



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

June 27, 2025

Heather Rosenbrock  
Cascade Senior Living II, Inc.  
PO Box 3  
Auburn, MI 48611

RE: License #: AL560274370  
Investigation #: 2025A0360027  
Cascade Senior Living II

Dear Mrs. Rosenbrock:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific time frames for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the responsible party and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (616) 356-0100.

Sincerely,

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

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
SPECIAL INVESTIGATION REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL560274370
<b>Investigation #:</b>	2025A0360027
<b>Complaint Receipt Date:</b>	04/30/2025
<b>Investigation Initiation Date:</b>	04/30/2025
<b>Report Due Date:</b>	06/29/2025
<b>Licensee Name:</b>	Cascade Senior Living II, Inc.
<b>Licensee Address:</b>	4617 Eastman Rd. Midland, MI 48640
<b>Licensee Telephone #:</b>	(989) 631-7299
<b>Administrator/Licensee Designee:</b>	Heather Rosenbrock
<b>Name of Facility:</b>	Cascade Senior Living II
<b>Facility Address:</b>	4617 Eastman Road Midland, MI 48640
<b>Facility Telephone #:</b>	(989) 631-7299
<b>Original Issuance Date:</b>	10/06/2005
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	03/23/2024
<b>Expiration Date:</b>	03/22/2026
<b>Capacity:</b>	20
<b>Program Type:</b>	AGED

## II. ALLEGATION(S)

	Violation Established?
Employee Marc Capp did not have a Michigan Workforce Background Clearance completed prior to having direct access to residents.	Yes

## III. METHODOLOGY

04/30/2025	Special Investigation Intake 2025A0360027
04/30/2025	Special Investigation Initiated - On Site
04/30/2025	Inspection Completed On-site Marc Capp
05/09/2025	Contact - Telephone call made Licensee Designee Heather Rosenbrock
06/16/2025	Exit Conference Licensee Designee Heather Rosenbrock

### ALLEGATION:

**Employee Marc Capp did not have a Michigan Workforce Background Clearance completed prior to having direct access to residents.**

### INVESTIGATION:

On 4/30/25, I conducted an unannounced onsite inspection at the facility. Employee Marc Capp stated that he is in the process of purchasing the business from the licensee designee Heather Rosenbrock. Mr. Capp stated he has taken over the day-to-day operations of the facility including hiring, scheduling and coordinating the care of the residents. He stated he is in the facility daily with direct access to the residents. Mr. Capp stated that he has not had a criminal background check clearance completed and has not done a fingerprint clearance. He stated he has been working in the facility for the past couple of months. Mr. Capp stated he intends to apply for his own license for the facility and will be appointing someone else as the licensee designee.

On 5/9/25, I contacted the licensee designee Heather Rosenbrock by telephone. Ms. Rosenbrock stated that Mr. Capp is in the process of purchasing the business and applying for his own license. Ms. Rosenbrock stated she did not complete a Michigan Workforce Background Clearance and fingerprinting of Mr. Capp. Ms. Rosenbrock stated that she thought he would do that when he applied for his own license. Ms. Rosenbrock was provided consultation that if Mr. Capp was acting as an employee with regular direct access to residents in the facility that he would need to have a background check clearance and fingerprinting completed under the current license.

On 6/16/25, I verified that Mr. Capp has submitted an adult foster care application and there is an enrollment pending under application number AL560419545. An Angela Capp is listed as the licensee designee and Marieann Rotarius as the administrator.

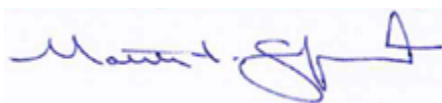
<b>APPLICABLE RULE</b>	
<b>MCL 400.734b</b>	<b>Employing or contracting with certain individuals providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; determination of existence of national criminal history; failure to conduct criminal history check; automated fingerprint identification system database; electronic web-based system; costs; definitions.</b>
	<b>(4) Upon receipt of the written consent to conduct a criminal history check and identification required under subsection (3), the adult foster care facility or staffing agency that has made a good-faith offer of employment or independent contract to the individual shall make a request to the department of state police to conduct a criminal history check on the individual and input the individual's fingerprints into the automated fingerprint identification system database, and shall make a request to the relevant licensing or regulatory department to perform a check of all relevant registries established according to federal and state law and regulations for any substantiated findings of abuse, neglect, or misappropriation of property. The request shall be made in a manner prescribed by the department of state police and the relevant licensing or regulatory department or agency. The adult foster care facility or staffing agency shall make the written consent and identification available to the department of state police and the relevant licensing or regulatory department or</b>

	<p>agency. Until June 30, 2020, if the department of state police or the Federal Bureau of Investigation charges a fee for conducting the criminal history check, the charge shall be paid by or reimbursed by the department. Until June 30, 2020, the adult foster care facility or staffing agency shall not seek reimbursement for a charge imposed by the department of state police or the federal bureau of investigation from the individual who is the subject of the criminal history check. Beginning July 1, 2020, if the department of state police or the Federal Bureau of Investigation charges a fee for conducting the criminal history check, the charge shall be paid by the adult foster care facility, the staffing agency, or the individual. The department of state police shall conduct a criminal history check on the individual named in the request. The department of state police shall provide the department with a written report of the criminal history check conducted under this subsection. The report shall contain any criminal history record information on the individual maintained by the department of state police.</p>
<b>ANALYSIS:</b>	Interviews with Mr. Capp and Ms. Rosenbrock revealed that Mr. Capp did not have a Michigan Workforce Background Check clearance and fingerprinting completed prior to having direct access to residents as an employee.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

On 6/16/25 I conducted an exit conference with the licensee designee Heather Rosenbrock. Ms. Rosenbrock concurred with the findings of the investigation and stated she would submit a corrective action plan for approval.

#### IV. RECOMMENDATION

Upon receipt of an acceptable corrective action plan, I recommend no change in the status of the license.

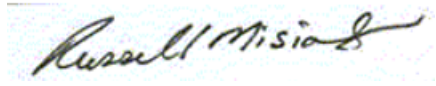


6/27/25

Matthew Soderquist  
Licensing Consultant

Date

Approved By:

A handwritten signature in black ink, appearing to read "Russell B. Misiak", written over a light blue horizontal line.

6/27/25

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Russell B. Misiak  
Area Manager

Date