



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

June 10, 2021

Adam Gill  
Gardenview  
26096 Elm St.  
Calumet, MI 49913

RE: License #: AH310301010  
**Gardenview**  
**26096 Elm St.**  
**Calumet, MI 49913**

Dear Mr. Gill:

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 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 (906) 226-4171.

Sincerely,

A handwritten signature in cursive script that reads "Laura Mohrman".

Laura Mohrman, Licensing Staff  
Bureau of Community and Health Systems  
234 W. Baraga Ave.  
Marquette, MI 49855  
(906) 290-3428

enclosure

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

**I. IDENTIFYING INFORMATION**

**License#:** AH310301010

**Licensee Name:** Calumet Operating, LLC

**Licensee Address:** Suite 104  
380 Franklin St.  
Harbor Springs, MI 49740

**Licensee Telephone #:** (231) 526-7380

**Authorized Representative/** Adam Gill, Authorized Repr.

**Administrator/Licensee Designee:**

**Name of Facility:** Gardenview

**Facility Address:** 26096 Elm St.  
Calumet, MI 49913

**Facility Telephone #:** (906) 337-0800

**Original Issuance Date:** 12/16/2010

**Capacity:** 61

**Program Type:** ALZHEIMERS  
AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/13/2021

Date of Bureau of Fire Services Inspection if applicable: 05/04/2021

Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference: 05/13/2021

No. of staff interviewed and/or observed 5  
No. of residents interviewed and/or observed 15  
No. of others interviewed [redacted] 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. This facility is not bonded and does not hold 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:
- Number of excluded employees followed up? N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility was found to be in substantial compliance with the public health code and administrative rules regulating home for the aged facilities.

### IV. RECOMMENDATION

I recommend issuance of a regular license to this AFC homes for the aged.

*Laura Mahman*

6/10/2021

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Licensing Consultant

Date