of Health Authority Inspection if applicable: 02/06/2024

No. of staff interviewed and/or observed 5

No. of residents interviewed and/or observed 5

No. of others interviewed 0 Role: 0

- 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.



11/27/2024

Eli DeLeon
Licensing Consultant

Date