



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 4, 2025

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

RE: License #: AL300249260
Country Living Of Hillsdale LLC
1127 N. Lake Pleasant Rd.
Hillsdale, MI 49242

Dear John 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) 335-5985.

Sincerely,

A handwritten signature in black ink, appearing to read "Dwight Forde".

Dwight Forde, Licensing Consultant
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 #:	AL300249260
Licensee Name:	Country Living Of Hillsdale LLC
Licensee Address:	101 Village Green Blvd. Hillsdale, MI 49242
Licensee Telephone #:	(517) 398-5333
Licensee Designee:	John Drews
Administrator:	John Drews
Name of Facility:	Country Living Of Hillsdale LLC
Facility Address:	1127 N. Lake Pleasant Rd. Hillsdale, MI 49242
Facility Telephone #:	(517) 437-0239
Original Issuance Date:	09/19/2002
Capacity:	20
Program Type:	AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/13/2025

Date of Bureau of Fire Services Inspection if applicable: 12/04/2024 A-Rating

Date of Health Authority Inspection if applicable: 04/02/2025 A-Rating

No. of staff interviewed and/or observed 5
No. of residents interviewed and/or observed 11
No. of others interviewed 0 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.

IV. RECOMMENDATION

I recommend issuance of a regular license to this AFC adult large group home (capacity 13-20).



6/4/25

Dwight Forde
Licensing Consultant

Date