



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

October 17, 2025

Michael McElroy  
Highland Home for the Aged  
1948 Cooper Street  
Jackson, MI 49202

RE: License #: AH380283614  
Highland Home for the Aged  
1948 Cooper Street  
Jackson, MI 49202

Dear Licensee:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules.

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 feel free to contact the local office at 877-458-2757.

Sincerely,

A handwritten signature in cursive script that reads "Jessica Rogers".

Jessica Rogers, Licensing Staff  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(517) 285-7433

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH380283614
<b>Licensee Name:</b>	North Star Management Group, Inc.
<b>Licensee Address:</b>	2111 Epley Rd. Williamston, MI 48895
<b>Licensee Telephone #:</b>	(517) 655-2323
<b>Authorized Representative/ Administrator:</b>	Michael McElroy
<b>Name of Facility:</b>	Highland Home for the Aged
<b>Facility Address:</b>	1948 Cooper Street Jackson, MI 49202
<b>Facility Telephone #:</b>	(517) 782-1900
<b>Original Issuance Date:</b>	06/28/2006
<b>Capacity:</b>	32
<b>Program Type:</b>	AGED ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/09/2025

Date of Bureau of Fire Services Inspection if applicable: 07/14/2025

Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference: 10/17/2025

No. of staff interviewed and/or observed 7  
No. of residents interviewed and/or observed 13  
No. of others interviewed 0 Role No visitors were present at the time of inspection.

- Medication pass / simulated pass observed? Yes  No  If no, explain.
- Medication(s) and medication records(s) reviewed? Yes  No  If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes  No  If no, explain. No resident funds held.
- Meal preparation / service observed? Yes  No  If no, explain.
- Fire drills reviewed? Yes  No  If no, explain.  
Bureau of Fire Services reviews fire drills. Disaster plan reviewed.
- Water temperatures checked? Yes  No  If no, explain.
- Incident report follow-up? Yes  IR date/s: N/A
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
Renewal Licensure Study Report dated 7/19/2023 to CAP dated 8/8/2023: R 325.1954, R 325.1976(3), R 325.1976(6), R 325.1979(3)
- Number of excluded employees followed up? 0 N/A

**III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

The facility was found to be in substantial compliance with the public health code and administrative rules regulating home for the aged facilities.

**IV. RECOMMENDATION**

I recommend the status of this license remain unchanged.



10/17/2025

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Date

Licensing Consultant