GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

December 9, 2025

Katie Edwards
Cliffside Company
3905 Lorraine Path
St. Joseph, MI 49085

RE: License #: AL110077442
Caretel Inns Of Royalton - Dover
3905 Lorraine Path
Saint Joseph, MI 49085

Dear Ms. Edwards:

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) 356-0100.

Sincerely,

Rodney Gill

Rodney Gill, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
gillr@michigan.gov
(517) 980-1433

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

I. IDENTIFYING INFORMATION

License #:	AL110077442
Licensee Name:	Cliffside Company
Licensee Address:	3905 Lorraine Path St. Joseph, MI 49085
Licensee Telephone #:	(947) 282-7555
Licensee/Licensee Designee:	Katie Edwards
Administrator:	Katie Edwards
Name of Facility:	Caretel Inns Of Royalton - Dover
Facility Address:	3905 Lorraine Path Saint Joseph, MI 49085
Facility Telephone #:	(269) 363-1906
Original Issuance Date:	08/13/1998
Capacity:	20
Program Type:	ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/8/25

Date of Bureau of Fire Services Inspection if applicable: 11/4/25, 9/22/25, 11/12/24, 9/25/24.

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 3
No. of residents interviewed and/or observed 11
No. of others interviewed 2 Role: Licensee Designee/Maintenance

- 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: 10/7/25 - R400.15308(2)(b) N/A ☐
- Number of excluded employees followed-up? N/A ☒
- Variances? Yes ☒ (please explain) No ☐ N/A ☐
  Facility uses their own Assessment Plan and Electronic Funds II Form.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

On 12/8/25, I conducted an exit conference with Ms. Edwards. Consultation was provided regarding physical plant items. 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 13-20).

12/9/25

Rodney Gill Date
Licensing Consultant