

GRETCHEN WHITMER
GOVERNOR

# STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

February 6, 2023

Kelli Kelley 8376 S. 27 Rd. Cadillac, MI 49601

RE: License #: AF830413403

**Cherry Grove Adult Foster Care** 

8376 S. 27 Rd. Cadillac, MI 49601

Dear Mrs. Kelley:

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 Messen

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 #:** AF830413403

Licensee Name: Kelli Kelley

**Licensee Address:** 8376 S. 27 Rd.

Cadillac, MI 49601

**Licensee Telephone #:** (231) 383-5206

Name of Facility: Cherry Grove Adult Foster Care

Facility Address: 8376 S. 27 Rd.

Cadillac, MI 49601

**Facility Telephone #:** (231) 383-5206

Original Issuance Date: 09/06/2022

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED

AGED

## **II. METHODS OF INSPECTION**

Date of On-site Inspection(s):		01/31/2023	01/31/2023	
Date of Bureau of Fire S	ervices Inspection if ap	plicable: N/A	<b>\</b>	
Date of Health Authority	Inspection if applicable	: 08/0	08/2022	
No. of staff interviewed a No. of residents interviewed No. of others interviewed	wed and/or observed	2		
Medication pass / si	imulated pass observed	? Yes⊠ No	o ☐ If no, explain.	
Medication(s) and n	nedication record(s) rev	iewed? Yes [	⊠ No  lf no, explair	
<ul> <li>Resident funds and associated documents reviewed for at least one resident? Yes ∑ No ☐ If no, explain.</li> <li>Meal preparation / service observed? Yes ∑ No ☐ If no, explain.</li> </ul>				
• Fire drills reviewed?	P Yes⊠ No ☐ If no,	explain.		
Fire safety equipme	ent and practices observ	ed? Yes ⊠	No 🗌 If no, explain.	
If no, explain.	C (Special Certification Costs checked? Yes ⊠ No	_		
Incident report follow	w-up? Yes⊠ No 🗌 I	f no, explain.		
N/A 🖂	an compliance verified? d employees followed-u	_		
• Variances? Yes	(please explain) No	] N/A ⊠		

### **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

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

On January 31, 2023, I conducted an exit conference with Licensee Kelli Kelley. I explained my finding as noted above. Ms. Kelley stated she understood and that she had no further information to provide, or questions pertaining to this renewal inspection.

#### IV. RECOMMENDATION

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

Brune O / Hosser February 6, 2023

Bruce A. Messer Date

Licensing Consultant