



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

October 31, 2022

Rebecca Duncan
Curry House II
5858 S. 47 Mile Road
Cadillac, MI 49607

RE: License #: AH830337522
Curry House II
5858 S. 47 Mile Road
Cadillac, MI 49607

Dear Ms. Duncan:

An administrative review of your licensing activity for the past year has revealed substantial compliance with the public health code and administrative rules regulating home for the aged facilities. Therefore, in accordance with MCL 333.20155(1) your Home for the Aged license has been renewed. Your 12 month license is effective 10/31/2022. It is valid only at the address listed and is not transferable.

Please 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 (517) 241-1970.

Sincerely,

A handwritten signature in blue ink that reads "Lauren Wohlfert".

Lauren Wohlfert, Licensing Staff
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 260-7781

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

I. IDENTIFYING INFORMATION

License #:	AH830337522
Licensee Name:	CHT Curry House MI Tenant Corp.
Licensee Address:	450 S. Orange Ave Orlando, FL 32801
Licensee Telephone #:	(231) 876-0611
Authorized Representative/	Rebecca Duncan, Authorized Repr. Rebecca Duncan, Designee
Administrator/Licensee Designee:	
Name of Facility:	Curry House II
Facility Address:	5858 S. 47 Mile Road Cadillac, MI 49607
Facility Telephone #:	(231) 876-0611
Original Issuance Date:	05/01/2013
Capacity:	56
Program Type:	AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s):

Date of Bureau of Fire Services Inspection if applicable:

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference:

No. of staff interviewed and/or observed

No. of residents interviewed and/or observed

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.
- 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:
- Number of excluded employees followed up? N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility is in compliance with all applicable rules and statutes.
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

An acceptable corrective action plan has been received. Renewal of the license is recommended.

OR

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.

OR

Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license is recommended.

OR

A Correction Order is recommended. See attached.

OR

An Emergency Order is recommended. See attached.

OR

Refusal to renew the license is recommended.

Licensing Consultant Date