



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

February 9, 2023

Kory Feetham
Oscoda Assisted Living, LLC
5113 Cedar Lake Rd.
Oscoda, MI 48750

RE: License #: AL350390822
Oscoda Assisted Living, LLC
5113 Cedar Lake Rd.
Oscoda, MI 48750

Dear Mr. Feetham:

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, appearing to read "Matthew Soderquist".

Matthew Soderquist, Licensing Consultant
Bureau of Community and Health Systems
Ste 3
931 S Otsego Ave
Gaylord, MI 49735
(989) 370-8320

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

I. IDENTIFYING INFORMATION

License #: AL350390822

Licensee Name: Oscoda Assisted Living, LLC

Licensee Address: 5113 Cedar Lake Road
Oscoda, MI 48750

Licensee Telephone #: (989) 569-6766

Licensee/Licensee Designee: Kory Feetham, Designee

Administrator: Kory Feetham

Name of Facility: Oscoda Assisted Living, LLC

Facility Address: 5113 Cedar Lake Rd.
Oscoda, MI 48750

Facility Telephone #: (989) 450-8323

Original Issuance Date: 08/13/2018

Capacity: 20

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
AGED
ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/08/2023

Date of Bureau of Fire Services Inspection if applicable: 01/26/2023

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 5

No. of residents interviewed and/or observed 16

No. of others interviewed [redacted] Role: [redacted]

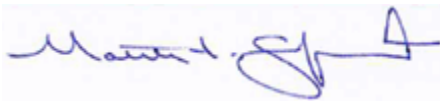
- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication record(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain.
- Meal preparation / service observed? Yes No If no, explain.
- 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? 1 N/A
- Variances? Yes (please explain) No N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements. On 2/09/2023 I conducted an exit conference with the licensee designee Kory Feetham. Mr. Feetham concurred with the findings of the inspection.

IV. RECOMMENDATION

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



2/09/2023

Matthew Soderquist
Licensing Consultant

Date