



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

January 4, 2021

Dominique Groenveld
Americana Seniors LLC
4386 14 Mile Rd
Rockford, MI 49341

RE: License #: AL250402322
Americana Seniors 1
Suite B
432 E. Clark
Davison, MI 48423

Dear Mr. Groenveld:

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) 284-9730.

Sincerely,

A handwritten signature in blue ink that reads "Kent W. Gieselman".

Kent W Gieselman, Licensing Consultant
Bureau of Community and Health Systems
4809 Clio Road
Flint, MI 48504
(810) 931-1092

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

I. IDENTIFYING INFORMATION

| | |
|--------------------------------|----------------------------------------------|
| License #: | AL250402322 |
| Licensee Name: | Americana Seniors LLC |
| Licensee Address: | 4386 14 Mile Rd Rockford, MI 49341 |
| Licensee Telephone #: | (616) 550-8179 |
| Licensee Designee: | Dominique Groenveld |
| Administrator: | Dominique Groenveld |
| Name of Facility: | Americana Seniors 1 |
| Facility Address: | Suite B 432 E. Clark Davison, MI 48423 |
| Facility Telephone #: | (616) 550-8179 |
| Original Issuance Date: | 07/01/2020 |
| Capacity: | 20 |
| Program Type: | PHYSICALLY HANDICAPPED ALZHEIMERS AGED |

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/17/2020

Date of Bureau of Fire Services Inspection if applicable: 9/11/2020

Date of Health Authority Inspection if applicable: 12/17/2020

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 2
No. of residents interviewed and/or observed 2
No. of others interviewed 0 Role: N/A

- 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

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.



1/4/2021

Kent W Gieselman
Licensing Consultant

Date