



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 18, 2024

Lauren K Cameron-Carter and Marc Carter
5775 W Isabella Rd.
Mt Pleasant, MI 48858

RE: License #: AL560079773
Applewood Assisted Living
5775 W. Isabella Road
Mount Pleasant, MI 48858

Dear Lauren K Cameron-Carter and Marc Carter:

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,

Bridget Vermeesch

Bridget Vermeesch, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

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

I. IDENTIFYING INFORMATION

License #: AL560079773

Licensee Name: Lauren K Cameron-Carter and Marc Carter

Licensee Address: 5775 W Isabella Rd.
Mt Pleasant, MI 48858

Licensee Telephone #: (989) 772-1866

Licensee/Licensee Designee: Lauren K Cameron-Carter and Marc Carter

Administrator: Lauren Cameron-Carter

Name of Facility: Applewood Assisted Living

Facility Address: 5775 W. Isabella Road
Mount Pleasant, MI 48858

Facility Telephone #: (989) 772-1866

Original Issuance Date: 03/02/1998

Capacity: 20

Program Type: ALZHEIMERS
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/17/2024

Date of Bureau of Fire Services Inspection if applicable: 12/04/2023

Date of Health Authority Inspection if applicable: 05/10/2024

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 2

No. of others interviewed 2 Role: LD & Administrator

- 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.

The facility is in compliance with all applicable rules and statutes.

IV. RECOMMENDATION

I recommend issuance of a regular license to this AFC adult large group home, capacity 20.

Bridget Vermeesch

09/18/2024

Bridget Vermeesch
Licensing Consultant

Date