



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

September 20, 2023

Lisa Sikes  
Care Cardinal Cascade  
6117 Charlevoix Woods Ct.  
Grand Rapids, MI 49546-8505

RE: License #: AH410410352  
Care Cardinal Cascade  
6117 Charlevoix Woods Ct.  
Grand Rapids, MI 49546-8505

Dear Licensee:

Attached is the Addendum to the Original Licensing Study Report for the above referenced facility.

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 contact the local office at (517) 241-1980.

Sincerely,

A handwritten signature in blue ink that reads "Lauren Wohlfert".

Lauren Wohlfert, Licensing Staff  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 260-7781

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
ADDENDUM TO ORIGINAL LICENSING STUDY REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH410410352
<b>Licensee Name:</b>	CSM Cascade, LLC
<b>Licensee Address:</b>	1435 Coit Ave. NE Grand Rapids, MI 49505
<b>Licensee Telephone #:</b>	(616) 308-6915
<b>Authorized Representative:</b>	Lisa Sikes
<b>Name of Facility:</b>	Care Cardinal Cascade
<b>Facility Address:</b>	6117 Charlevoix Woods Ct. Grand Rapids, MI 49546-8505
<b>Facility Telephone #:</b>	(616) 954-2366
<b>Capacity:</b>	77
<b>Program Type:</b>	AGED

## **II. Purpose of Addendum**

The purpose of this addendum is to reflect a change in licensed bed capacity from 77 beds to 71 beds. The facility requested to change resident rooms 121, 129, 133, 135, 136, 140, 142, 173, 177, and 178 to private/single occupancy resident rooms. The facility requested to change resident rooms 148 and 160 to semi private/double occupancy rooms. Room number 159 was being used as a “quiet room” and was not designated for resident occupancy. The facility requested to change room number 159 to a private/single occupancy resident room.

## **III. Methodology**

On 8/16/23, I received a signed *REQUEST FOR MODIFICATION OF THE TERMS OF THE REGISTRATION/LICENSE* (BCAL 5055) form. A “Change of Use of Space” was requested. The *Change of Capacity* section of the form read, “Change to private 121, 129, 133, 135, 136, 140, 142, 159, 173, 177, 178, change to shared 148, 160.” The *Additional Comments* section of the form read, “159 is currently the quiet room this will go back on line as a private room 46 room in total 25 shared 21 private.” The form was signed by the facility’s authorized representative, Lisa Sikes.

On 9/13/23, I received an updated *HOMES FOR THE AGED APPLICATION FOR LICENSURE* (BCAL-1600) form to reflect the facility’s request to change the licensed bed capacity from 77 to 71 beds. The form was signed by owner Joseph Pohlen.

On 9/20/23, I reviewed the Health Facility Engineering Section (HFES) room sheets that were updated in 2019. The room sheets identified resident rooms 148 and 160 have enough square footage to accommodate two licensed beds.

## **IV. Description of Findings and Conclusions**

After review of the facility’s request to reduce the licensed bed capacity from 77 beds to 71 beds, the HFES room sheets, the facility’s Original Licensing Study Report (OLSR), it was determined there is adequate square footage to adjust the resident room occupancies outlined in the *REQUEST FOR MODIFICATION OF THE TERMS OF THE REGISTRATION/LICENSE* (BCAL 5055) form that was received on 8/16/23.

## **V. Recommendation**

I recommend the facility’s licensed bed capacity be reduced from 77 licensed beds to 71 licensed beds.

*Lauren Wohlfert*

09/20/2023

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Lauren Wohlfert  
Licensing Staff

Date

Approved By:

*Andrea Moore*

09/20/2023

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Andrea L. Moore, Manager  
Long-Term-Care State Licensing Section

Date