



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

November 13, 2024

Cheryl Clark  
6451 Sherwood Lane  
Cadillac, MI 49601

RE: License #: AM830092406  
**Pointe East**  
**6451 Sherwood Lane**  
**Cadillac, MI 49601**

Dear Cheryl Clark:

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 blue ink that reads "Bruce A. Messer".

Bruce A. Messer, Licensing Consultant  
Bureau of Community and Health Systems  
Suite 11  
701 S. Elmwood  
Traverse City, MI 49684  
(231) 342-4939

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

**I. IDENTIFYING INFORMATION**

**License #:** AM830092406

**Licensee Name:** Cheryl Clark

**Licensee Address:** 6451 Sherwood Lane  
Cadillac, MI 49601

**Licensee Telephone #:** (231) 876-0847

**Name of Facility:** Pointe East

**Facility Address:** 6451 Sherwood Lane  
Cadillac, MI 49601

**Facility Telephone #:** (231) 876-0847

**Original Issuance Date:** 07/23/2001

**Capacity:** 10

**Program Type:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
AGED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 11/13/2024

Date of Bureau of Fire Services Inspection if applicable: 05/30/2024

Date of Health Authority Inspection if applicable: 07/16/2024

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 4

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:  
CAP dated 6/27/24 R310 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.

On November 13, 2024, I conducted an exit conference with Licensee Cheryl Clark. I explained my finding as noted above. Ms. Clark stated she understood the finding, had no additional information to provide, nor any additional questions to ask, concerning this renewal inspection.

#### IV. RECOMMENDATION

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



November 13, 2024

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Bruce A. Messer  
Licensing Consultant

Date