



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

December 19, 2025

Mark McNeary  
Midland Retirement, LLC PO Box 1359  
Aberdeen, SD 57402

RE: License #: AH560387542  
Primrose of Midland  
5600 N. Waldo Road  
Midland, MI 48640

Dear Mark McNeary:

Attached is the 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.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (517) 335-5985.

Sincerely,

*Aaron L. Clum*  
Aaron Clum, Licensing Staff  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(517) 230-2778

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH560387542
<b>Licensee Name:</b>	Midland Retirement, LLC
<b>Licensee Address:</b>	815 N 2nd Street Aberdeen, SD 57401
<b>Authorized Representative:</b>	Mark McNeary
<b>Administrator:</b>	Jennifer Rockafellow
<b>Name of Facility:</b>	Primrose of Midland
<b>Facility Address:</b>	5600 N. Waldo Road Midland, MI 48640
<b>Facility Telephone #:</b>	(989) 575-3255
<b>Original Issuance Date:</b>	05/31/2019
<b>Capacity:</b>	106
<b>Program Type:</b>	AGED ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/18/2025

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

Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference: 12/18/2025

No. of staff interviewed and/or observed	10
No. of residents interviewed and/or observed	50
No. of others interviewed	N/A Role

- Medication pass / simulated pass observed? Yes  No  If no, explain.
- Medication(s) and medication records(s) reviewed? Yes  No  If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes  No  If no, explain. Facility does not maintain resident funds
- Meal preparation / service observed? Yes  No  If no, explain.
- Fire drills reviewed? Yes  No  If no, explain.
- Water temperatures checked? Yes  No  If no, explain.
- Incident report follow-up? Yes  IR date/s: N/A
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s: SI#2023A0585031:1921(1), 2024A1035008:1922(15)(a)
- Number of excluded employees followed up? N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

<b>This facility was found to be in non-compliance with the following rules:</b>	
<b>R 325.1923</b>	<b>Employee's health.</b>  (2) A home shall provide initial tuberculosis screening at no cost for its employees. New employees shall be screened within 10 days of hire and before occupational exposure. The screening type and frequency of routine tuberculosis (TB) testing shall be determined by a risk assessment as described in the 2005 MMWR "Guidelines for Preventing the Transmission of <i>Mycobacterium tuberculosis</i> in Health-Care Settings, 2005" ( <a href="http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf">http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf</a> ), Appendices B and C, and any subsequent guidelines as published by the centers for disease control and prevention. Each home, and each location or venue of care, if a home provides care at multiple locations, shall complete a risk assessment annually. Homes that are low risk do not need to conduct annual TB testing for employees.
Upon review of TB screenings for staff A through H, it was discovered that staff A, B, D,E, F and G did not have a completed TB screening prior to occupational exposure.	

### IV. RECOMMENDATION

Upon receipt of an acceptable corrective action plan, it is recommended that the status of the license remain unchanged.

*Aaron L. Clum*

12/19/2025

Date

Licensing Consultant