

GRETCHEN WHITMER
GOVERNOR

# STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

January 19, 2022

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

RE: License #: AL280335945

Boardman Lake Glens: Highlander

800 Centre Place

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 Adult Foster Care large group home license are renewed. The license 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,

Bruce A. Messer, Licensing Consultant

Brene O Messen

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#:** AL280335945

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: Highlander

Facility Address: 800 Centre Place

Traverse City, MI 49686

**Facility Telephone #:** (231) 947-9472

Original Issuance Date: 08/10/2021

Capacity: 20

Program Type: AGED

# **II. METHODS OF INSPECTION**

Date	Date of On-site Inspection(s):		01/19/2022	
Date of Bureau of Fire Services Inspection if applicable: 10/26/2021				
Date of Health Authority Inspection if applicable:				7/30/2021
Inspection Type:		☐ Interview and Obs	servatio	n ⊠ Worksheet □ Full Fire Safety
No.	of staff interviewed and of residents interviewed of others interviewed			4 14
•	Medication pass / simu	ılated 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 $\boxtimes$ No $\square$ If no, explain.  Meal preparation / service observed? Yes $\boxtimes$ No $\square$ If no, explain.			
•	Fire drills reviewed? Yes ⊠ No ☐ If no, explain.			
•	Fire safety equipment and practices observed? Yes $\boxtimes$ No $\square$ If no, explain.			
•	E-scores reviewed? (Special Certification Only) Yes  No N/A In 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 ∈ N/A ⊠	compliance verified?	Yes 🗌	CAP date/s and rule/s:
•	Number of excluded er	nployees followed-up	?	N/A ⊠
•	Variances? Yes ☐ (pl	ease explain) No 🗌	N/A 🗵	

## **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

The facility is in compliance with all applicable rules and statutes.

On January 19, 2022, I provided Licensee Designee Larry Podsaid with an exit conference. I explained my findings as noted above. Mr. Podsaid noted 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.

Brene O Klasier January 19, 2022

Bruce A. Messer Date

**Licensing Consultant**