



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

October 19, 2023

Kimberly Rocca-Riffle
Elder Care of Michigan, LLC
Suite 400
52188 Van Dyke
Shelby Township, MI 48316

RE: License #: AM350410128
Sherman Glenn Manor
4475 Alabaster Rd.
National City, MI 48748

Dear Ms. Rocca-Riffle:

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 #: AM350410128

Licensee Name: Elder Care of Michigan, LLC

Licensee Address: Suite 400
52188 Van Dyke
Shelby Township, MI 48316

Licensee Telephone #: (586) 997-9401

Licensee/Licensee Designee: Kimberly Rocca-Riffle

Administrator: Karen Buzzie

Name of Facility: Sherman Glenn Manor

Facility Address: 4475 Alabaster Rd.
National City, MI 48748

Facility Telephone #: (989) 756-4730

Original Issuance Date: 05/01/2023

Capacity: 12

Program Type: AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/19/2023

Date of Bureau of Fire Services Inspection if applicable: 02/16/2023

Date of Health Authority Inspection if applicable: 03/27/2023

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 7

No. of others interviewed 1 Role: Relative

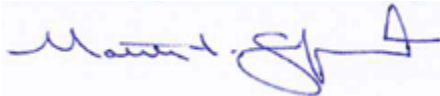
- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication record(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain.
- Meal preparation / service observed? Yes No If no, explain.
- 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? 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 10/19/2023 I conducted an exit conference with the licensee designee Kimberly Rocca-Riffle, and she concurred with the findings of the inspection.

IV. RECOMMENDATION

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



10/19/2023

Matthew Soderquist
Licensing Consultant

Date