



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

March 9, 2026

Wendy Davidson  
Carter Country Homes Inc.  
1536 Essay Lane  
Holly, MI 48442

RE: License #: AS630251801  
**Carters Blessings**  
**1200 Essay Lane**  
**Holly, MI 48442**

Dear Ms. Davidson:

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 (248) 972-9136.

Sincerely,

A handwritten signature in cursive script that reads "Sara E. Shaughnessy".

Sara Shaughnessy, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place  
3026 W. Grand Blvd. Ste 9-100  
Detroit, MI 48202  
(248) 320-3721

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

**I. IDENTIFYING INFORMATION**

**License License #:** AS630251801

**Licensee Name:** Carter Country Homes Inc.

**Licensee Address:** 1536 Essay Lane  
Holly, MI 48442

**Licensee Telephone #:** (248) 887-3176

**Licensee/Licensee Designee:** Wendy Davidson, Designee

**Administrator:**

**Name of Facility:** Carters Blessings

**Facility Address:** 1200 Essay Lane  
Holly, MI 48442

**Facility Telephone #:** (248) 717-3939

**Original Issuance Date:** 04/07/2004

**Capacity:** 6

**Program Type:** PHYSICALLY HANDICAPPED  
DEVELOPMENTALLY DISABLED  
AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/03/2026

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable: 11/17/2025

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 2

No. of others interviewed 0 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

The facility is in compliance with all applicable rules and statutes.

### IV. RECOMMENDATION

Renewal of the license is recommended.



03/09/2026

---

Sara Shaughnessy  
Licensing Consultant

Date