



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

November 10, 2021

Stephanie Hildebrant
Cliffside Company
910 S. Washington Av
Royal Oak, MI 48067

RE: License #: AL110077441
Caretel Inns Of Royalton Arlington
3905 Lorraine Path
Saint Joseph, MI 49085

Dear Stephanie Hildebrant:

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 will be renewed once the application and associated fees are received, so long as there are no open investigations at that time. 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,

Cassandra Duursma, Licensing Consultant
Bureau of Community and Health Systems
427 East Alcott
Kalamazoo, MI 49001
(269) 615-5050

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

I. IDENTIFYING INFORMATION

License #: AL110077441

Licensee Name: Cliffside Company

Licensee Address: 910 S. Washington Av
Royal Oak, MI 48067

Licensee Telephone #: (248) 330-9598

-Licensee Designee: Stephanie Hildebrant

Administrator: Stephanie Hildebrant

Name of Facility: Caretel Inns Of Royalton Arlington

Facility Address: 3905 Lorraine Path
Saint Joseph, MI 49085

Facility Telephone #: (269) 428-1111

Original Issuance Date: 07/17/1998

Capacity: 20

Program Type: PHYSICALLY HANDICAPPED
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/03/2021

Date of Bureau of Fire Services Inspection if applicable: N/A

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 1
No. of residents interviewed and/or observed 8
No. of others interviewed 1 Role: Licensee Designee

- 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:
03/12/2021- al206(2) al303(2) al208(3)(a) al208(3)(c) al208(3)(e) al201(10)
al403(1) , 08/29/2019-al206(2) N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements.

IV. RECOMMENDATION

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

Cassandra Duursma

11/10/2021

Cassandra Duursma
Licensing Consultant

Date