



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

November 4, 2024

Theodore Oswald  
Cedar Hill Assisted Living & Senior Living Inc.  
2845 Us 2/41  
Bark River, MI 49807

RE: License #: AL210351928  
Cedar Hill Assisted Living & Senior Housing  
1059 US Hwy 2/41  
Bark River, MI 49807

Dear Mr. Oswald:

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) 356-0100.

Sincerely,

A handwritten signature in cursive script that reads "Maria DeBacker".

Maria DeBacker, Licensing Consultant  
Bureau of Community and Health Systems CAMP Office  
223 Ridge Street  
Marquette, MI 49855  
(906) 280-8531

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL210351928
<b>Licensee Name:</b>	Cedar Hill Assisted Living & Senior Living Inc.
<b>Licensee Address:</b>	2845 Us 2/41 Bark River, MI 49807
<b>Licensee Telephone #:</b>	(906) 466-9991
<b>Licensee Designee:</b>	Theodore Oswald
<b>Name of Facility:</b>	Cedar Hill Assisted Living & Senior Housing
<b>Facility Address:</b>	1059 US Hwy 2/41 Bark River, MI 49807
<b>Facility Telephone #:</b>	(906) 466-9991
<b>Original Issuance Date:</b>	10/31/2014
<b>Capacity:</b>	20
<b>Program Type:</b>	AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/16/2024

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable: 10/16/2024

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 8

No. of others interviewed Role:

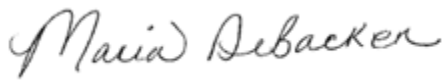
- Medication pass / simulated pass observed? Yes ☒ No ☐ If no, explain.
- Medication(s) and medication record(s) reviewed? Yes ☒ No ☐ If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes ☒ No ☐ If no, explain.
- Meal preparation / service observed? Yes ☒ No ☐ 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

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.



Maria Debacker  
Licensing Consultant

11/4/24

\_\_\_\_\_ Date