



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 19, 2024

Patricia Hindman
Cherry Blossom Manor Inc.
Suite B
611 E Main Street
Hart, MI 49420

RE: License #: AH640236763
Cherry Blossom Manor Inc.
Suite B
611 E Main Street
Hart, MI 49420

Dear Licensee:

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 review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (517) 241-1970.

Sincerely,

A handwritten signature in blue ink that reads "Lauren Wohlfert".

Lauren Wohlfert, Licensing Staff
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 260-7781

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH640236763
Licensee Name:	Cherry Blossom Manor Inc.
Licensee Address:	611 E Main St. Ste. B Hart, MI 49420
Licensee Telephone #:	(231) 873-5377
Authorized Representative/ Administrator:	Patricia Hindman
Name of Facility:	Cherry Blossom Manor Inc.
Facility Address:	Suite B 611 E Main Street Hart, MI 49420
Facility Telephone #:	(231) 873-5377
Original Issuance Date:	09/01/1999
Capacity:	39
Program Type:	AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/18/2024

Date of Bureau of Fire Services Inspection if applicable: 09/15/2023

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 09/18/2024

No. of staff interviewed and/or observed 6
No. of residents interviewed and/or observed 11
No. of others interviewed 2 Role residents

- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication records(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.
Bureau of Fire Services (BFS) reviews fire drills, disaster plans were reviewed with staff
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes IR date/s: N/A
- Corrective action plan compliance verified? Yes CAP date/s and rule/s: N/a
- Number of excluded employees followed up? 3 N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility was found to be in substantial compliance with the public health code and administrative rules regulating home for the aged facilities.

IV. RECOMMENDATION

I recommend the status of the license remain unchanged.



09/19/2024

Date

Licensing Consultant