GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 12, 2026

Carolyn Becker
ShareCare Cheboygan L.L.C.
567 Obrien Drive
Cheboygan, MI 49721

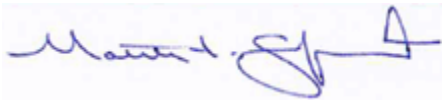
RE: License #: AM160418982
**Cheboygan Harmony House**
**722 South St.**
**Cheboygan, MI 49721**

Dear Ms. Becker:

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) 335-5985.

Sincerely,



Matthew Soderquist, Licensing Consultant
Bureau of Community and Health Systems
931 S Otsego Ave Ste 3
Gaylord, MI 49735
(989) 370-8320

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

## I. IDENTIFYING INFORMATION

| | |
|---|---|
| **License #:** | AM160418982 |
| **Licensee Name:** | ShareCare Cheboygan L.L.C. |
| **Licensee Address:** | 567 Obrien Drive<br>Cheboygan, MI 49721 |
| **Licensee Telephone #:** | (231) 420-5376 |
| **Licensee Designee:** | Carolyn Becker |
| **Administrator:** | Carolyn Becker |
| **Name of Facility:** | Cheboygan Harmony House |
| **Facility Address:** | 722 South St.<br>Cheboygan, MI 49721 |
| **Facility Telephone #:** | (231) 420-5376 |
| **Original Issuance Date:** | 04/17/2026 |
| **Capacity:** | 12 |
| **Program Type:** | AGED<br>ALZHEIMERS |

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/08/2026

Date of Bureau of Fire Services Inspection if applicable: 2/23/26

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 2
No. of residents interviewed and/or observed 5
No. of others interviewed Role:

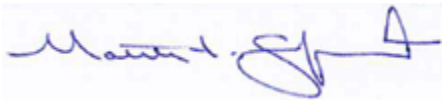
- Medication pass / simulated pass observed? Yes ☒ No ☐ If no, explain.
- Medication(s) and medication record(s) reviewed? Yes ☒ No ☐ If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes ☒ No ☐ If no, explain.
- Meal preparation / service observed? Yes ☐ No ☐ 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

This facility was determined to be in substantial compliance with rules and requirements.

## IV. RECOMMENDATION

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



10/12/26

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Matthew Soderquist Date
Licensing Consultant