



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

January 11, 2024

Ann McMann  
CP Traverse Bay Leaseco LLC  
800 Center Place  
Traverse City, MI 49686

RE: License #: AL280335945  
**Boardman Lake Glens: Highlander**  
**800 Centre Place**  
**Traverse City, MI 49686**

Dear Mrs. McMann:

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 (616) 356-0183.

Sincerely,

A handwritten signature in purple ink that reads "Rhonda Richards".

Rhonda Richards, Licensing Consultant  
Bureau of Community and Health Systems  
Suite 11  
701 S. Elmwood  
Traverse City, MI 49684  
(231) 342-4942

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

**I. IDENTIFYING INFORMATION**

**License #:** AL280335945

**Licensee Name:** CP Traverse Bay Leaseco LLC

**Licensee Address:** 1480 Clark Lake Rd.  
Brighton, MI 48114

**Licensee Telephone #:** (231) 941-1919

**Licensee Designee:** Ann McMann

**Administrator:** Ann McMann

**Name of Facility:** Boardman Lake Glens: Highlander

**Facility Address:** 800 Centre Place  
Traverse City, MI 49686

**Facility Telephone #:** (231) 947-9472

**Original Issuance Date:** 08/10/2021

**Capacity:** 20

**Program Type:** AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/30/2023

Date of Bureau of Fire Services Inspection if applicable: 09/14/2023

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 9

No. of others interviewed 0 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:  
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

Choose one:

I recommend issuance of a regular license to this AFC adult large group home (capacity 13-20).



01/11/2024

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Rhonda Richards  
Licensing Consultant

Date