

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

June 21, 2022

Christine Nash 2801 S 29 Road CADILLAC, MI 49601

RE: License #: AF830390262

Hidden Acres 2801 S 29 Road Cadillac, MI 49601

Dear Christine Nash:

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,

Bruce A. Messer, Licensing Consultant

Brene C. V. Gesser

Bureau of Community and Health Systems

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 #: AF830390262

Licensee Name: Christine Nash

Licensee Address: 2801 S 29 Road

CADILLAC, MI 49601

Licensee Telephone #: (231) 884-8444

Name of Facility: Hidden Acres

Facility Address: 2801 S 29 Road

Cadillac, MI 49601

Facility Telephone #: (231) 920-9222

Original Issuance Date: 01/09/2018

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED

AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s):		05/27/2022		
Date of Bureau of Fire Services Inspection if applicable: N/A				
Date of Health Authority Inspection if applicable: 04/12/2022				
Inspection Type:		Interview and Observation Combination		n ⊠ Worksheet □ Full Fire Safety
No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed O Role:				1
•	Medication pass / simulated pass observed? Yes ⊠ No ☐ If no, explain.			
•	Medication(s) and medication record(s) reviewed? Yes \boxtimes No \square 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 $igtimes$ No $igcup$ 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 comp R418.4 CAP dated 6/28/21 Number of excluded employ	N/A 🗌		CAP date/s and rule/s: 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 May 27, 2022, I provided Licensee Christine Nash with an exit conference. I explained my findings as noted above. Ms. Nash stated she understood and she had no further questions pertaining to this renewal inspection.

IV. RECOMMENDATION

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

Brene Of Hasser June 21, 2022

Bruce A. Messer Date

Licensing Consultant