

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

April 24, 2023

Hemant Shah Clio Memory Care, LLC 32685 Rockridge Lane Farmington Hills, MI 48334

RE: License #: AL250384188

Cranberry Park Memory Of Clio

1346 W. Vienna Road

Clio, MI 48420

Dear Mr. Shah:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your Adult Foster Care large group home license are renewed. The regular license 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,

Derrick Britton, Licensing Consultant

enie Z. Britten

Bureau of Community and Health Systems

611 W. Ottawa Street

P.O. Box 30664

Lansing, MI 48909

(517) 284-9721

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

I. IDENTIFYING INFORMATION

License #: AL250384188

Licensee Name: Clio Memory Care, LLC

Licensee Address: 1346 W. Vienna Road

Clio, MI 48420

Licensee Telephone #: (810) 640-7783

Licensee/Licensee Designee: Hemant Shah

Administrator: Rene Parks

Name of Facility: Cranberry Park Memory Of Clio

Facility Address: 1346 W. Vienna Road

Clio, MI 48420

Facility Telephone #: (810) 640-7783

Original Issuance Date: 11/14/2016

Capacity: 20

Program Type: PHYSICALLY HANDICAPPED

ALZHEIMERS

AGED

II. METHODS OF INSPECTION

Date	te of On-site Inspection: 04/13/2023	
Date	e of Bureau of Fire Services Inspection: 03/22/2023	
Date	e of Health Authority Inspection if applicable: N/A	
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 1 Role: Administrator	
•	Medication pass / simulated pass observed? Yes ⊠ N	o 🗌 If no, explain.
•	Medication(s) and medication record(s) reviewed? Yes $igtigtigthedown$ No $igcup$ 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 \(\subseteq \) No \(\subseteq \) If no, explain. BFS inspection completed E-scores reviewed? (Special Certification Only) Yes \(\subseteq \) No \(\subseteq \) N/A \(\subseteq \) If no, explain. Water temperatures checked? Yes \(\subseteq \) No \(\supseteq \) If no, explain.	
•	ncident report follow-up? Yes 🖂 No 🗌 If no, explain.	
•	Corrective action plan compliance verified? Yes CA 12/14/2020-al206(2), al303(2), al312(4), al314(1), asec7 Number of excluded employees followed-up? N/A	/3 <u>4</u> b(2), al204(3) 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 regular license to this AFC adult large group home (capacity 13-20).

Denie Z. Bitter 04/24/2023

Derrick Britton Licensing Consultant Date