



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

May 1, 2025

Hemant Shah  
Clio Memory Care, LLC  
32685 Rockridge Lane  
Farmington Hills, MI 48334

RE: License #: AL250384188  
**Cranberry Park Memory Of Clio**  
**1346 W. Vienna Road**  
**Clio, MI 48420**

Dear Hemant Shah:

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) 643-7960.

Sincerely,

A handwritten signature in cursive script that reads "Christopher A. Holvey".

Christopher Holvey, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(517) 899-5659

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL250384188
<b>Licensee Name:</b>	Clio Memory Care, LLC
<b>Licensee Address:</b>	1346 W. Vienna Road Clio, MI 48420
<b>Licensee Telephone #:</b>	(810) 640-7783
<b>Licensee/Licensee Designee:</b>	Hemant Shah, Designee
<b>Administrator:</b>	Rene Parks
<b>Name of Facility:</b>	Cranberry Park Memory Of Clio
<b>Facility Address:</b>	1346 W. Vienna Road Clio, MI 48420
<b>Facility Telephone #:</b>	(810) 640-7783
<b>Original Issuance Date:</b>	11/14/2016
<b>Capacity:</b>	20
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/23/2025

Date of Bureau of Fire Services Inspection if applicable: 03/10/2025

Date of Health Authority Inspection if applicable: 04/23/2025

No. of staff interviewed and/or observed 2  
No. of residents interviewed and/or observed 10  
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.

#### IV. RECOMMENDATION

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



5/1/2025

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Christopher Holvey  
Licensing Consultant

Date