

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

November 4, 2022

Erin Ottenbreit Cedarbrook Of Bloomfield Hills 41150 Woodward Avenue Bloomfield Hills, MI 48394

### RE: License #: AH630394482 Cedarbrook Of Bloomfield Hills 41150 Woodward Avenue Bloomfield Hills, MI 48394

Dear Ms. Ottenbreit:

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, effective 11/1/2022-10/31/2023. It is valid only at your present address and is nontransferable.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available, and you need to speak to someone immediately, please feel free to contact the local office at (517) 284-9730.

Sincerely,

render J. Howard

Brender Howard, Licensing Staff Bureau of Community and Health Systems 611 W. Ottawa Street P.O. Box 30664 Lansing, MI 48909 (313) 268-1788

enclosure

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

## I. IDENTIFYING INFORMATION

License #:	AH630394482
Licensee Name:	41150 Woodward LLC
Licensee Address:	Suite 300 1450 W Long Lake Rd, Troy, MI 48098
Licensee Telephone #:	(248) 583-6020
Authorized Representative:	Erin Ottenbreit
Administrator:	Dena Drobnich
Name of Facility:	Cedarbrook Of Bloomfield Hills
Facility Address:	41150 Woodward Avenue Bloomfield Hills, MI 48394
Facility Telephone #:	(248) 629-0132
Original Issuance Date:	05/01/2019
Capacity:	114
Program Type:	AGED ALZHEIMERS

### **II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 11/04/2022

Date of Bureau of Fire Services Inspection if applicable: 12/13/2021

Inspection Type: Interview and Observation Worksheet

Date of Exit Conference: 11/04/2022

No. of staff interviewed and/or observed12No. of residents interviewed and/or observed41No. of others interviewed4 Role Residents' family members

- Medication pass / simulated pass observed? Yes 🛛 No 🗌 If no, explain.
- Medication(s) and medication records(s) reviewed? Yes No If no, explain.
- Meal preparation / service observed? Yes 🖂 No 🗌 If no, explain.
- Fire drills reviewed? Yes ☐ No ⊠ If no, explain. Staff interviewed on the policies and procedures.
- Water temperatures checked? Yes  $\boxtimes$  No  $\square$  If no, explain.
- Incident report follow-up? Yes ⊠ IR date/s:10/30/2022, 10/7/2022, 9/9/2022, 8/19/2022 N/A □
- Corrective action plan compliance verified? Yes CAP date/s and rule/s: No CAPS for this home.
- Number of excluded employees followed up? 5 N/A

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

The facility was found to be in substantial compliance with the public health code and administrative rules regulating home for the aged facilities.

# **IV. RECOMMENDATION**

Renewal of the license is recommended.

render J. Howard

11/4/2022

Date

Licensing Consultant

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