



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

April 26, 2023

Erin Ottenbreit
CSL Rochester Master Operator, LLC
1450 West Long Lake, Suite 300
Troy, MI 48098

RE: License #: AH630387151
Cedarbrook Of Rochester
790 Letica Drive
Rochester, MI 48307

Dear Ms. Ottenbreit:

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 review the enclosed documentation for accuracy and 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) 284-9730.

Sincerely,

A handwritten signature in blue ink, appearing to read "Elizabeth Gregory-Weil".

Elizabeth Gregory-Weil, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(810) 347-5503

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH630387151
Licensee Name:	CSL Rochester Master Operator, LLC
Licensee Address:	1450 West Long Lake, Suite 300 Troy, MI 48098
Licensee Telephone #:	(248) 583-6020
Authorized Representative:	Erin Ottenbreit
Administrator:	Patty Spina
Name of Facility:	Cedarbrook Of Rochester
Facility Address:	790 Letica Drive Rochester, MI 48307
Facility Telephone #:	(248) 583-6020
Original Issuance Date:	11/21/2019
Capacity:	85
Program Type:	AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/20/2023

Date of Bureau of Fire Services Inspection if applicable: 12/08/2022

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 04/26/2023

No. of staff interviewed and/or observed 25

No. of residents interviewed and/or observed 33

No. of others interviewed 0 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. The facility does not hold resident funds in trust.
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
The Bureau of Fire Services reviews fire drills, however facility disaster planning procedures were reviewed.
- 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:
12/14/22 CAP/ R 325.1922 (5) and R 325.1924 (3), 6/21/22 CAP/ R 325.1921 (1) (b)
- Number of excluded employees followed up? 1 N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility is in compliance with the public health code and administrative rules regulating home for the aged facilities.

IV. RECOMMENDATION

Renewal of the license is recommended.



4/26/23

Elizabeth Gregory- Weil
Licensing Consultant

Date