



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 8, 2025

Sharon Wotring
Assisted Living at Redwood Manor, LLC
9084 Garr Road.
Berrien Springs, MI 49103

RE: License #: AM110282191
Assisted Living at Redwood Manor, LLC
9084 Garr Road
Berrien Springs, MI 49103

Dear Ms. Wotring:

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 and special certification are renewed. They are valid only at your present address and are non-transferable.

Please contact me with any questions. If 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 "Rodney Gill".

Rodney Gill, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(517)980-1433
gillr@michigan.gov

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

I. IDENTIFYING INFORMATION

License #: AM110282191

Licensee Name: Assisted Living at Redwood Manor, LLC

Licensee Address: 9084 Garr Road.
Berrien Springs, MI 49103

Licensee Telephone #: (269) 408-0598

Licensee Designee: Sharon Wotring

Administrator: Teri Martin

Name of Facility: Assisted Living at Redwood Manor, LLC

Facility Address: 9084 Garr Road
Berrien Springs, MI 49103

Facility Telephone #: (269) 408-0598

Original Issuance Date: 11/27/2006

Capacity: 12

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED
ALZHEIMERS

Certified Programs: DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/06/2025

Date of Bureau of Fire Services Inspection if applicable: 03/26/2025

Date of Health Authority Inspection if applicable: 03/12/2025

No. of staff interviewed and/or observed 3
No. of residents interviewed and/or observed 9
No. of others interviewed 1 Role: Licensee Designee

- 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:
6/13/24: R 400.15311(1)(b), R 400.15315 (10), R 400.15312 (4)(a), R 400.15312 (6), R 400.15312 (3) 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 and concurrent special certification for developmentally disabled and mentally ill.



5/8/25

Rodney Gill
Licensing Consultant

Date