



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 24, 2022

Deanna Felsk
3821 S 39 Road
CADILLAC, MI 49601

RE: License #: AF830390264
Northern Roots Assisted Living
3821 S 39 Road
Cadillac, MI 49601

Dear Ms. Felsk:

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
Suite 11
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

License#:	AF830390264
Licensee Name:	Deanna Felsk
Licensee Address:	3821 S 39 Road CADILLAC, MI 49601
Licensee Telephone #:	(231) 468-2612
Name of Facility:	Northern Roots Assisted Living
Facility Address:	3821 S 39 Road Cadillac, MI 49601
Facility Telephone #:	(231) 468-2612
Original Issuance Date:	01/11/2018
Capacity:	6
Program Type:	AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/23/2022

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: 04/12/2022

Inspection Type: ☐ Interview and Observation ☒ Worksheet
☐ Combination ☐ Full Fire Safety

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 4

No. of others interviewed 0 Role: [REDACTED]

- 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 June 23, 2022, I provided Licensee Deana Felsk with an exit conference. I explained my finding as noted above. Ms. Felsk stated she understood and had no further questions pertaining to this renewal inspection.

IV. RECOMMENDATION

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



June 24, 2022

Bruce A. Messer
Licensing Consultant

Date