



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

February 28, 2024

Kimberly Rocca-Riffle  
Elder Care Of Michigan, LLC  
Suite 400  
52188 Van Dyke  
Shelby Township, MI 48316

RE: License #: AS650400553  
**West Branch Manor**  
**1825 N. Gray Road**  
**West Branch, MI 48661**

Dear Ms. Rocca-Riffle:

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 black ink that reads "Johnnie Daniels".

Johnnie Daniels, Licensing Consultant  
Bureau of Community and Health Systems  
Ste 3  
931 S Otsego Ave  
Gaylord, MI 49735

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

**I. IDENTIFYING INFORMATION**

**License #:** AS650400553

**Licensee Name:** Elder Care Of Michigan, LLC

**Licensee Address:** Suite 400  
52188 Van Dyke  
Shelby Township, MI 48316

**Licensee Telephone #:** (586) 997-9401

**Licensee:** Kimberly Rocca-Riffle

**Name of Facility:** West Branch Manor

**Facility Address:** 1825 N. Gray Road  
West Branch, MI 48661

**Facility Telephone #:** (989) 345-3370

**Original Issuance Date:** 09/03/2019

**Capacity:** 6

**Program Type:** AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/26/2024

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 3

No. of others interviewed [redacted] 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.  
Meals were not being served at the time of the inspection.
- 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 2 year regular adult foster care license.



2/28/24

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Johnnie Daniels  
Licensing Consultant

Date