

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

March 16, 2023

Rebecca Duncan CHT Curry House MI Tenant Corp. 450 S. Orange Ave Orlando, FL 32801

RE: License #: AL830337616

Curry House

5858 S. 47 Mile Road Cadillac, MI 49601

Dear Ms. Duncan:

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 #: AL830337616

Licensee Name: CHT Curry House MI Tenant Corp.

Licensee Address: 450 S. Orange Ave

Orlando, FL 32801

Licensee Telephone #: (231) 577-3044

Licensee Designee: Rebecca Duncan

Administrator: Rebecca Duncan

Name of Facility: Curry House

Facility Address: 5858 S. 47 Mile Road

Cadillac, MI 49601

Facility Telephone #: (231) 876-0611

Original Issuance Date: 10/15/2014

Capacity: 20

Program Type: AGED

II. METHODS OF INSPECTION

Date	e of On-site Inspection(s):	03/14/2	2023	
Date	e of Bureau of Fire Services Inspection if appl	icable:	03/09/2023	
Date	e of Health Authority Inspection if applicable:		03/09/2023	
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 0 Role:		3 12	
•	Medication pass / simulated pass observed?	Yes 🛭	☑ No ☐ If no, explain.	
•	Medication(s) and medication record(s) review	wed? `	Yes ⊠ 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	kplain.		
•	Fire safety equipment and practices observe	d? Yes	s ⊠ No □ If no, explain.	
•	E-scores reviewed? (Special Certification Or If no, explain. Water temperatures checked? Yes ⊠ No □	• ,		
•	Incident report follow-up? Yes ⊠ No ☐ If	no, exp	lain.	
•	Corrective action plan compliance verified? CAP dated 12/27/22 R305.3 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 March 14, 2023, I conducted an exit conference with Licensee Designee Rebecca Duncan. I explained my findings as noted above. Ms. Duncan noted she understood and that she 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.

Brene O Mascer March 16, 2023

Bruce A. Messer Date Licensing Consultant