



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

July 25, 2023

Heather Rosenbrock
Cascade Senior Living II, Inc.
PO Box 3
Auburn, MI 48611

RE: License #: AL560326287
**Cascades Senior Living III
Building II
4617 Eastman Road
Midland, MI 48640**

Dear Mrs. Rosenbrock:

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. If I am not available and you need to speak to someone immediately, you may contact the local office at (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Rodney Gill".

Rodney Gill, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

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

I. IDENTIFYING INFORMATION

| | |
|--------------------------------|---|
| License #: | AL560326287 |
| Licensee Name: | Cascade Senior Living II, Inc. |
| Licensee Address: | 4617 Eastman Rd. Midland, MI 48640 |
| Licensee Telephone #: | (989) 631-7299 |
| Licensee Designee: | Heather Rosenbrock |
| Administrator: | Heather Rosenbrock |
| Name of Facility: | Cascades Senior Living III |
| Facility Address: | Building II 4617 Eastman Road Midland, MI 48640 |
| Facility Telephone #: | (989) 631-7299 |
| Original Issuance Date: | 02/08/2013 |
| Capacity: | 14 |
| Program Type: | AGED |

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/24/2023

Date of Bureau of Fire Services Inspection if applicable: 03/03/2023

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 4
No. of residents interviewed and/or observed 11
No. of others interviewed 0 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:
CAP Date: 09/03/2021: Rules: R 400.15401(2) and R400.15408(4) N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

IV. RECOMMENDATION

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



07/25/2023

Rodney Gill
Licensing Consultant

Date