



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

December 26, 2024

Sharleen Nash
Nash Manor LLC
21086 W 638 Hwy
Onaway, MI 49765

RE: License #: AM710327772
Nash Manor
21085 W 638 Hwy
Onaway, MI 49765

Dear Sharleen Nash:

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 blue ink, appearing to read "Matthew Soderquist".

Matthew Soderquist, Licensing Consultant
Bureau of Community and Health Systems
350 Ottawa Ave NW Unit #13
Grand Rapids, MI 49503
(989) 370-8320

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

I. IDENTIFYING INFORMATION

License #:	AM710327772
Licensee Name:	Nash Manor LLC
Licensee Address:	21086 W 638 Hwy Onaway, MI 49765
Licensee Telephone #:	(989) 733-8647
Licensee/Licensee Designee:	Sharleen Nash
Administrator:	Sharleen Nash
Name of Facility:	Nash Manor
Facility Address:	21085 W 638 Hwy Onaway, MI 49765
Facility Telephone #:	(989) 733-8647
Original Issuance Date:	01/11/2013
Capacity:	12
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/26/2024

Date of Bureau of Fire Services Inspection if applicable: 10/28/2024

Date of Health Authority Inspection if applicable: 10/02/2024

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 10

No. of others interviewed Role:

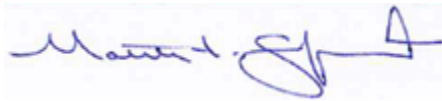
- Medication pass / simulated pass observed? Yes ☒ No ☐ If no, explain.
- Medication(s) and medication record(s) reviewed? Yes ☒ No ☐ If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes ☒ No ☐ If no, explain.
- Meal preparation / service observed? Yes ☐ No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

This facility was determined to be in substantial compliance with rules and requirements. On 12/26/24 I conducted an exit conference with licensee designee Sharlene Nash. Ms. Nash concurred with the findings of the inspection.

IV. RECOMMENDATION

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



12/26/24

Matthew Soderquist
Licensing Consultant

Date