



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 23, 2021

Cory Cain
The Meadows at Canterbury-on-the-Lake
5601 Hatchery Road
Waterford, MI 48329

RE: License #: AH630380234
The Meadows at Canterbury-on-the-Lake
5601 Hatchery Road
Waterford, MI 48329

Dear Mr. Cain:

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 review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (810) 787-7101.

Sincerely,

A handwritten signature in cursive script that reads "Aaron L. Clum".

Aaron Clum, Licensing Staff
Bureau of Community and Health Systems
4809 Clio Road
Flint, MI 48504
(517) 230-2778

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH630380234
Licensee Name:	Canterbury Health Care, Inc.
Licensee Address:	5601 Hatchery Road Waterford, MI 48329
Licensee Telephone #:	(248) 674-9292
Authorized Representative:	Cory Cain
Administrator:	Diane Slupka
Name of Facility:	The Meadows at Canterbury-on-the-Lake
Facility Address:	5601 Hatchery Road Waterford, MI 48329
Facility Telephone #:	(248) 674-9292
Original Issuance Date:	01/05/2018
Capacity:	32
Program Type:	ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/22/2021

Date of Bureau of Fire Services Inspection if applicable: 7/10/20

Inspection Type: ☐ Interview and Observation ☒ Worksheet
☐ Combination

Date of Exit Conference: 6/22/21

No. of staff interviewed and/or observed 8
No. of residents interviewed and/or observed 20
No. of others interviewed ☐ Role

- Medication pass / simulated pass observed? Yes ☒ No ☐ If no, explain.
- Medication(s) and medication records(s) reviewed? Yes ☒ No ☐ If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes ☐ No ☒ If no, explain. Facility does not maintain resident funds
- Meal preparation / service observed? Yes ☒ No ☐ If no, explain.
- Fire drills reviewed? Yes ☒ No ☐ If no, explain.
- Water temperatures checked? Yes ☒ No ☐ If no, explain.
- Incident report follow-up? Yes ☐ IR date/s: N/A ☒
- Corrective action plan compliance verified? Yes ☒ CAP date/s and rule/s: 2020A1019033/1931(2)
- Number of excluded employees followed up? 2 N/A ☐

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility was found to be in substantial compliance with the public health code and administrative rules regulating home for the aged facilities.

IV. RECOMMENDATION

Renewal of the license is recommended.

Aaron L. Clum

6/23/21

Date

Licensing Consultant