



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

October 31, 2022

Theodore Oswald
Cedar Hill Assisted Living & Senior Living Inc.
2845 Us 2/41
Bark River, MI 49807

RE: License #: AL210351928
Cedar Hill Assisted Living & Senior Housing
1059 US Hwy 2/41
Bark River, MI 49807

Dear Mr. Oswald:

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,

A handwritten signature in cursive script that reads "Maria DeBacker".

Maria DeBacker, Licensing Consultant
Bureau of Community and Health Systems
305 Ludington St
Escanaba, MI 49829
(906) 280-8531

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

I. IDENTIFYING INFORMATION

License #: AL210351928

Licensee Name: Cedar Hill Assisted Living & Senior Living Inc.

Licensee Address: 2845 Us 2/41
Bark River, MI 49807

Licensee Telephone #: (906) 466-9991

Licensee/Licensee Designee: Theodore Oswald, Designee

Administrator: NA

Name of Facility: Cedar Hill Assisted Living & Senior Housing

Facility Address: 1059 US Hwy 2/41
Bark River, MI 49807

Facility Telephone #: (906) 466-9991

Original Issuance Date: 10/31/2014

Capacity: 20

Program Type: AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/25/2022
Date of Bureau of Fire Services Inspection if applicable: 5/19/22
Date of Health Authority Inspection if applicable: 10/25/2022
No. of staff interviewed and/or observed 2
No. of residents interviewed and/or observed 9
No. of others interviewed NA 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.
None available
- 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.

IV. RECOMMENDATION

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

Maria Debacker

10/31/2022

Maria Debacker
Licensing Consultant

Date