



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

November 13, 2025

Galarno Ivan W; Galarno Peggy J
4375 Sebewaing Rd.
Owendale, MI 48754

RE: License #: AF320095445
Country Care Retirement Home
4375 Sebewaing Road
Owendale, MI 48754

Dear Galarno Ivan W; Galarno Peggy J:

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) 643-7960.

Sincerely,

A handwritten signature in cursive script that reads "Anthony Humphrey".

Anthony Humphrey, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48605
(810) 280-7718

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

I. IDENTIFYING INFORMATION

License #: AF320095445

Licensee Name: Galarno Ivan W; Galarno Peggy J

Licensee Address: 4375 Sebewaing Rd.
Owendale, MI 48754

Licensee Telephone #: (989) 375-4290

Licensee/Licensee Designee: N/A

Administrator: N/A

Name of Facility: Country Care Retirement Home

Facility Address: 4375 Sebewaing Road
Owendale, MI 48754

Facility Telephone #: (989) 375-4290

Original Issuance Date: 06/12/2001

Capacity: 6

Program Type: MENTALLY ILL
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/10/2025

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

Date of Health Authority Inspection if applicable: 08/26/2025

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 3

No. of others interviewed [redacted] Role: [redacted]

- 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

Once the licensing renewal application is completed and payment is received, I will recommend issuance of a regular license to this AFC adult family home (capacity 1-6).



11/13/2025

Anthony Humphrey
Licensing Consultant

Date