



STATE OF MICHIGAN

DEPARTMENT OF COMMUNITY HEALTH
LANSING

JENNIFER M. GRANHOLM
GOVERNOR

JANET OLSZEWSKI
DIRECTOR

July 1, 2008

Ms. Lynn MacGregor
Administrator
North Woods Home Nursing
226 South Cedar Street
PO Box 307
Manistique, Michigan 49854

Re: Provider #237182/Facility #778612

Dear Ms. MacGregor:

The survey conducted at your agency on June 13, 2008, has revealed that there were no deficiencies cited by our surveyor on the day of the survey. Based on this survey, your Medicare certification continues to remain in effect unless you are specifically informed in writing by the Centers for Medicare and Medicaid Services to the contrary.

Given the complexity of the Medicare Conditions of Participation, you are to be congratulated on your achievement. A favorable recommendation will be made to the CMS. They will make the final determination on your certification status. It is certainly hoped that you will continue to meet all the conditions so that in the future we may make the same recommendation.

Enclosed for your record, is the Statement of Deficiency resulting from the survey. It will not be necessary to return anything to our office at this time.

Sincerely,

Janet K. Habley for
Howard Schaefer
Survey Supervisor
Division of Licensing and Certification

HS/jkh

Enclosure

DIVISION OF LICENSING AND CERTIFICATION, BUREAU OF HEALTH SYSTEMS
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