



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 8, 2025

Parvinder Buttar
Country Acres Adult Care Home, Inc.
735 S. Michigan
Eaton Rapids, MI 48827

RE: License #: AM230278815
Country Acres Adult Care Home
735 S. Michigan Rd.
Eaton Rapids, MI 48827

Dear Parvinder Buttar:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan.

The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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) 335-5985.

Sincerely,

A handwritten signature in black ink that reads "Cathy Cushman". The script is cursive and fluid, with the first name "Cathy" and last name "Cushman" clearly distinguishable.

Cathy Cushman, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(269) 615-5190

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

I. IDENTIFYING INFORMATION

License #:	AM230278815
Licensee Name:	Country Acres Adult Care Home, Inc.
Licensee Address:	735 S. Michigan Eaton Rapids, MI 48827
Licensee Telephone #:	(313) 415-0346
Licensee Designee:	Parvinder Buttar
Administrator:	Parvinder Buttar
Name of Facility:	Country Acres Adult Care Home
Facility Address:	735 S. Michigan Rd. Eaton Rapids, MI 48827
Facility Telephone #:	(517) 663-4494
Original Issuance Date:	10/09/2006
Capacity:	12
Program Type:	AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection: 07/07/2025

Date of Bureau of Fire Services Inspection if applicable: 08/26/2024

Date of Health Authority Inspection if applicable: 03/11/2025

No. of staff interviewed and/or observed 2
No. of residents interviewed and/or observed 10
No. of others interviewed 1 Role: Director of Operations

- 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 ☐
A variance for R 400.14407 (4) was granted on 08/18/2006 allowing one bathing facility for 12 residents.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

R 400.14204 Direct care staff; qualifications and training.

(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas:

(d) Personal care, supervision, and protection.

FINDING: None of the facility's direct care staff had verification they were competent in providing the personal care, supervision and protection as identified in the facility's program statement and admission/discharge policy as well as the individual assessment plans, health care appraisals and resident care agreements, which includes working with residents who have Alzheimer's disease or related conditions.

R 400.14206 Staffing requirements.

(2) A licensee shall have sufficient direct care staff on duty at all times for the supervision, personal care, and protection of residents and to provide the services specified in the resident's resident care agreement and assessment plan.

FINDING: Upon review of the facility's 2024 and 2025 fire drills, I identified four fire drills where it took direct care staff 15 minutes or longer to evacuate the residents out of the facility:

- January 2025 - evening fire drill, 15-minute evacuation time
- October 2024 - overnight fire drill, 17-minute evacuation time
- September 2024 - evening fire drill, 30-minute evacuation time
- August 2024 - evening fire drill, 15-minute evacuation time

These evacuation times indicate the facility did not have sufficient direct care staff working in the facility to promptly and safely evacuate residents out of the facility in the event of an emergency, such as a fire.

R 400.14306 Use of assistive devices.

(2) An assistive device shall be specified in a resident's written assessment plan and agreed upon by the resident

or the resident's designated representative and the licensee.

FINDING: Multiple residents were utilizing assistive devices such as half bed rails, walkers, and wheelchairs; however, these devices were not documented in the *Assessment Plans for AFC Residents*, as required.

"Assistive device" means the use of an item such as a pillow or pad or medically supplied therapeutic support that is intended to achieve or maintain the proper position, posture, or balance of a resident. An assistive device may also be an item that is intended to promote, achieve, or maintain the resident's independence. Anything that is used with the intent to restrain a resident and that does not permit the resident to remove the device by himself or herself is a restraint and is not an assistive device.

R 400.14306 Use of assistive devices.

(3) Therapeutic supports shall be authorized, in writing, by a licensed physician. The authorization shall state the reason for the therapeutic support and the term of the authorization.

FINDING: Multiple residents were utilizing assistive devices such as half bed rails, walkers, and wheelchairs; however, physician's orders documenting the reason for the devices and the terms of their authorization were not available for review during the inspection, as required.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.



07/08/2025

Cathy Cushman
Licensing Consultant

Date