

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

November 10, 2022

Cheryl Clark 6451 Sherwood Lane Cadillac, MI 49601

RE: License #: AM830092406

Pointe East

6451 Sherwood Lane Cadillac, MI 49601

Dear Mrs. Clark:

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,

Bruce A. Messer, Licensing Consultant

Brene O Varier

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 #: AM830092406

Licensee Name: Cheryl Clark

Licensee Address: 6451 Sherwood Lane

Cadillac, MI 49601

Licensee Telephone #: (231) 876-0847

Name of Facility: Pointe East

Facility Address: 6451 Sherwood Lane

Cadillac, MI 49601

Facility Telephone #: (231) 876-0847

Original Issuance Date: 07/23/2001

Capacity: 10

Program Type: DEVELOPMENTALLY DISABLED

MENTALLY ILL

AGED

II. METHODS OF INSPECTION

| Date | e of On-site Inspection(s): | 11/09/2 | 2022 |
|--|--|----------|----------------------------|
| Date of Bureau of Fire Services Inspection if applicable: 03/31/2022 | | | |
| Date | e of Health Authority Inspection if applicable: | | 07/27/2022 |
| No. | of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 0 Role: | | 1 6 |
| • | Medication pass / simulated pass observed? | Yes ⊠ | 〗No ☐ If no, explain. |
| • | Medication(s) and medication record(s) revie | wed? \ | ∕es ⊠ No □ If no, explain. |
| • | Resident funds and associated documents reviewed for at least one resident? Yes \boxtimes No \square If no, explain. Meal preparation / service observed? Yes \boxtimes No \square If no, explain. | | |
| • | Fire drills reviewed? Yes ⊠ No □ If no, ex | cplain. | |
| • | Fire safety equipment and practices observe | d? Yes | No □ If no, explain. |
| • | E-scores reviewed? (Special Certification On If no, explain. Water temperatures checked? Yes ⊠ No □ | • , | |
| • | Incident report follow-up? Yes ⊠ No ☐ If i | no, expl | ain. |
| • | Corrective action plan compliance verified? N/A ⊠ Number of excluded employees followed-up? | | CAP date/s and rule/s: |
| • | Variances? Yes ☐ (please explain) No ☐ | N/A 🔀 | |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

On November 9, 2022, I provided Licensee Cheryl Clark with an exit conference. Ms. Clark stated she understood and had no further comments or questions pertaining to this renewal inspection.

IV. RECOMMENDATION

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

Bruce A. Messer

Date

Licensing Consultant

Brene O Messen