



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

June 4, 2018

Stephanie Hildebrant  
Wood Care VIII, Inc.  
910 S Washington Ave  
Royal Oak, MI 48067

RE: License #: AL090281510  
Leighton House Inn  
6700 Westside Saginaw Rd  
Bay City, MI 48706

Dear Mrs. Hildebrant:

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) 284-9720.

Sincerely,

A handwritten signature in cursive script that reads "Anthony Humphrey".

Anthony Humphrey, Licensing Consultant  
Bureau of Community and Health Systems  
411 Genesee  
P.O. Box 5070  
Saginaw, MI 48605  
(810) 280-7718

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL090281510
<b>Licensee Name:</b>	Wood Care VIII, Inc.
<b>Licensee Address:</b>	910 S Washington Ave Royal Oak, MI 48067
<b>Licensee Telephone #:</b>	(248) 543-7300
<b>Licensee/Licensee Designee:</b>	Stephanie Hildebrant
<b>Administrator:</b>	Stephanie Hildebrant
<b>Name of Facility:</b>	Leighton House Inn
<b>Facility Address:</b>	6700 Westside Saginaw Rd Bay City, MI 48706
<b>Facility Telephone #:</b>	(989) 667-9800
<b>Original Issuance Date:</b>	12/05/2007
<b>Capacity:</b>	20
<b>Program Type:</b>	ALZHEIMERS AGED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 05/30/2018

Date of Bureau of Fire Services Inspection if applicable: 01/19/2018

Date of Health Authority Inspection if applicable: 05/30/2018

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 4  
No. of residents interviewed and/or observed 10+  
No. of others interviewed 2 Role: Licensee and Manager


- 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 regular license to this AFC adult large group home (capacity 13-20).



06/04/2018

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Anthony Humphrey  
Licensing Consultant

Date