



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 26, 2024

Megan Charboneau
Linda Margaret's Retirement Community LLC
722 S. Huron St.
Cheboygan, MI 49721

RE: License #: AM160417504
Linda Margaret's Retirement Community
3723 Long Lake Rd
Cheboygan, MI 49721

Dear Megan Charboneau:

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 blue ink, appearing to read "Matthew Soderquist".

Matthew Soderquist, Licensing Consultant
Bureau of Community and Health Systems
Ste 3
931 S Otsego Ave
Gaylord, MI 49735
(989) 370-8320

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

I. IDENTIFYING INFORMATION

License #: AM160417504

Licensee Name: Linda Margaret's Retirement Community LLC

Licensee Address: 3723 Long Lake Rd
Cheboygan, MI 49721

Licensee Telephone #: (231) 445-2010

Licensee/Licensee Designee: Megan Charboneau

Administrator: Megan Charboneau

Name of Facility: Linda Margaret's Retirement Community

Facility Address: 3723 Long Lake Rd
Cheboygan, MI 49721

Facility Telephone #: (231) 445-2010

Original Issuance Date: 11/09/2023

Capacity: 12

Program Type: ALZHEIMERS
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/23/2024

Date of Bureau of Fire Services Inspection if applicable: 11/08/2023

Date of Health Authority Inspection if applicable: 10/05/2023

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 12

No. of others interviewed [redacted] Role: [redacted]

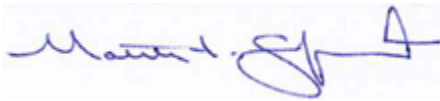
- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication record(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain.
- Meal preparation / service observed? Yes No If no, explain.
- 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

This facility was determined to be in substantial compliance with rules and requirements. On 4/23/24 I conducted an exit conference with the licensee designee who concurred with the findings.

IV. RECOMMENDATION

I recommend issuance of a 2 year regular adult foster care license.



4/26/24

Matthew Soderquist
Licensing Consultant

Date