



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 26, 2025

Jessica Primeau
K And K Quality Care Inc
351 Bay Mid Line Rd
Midland, MI 48642

RE: License #:	AM090071937 K and K Quality Care 351 Bay Mid Line Road Midland, MI 48642
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Dear Jessica Primeau:

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 upon receipt of approved Environment Health Indicator report. 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 643-7960.

Sincerely,

Martin Gonzales, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

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

I. IDENTIFYING INFORMATION

License #:	AM090071937
Licensee Name:	K And K Quality Care Inc
Licensee Address:	351 Bay Mid Line Rd Midland, MI 48642
Licensee Telephone #:	(989) 835-9412
Licensee/Licensee Designee:	Kimberly Studer
Administrator:	Jessica Primeau
Name of Facility:	K and K Quality Care
Facility Address:	351 Bay Mid Line Road Midland, MI 48642
Facility Telephone #:	(989) 835-9412
Original Issuance Date:	07/14/1996
Capacity:	12
Program Type:	AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/26/2025

Date of Bureau of Fire Services Inspection if applicable: n/a

Date of Health Authority Inspection if applicable: 06/30/2025

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 9

No. of others interviewed 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? 0 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

Choose one:

Upon receipt of an approved Environmental Health Indicator Report, I recommend issuance of a regular license to this AFC adult medium group home (capacity 7-12).



09/26/2025

Martin Gonzales Licensing Consultant 517-388-8753	Date
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