



RICK SNYDER  
GOVERNOR

State of Michigan  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
Lansing

MIKE ZIMMER  
DIRECTOR

May 11, 2015

Mark Eubank, Administrator  
Midland King's Daughters Home  
2410 Rodd St.  
Midland, MI 48640

Dear Mr. Eubank:

**IMPORTANT NOTICE - PLEASE READ CAREFULLY**

On March 20, 2015, your facility was surveyed for compliance with our state nursing home rules. You were found to be in substantial compliance with state licensure rules.

The survey report, including your plan of correction, must be posted in the facility upon receipt of this letter. Unless we are returning an amended plan of correction with this letter, please post a copy of the plan of correction that was submitted to our office.

If you have any questions, please telephone me at (517) 241-4712.

Sincerely,

A handwritten signature in cursive script that reads "John Rojeski".

John Rojeski, Licensing Officer, Lansing North Team  
Long Term Care Division  
Bureau of Health Care Services

cc: Susan Yontz, MSA-LTC Services, MDCH

Michigan Department of Community Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>564010</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/20/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MIDLAND KING'S DAUGHTERS HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2410 RODD ST. MIDLAND, MI 48640</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M 000	<p>STATE FACILITY NUMBER: 56-4010</p> <p>EVENT ID NUMBER: 1M9911</p> <p>SURVEY CENSUS: 29</p> <p>SURVEYOR ID NUMBER: #26039</p> <p>Midland King's Daughter was found to be in substantial compliance during their licensure survey for Puclic Act 368 of 1978 and the Michigan Administrative Code R 325.20201 -R. 325.2204.</p>	M 000		

LARA LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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**LONG TERM CARE DIVISION  
NOTICE OF LICENSURE/CERTIFICATION ACTION**

**TYPE OF FACILITY:**

Nursing Home     Hospital Long Term Care Unit     County Medical Care Facility

(X) 1. State survey agency finds the facility in compliance with the State of Michigan Nursing Home licensure rules.

**LICENSEE:** Midland King's Daughters And Sons

R E N E E L W E A A T D L E D	FACILITY/ADDRESS	FAC ID#	BED INFORMATION
X	Midland King's Daughters Home 2410 Rodd St. Midland, MI, 48640	564010	Total Beds: 29 Licensed Only: 29

**DATE OF COMPLIANCE:** 03/20/2015

**DATE ISSUED:** 05/11/2015

Authority: P.A. 368 of 1978 as amended  
Completion: Mandatory  
BHCS-LTC-LC-180 (Rev 07/16/13)

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LONG TERM CARE DIVISION  
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