



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

April 4, 2025

Erin Griffiths  
CHT Curry House MI Tenant Corp.  
450 S. Orange Ave  
Orlando, FL 32801

RE: License #: AL830337616  
**Curry House**  
**5858 S. 47 Mile Road**  
**Cadillac, MI 49601**

Dear Erin Griffiths:

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, reading "Bruce A. Messer".

Bruce A. Messer, Licensing Consultant  
Bureau of Community and Health Systems  
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**

<b>License #:</b>	AL830337616
<b>Licensee Name:</b>	CHT Curry House MI Tenant Corp.
<b>Licensee Address:</b>	450 S. Orange Ave Orlando, FL 32801
<b>Licensee Telephone #:</b>	(949) 878-1324
<b>Licensee Designee:</b>	Erin Griffiths
<b>Administrator:</b>	Erin Griffiths
<b>Name of Facility:</b>	Curry House
<b>Facility Address:</b>	5858 S. 47 Mile Road Cadillac, MI 49601
<b>Facility Telephone #:</b>	(231) 227-4849
<b>Original Issuance Date:</b>	10/15/2014
<b>Capacity:</b>	20
<b>Program Type:</b>	AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/03/2025

Date of Bureau of Fire Services Inspection if applicable: 01/16/2025

Date of Health Authority Inspection if applicable: 01/06/2025

No. of staff interviewed and/or observed 6

No. of residents interviewed and/or observed 11

No. of others interviewed 0 Role:

- 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

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

On April 3, 2025, I provided Licensee Designee Erin Griffiths with an exit conference. I explained my finding as noted above. Ms. Griffiths stated she understood the finding, had no additional questions to ask, or information to provide, concerning this renewal inspection.

#### **IV. RECOMMENDATION**

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

A handwritten signature in purple ink, reading "Bruce A. Messer".

April 4, 2025

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Bruce A. Messer  
Licensing Consultant

Date