



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

October 25, 2021

Larry Podsaid
CP Traverse Bay Leaseco LLC
800 Center Place
Traverse City, MI 49686

RE: License #: AL280335955
Boardman Lake Glens: Inverness
1400 Brigadoon Crt
Traverse City, MI 49686

Dear Mr. Podsaid:

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 (616) 356-0183.

Sincerely,

A handwritten signature in red ink that reads "Bruce A. Messer".

Bruce A. Messer, Licensing Consultant
Bureau of Community and Health Systems
Suite 11
701 S. Elmwood
Traverse City, MI 49684
(231) 342-4939

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

I. IDENTIFYING INFORMATION

License #: AL280335955

Licensee Name: CP Traverse Bay Leaseco LLC

Licensee Address: 1480 Clark Lake Rd.
Brighton, MI 48114

Licensee Telephone #: (231) 941-1919

Licensee Designee: Larry Podsaid

Administrator: Larry Podsaid

Name of Facility: Boardman Lake Glens: Inverness

Facility Address: 1400 Brigadoon Crt
Traverse City, MI 49686

Facility Telephone #: (231) 941-1919

Original Issuance Date: 05/19/2017

Capacity: 20

Program Type: AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/21/2021

Date of Bureau of Fire Services Inspection if applicable: 10/07/2021, 11/10/2020

Date of Health Authority Inspection if applicable: N/A

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 5
No. of residents interviewed and/or observed 12
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.

On October 21, 2021, I conducted an exit conference with Licensee Designee Larry Podsaid. I explained my findings as noted above. Mr. Podsaid noted that he understood and had no further questions pertaining to this renewal inspection.

IV. RECOMMENDATION

I recommend issuance of a 2 year regular adult foster care license.

 October 25, 2021

Bruce A. Messer
Licensing Consultant

Date