



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 1, 2025

Hemant Shah
Clio Memory Care, LLC
32685 Rockridge Lane
Farmington Hills, MI 48334

RE: License #: AL250384188
Cranberry Park Memory Of Clio
1346 W. Vienna Road
Clio, MI 48420

Dear Hemant Shah:

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 (517) 643-7960.

Sincerely,

A handwritten signature in cursive script that reads "Christopher A. Holvey".

Christopher Holvey, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 899-5659

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

I. IDENTIFYING INFORMATION

License #: AL250384188

Licensee Name: Clio Memory Care, LLC

Licensee Address: 1346 W. Vienna Road
Clio, MI 48420

Licensee Telephone #: (810) 640-7783

Licensee/Licensee Designee: Hemant Shah, Designee

Administrator: Rene Parks

Name of Facility: Cranberry Park Memory Of Clio

Facility Address: 1346 W. Vienna Road
Clio, MI 48420

Facility Telephone #: (810) 640-7783

Original Issuance Date: 11/14/2016

Capacity: 20

Program Type: PHYSICALLY HANDICAPPED
AGED
ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/23/2025
Date of Bureau of Fire Services Inspection if applicable: 03/10/2025
Date of Health Authority Inspection if applicable: 04/23/2025
No. of staff interviewed and/or observed 2
No. of residents interviewed and/or observed 10
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.

IV. RECOMMENDATION

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

Christopher A. Holvey

5/1/2025

Christopher Holvey
Licensing Consultant

Date