GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 7, 2026

Megan Brach
Linda Margaret's Retirement Community LLC
722 S. Huron St.
Cheboygan, MI 49721

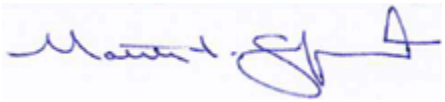
RE: License #: AM160417504
Linda Margaret's Retirement Community
3723 Long Lake Rd
Cheboygan, MI 49721

Dear Megan Brach:

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) 335-5985.

Sincerely,



Matthew Soderquist, Licensing Consultant
Bureau of Community and Health Systems
931 S Otsego Ave Ste 3
Gaylord, MI 49735
(989) 370-8320

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

I. IDENTIFYING INFORMATION

License #:	AM160417504
Licensee Name:	Linda Margaret's Retirement Community LLC
Licensee Address:	3723 Long Lake Rd Cheboygan, MI 49721
Licensee Telephone #:	(231) 445-2010
Licensee/Licensee Designee:	Megan Brach
Administrator:	Megan Brach
Name of Facility:	Linda Margaret's Retirement Community
Facility Address:	3723 Long Lake Rd Cheboygan, MI 49721
Facility Telephone #:	(231) 445-2010
Original Issuance Date:	11/09/2023
Capacity:	12
Program Type:	AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/04/2026

Date of Bureau of Fire Services Inspection if applicable: 08/20/2025

Date of Health Authority Inspection if applicable: 01/12/2026

No. of staff interviewed and/or observed 5
No. of residents interviewed and/or observed 6
No. of others interviewed Role:

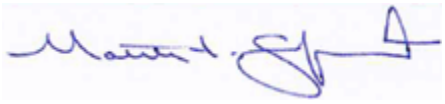
- Medication pass / simulated pass observed? Yes ☒ No ☐ If no, explain.
- Medication(s) and medication record(s) reviewed? Yes ☒ No ☐ If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes ☒ No ☐ If no, explain.
- Meal preparation / service observed? Yes ☒ No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

IV. RECOMMENDATION

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



5/7/26

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Matthew Soderquist Date
Licensing Consultant