



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

April 18, 2023

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

RE: License #: AL260317409
The Horizon Senior Living V
450 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. If 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 "Rodney Gill".

Rodney Gill, Licensing Consultant
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 #: | AL260317409 |
| Licensee Name: | Gladwin Adult Care, LLC |
| Licensee Address: | 325 Commerce Court Gladwin, MI 48624 |
| Licensee Telephone #: | (989) 246-1000 |
| Licensee Designee: | Carl Schuler, Designee |
| Administrator: | Paula Jean Cassiday |
| Name of Facility: | The Horizon Senior Living V |
| Facility Address: | 450 Quarter Street Gladwin, MI 48624 |
| Facility Telephone #: | (989) 246-1000 |
| Original Issuance Date: | 11/01/2012 |
| Capacity: | 20 |
| Program Type: | AGED |

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/18/2023

Date of Bureau of Fire Services Inspection if applicable: 10/10/2022

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 5

No. of residents interviewed and/or observed 7

No. of others interviewed N/A 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.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
11/17/2022 - R 400.15310 (1) (d) / R 400.15312 (2) / R 400.15301. 04/04/2022 -
R 400.15312 (1) - N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements.

IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care large group home license (capacity 13-20).



04/18/2023

Rodney Gill
Licensing Consultant

Date