

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

August 9, 2022

Carl Schuler Gladwin Adult Care, LLC 325 Commerce Court Gladwin, MI 48624

RE: License #: AL260388581

The Horizon Senior Living VI

452 Quarter Street Gladwin, MI 48624

Dear Mr. Schuler:

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 (517) 284-9730.

Sincerely,

Rodney Gill, Licensing Consultant

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Bureau of Community and Health Systems

611 W. Ottawa Street

P.O. Box 30664

Lansing, MI 48909

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

I. IDENTIFYING INFORMATION

License #: AL260388581

Licensee Name: Gladwin Adult Care, LLC

Licensee Address: 325 Commerce Court

Gladwin, MI 48624

Licensee Telephone #: (989) 924-6025

Licensee Designee: Carl Schuler

Administrator: Carl Schuler

Name of Facility: The Horizon Senior Living VI

Facility Address: 452 Quarter Street

Gladwin, MI 48624

Facility Telephone #: (989) 246-0250

Original Issuance Date: 02/15/2018

Capacity: 20

Program Type: AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/08/2022	
Date of Bureau of Fire Services Inspection if applicable: 02/24/2022	
Date of Health Authority Inspection if applicable:	
Insp	pection Type: ☐ Interview and Observation ☐ Worksheet ☐ Combination ☐ Full Fire Safety
No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed N/A Role:	
•	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 \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 ⊠ No ☐ If no, explain.
•	E-scores reviewed? (Special Certification Only) Yes \(\subseteq \text{No} \subseteq \text{N/A} \subseteq \text{If no, explain.} \) Water temperatures checked? Yes \(\subseteq \text{No} \subseteq \text{If no, explain.} \)
•	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 evaluded employees followed up?
•	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.

IV. RECOMMENDATION

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

08/09/2022

Date

Rodney Gill

Rodney Gill

Licensing Consultant