



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 4, 2025

Erin Griffiths
CHT Curry House MI Tenant Corp.
450 S. Orange Ave
Orlando, FL 32801

RE: License #: AL830337616
Curry House
5858 S. 47 Mile Road
Cadillac, MI 49601

Dear Erin Griffiths:

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 that reads "Bruce A. Messer".

Bruce A. Messer, Licensing Consultant
Bureau of Community and Health Systems
701 S. Elmwood
Traverse City, MI 49684
(231) 342-4939

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

I. IDENTIFYING INFORMATION

License #: AL830337616

Licensee Name: CHT Curry House MI Tenant Corp.

Licensee Address: 450 S. Orange Ave
Orlando, FL 32801

Licensee Telephone #: (949) 878-1324

Licensee Designee: Erin Griffiths

Administrator: Erin Griffiths

Name of Facility: Curry House

Facility Address: 5858 S. 47 Mile Road
Cadillac, MI 49601

Facility Telephone #: (231) 227-4849

Original Issuance Date: 10/15/2014

Capacity: 20

Program Type: AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/03/2025
Date of Bureau of Fire Services Inspection if applicable: 01/16/2025
Date of Health Authority Inspection if applicable: 01/06/2025
No. of staff interviewed and/or observed 6
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:
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.

On April 3, 2025, I provided Licensee Designee Erin Griffiths with an exit conference. I explained my finding as noted above. Ms. Griffiths stated she understood the finding, had no additional questions to ask, or information to provide, concerning this renewal inspection.

IV. RECOMMENDATION

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

 April 4, 2025

Bruce A. Messer
Licensing Consultant

Date