



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

February 10, 2021

Rochelle Lyons  
Springvale Assisted Living  
4276 Kroger Street  
Swartz Creek, MI 48473

RE: License #: AH250382043  
Springvale Assisted Living  
4276 Kroger Street  
Swartz Creek, MI 48473

Dear Ms. Lyons:

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 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 (810) 787-7101.

Sincerely,

A handwritten signature in cursive script that reads "Aaron L. Clum".

Aaron Clum, Licensing Staff  
Bureau of Community and Health Systems  
4809 Clio Road  
Flint, MI 48504  
(517) 230-2778

enclosure

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

**I. IDENTIFYING INFORMATION**

|                                   |  |
|-----------------------------------|--|
| <b>License #:</b>                 | AH250382043  |
| <b>Licensee Name:</b>             | Springvale Assisted Living, LLC                    |
| <b>Licensee Address:</b>          | 3196 Kraft Se, Suite 200<br>Grand Rapids, MI 49512 |
| <b>Licensee Telephone #:</b>      | (616) 464-1564                                     |
| <b>Authorized Representative:</b> | Rochelle Lyons                                     |
| <b>Administrator:</b>             | Jennifer Rockafellow                               |
| <b>Name of Facility:</b>          | Springvale Assisted Living                         |
| <b>Facility Address:</b>          | 4276 Kroger Street<br>Swartz Creek, MI 48473       |
| <b>Facility Telephone #:</b>      | (810) 230-6644                                     |
| <b>Original Issuance Date:</b>    | 08/15/2017   |
| <b>Capacity:</b>                  | 73   |
| <b>Program Type:</b>              | ALZHEIMERS<br>AGED                                 |

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 2/10/21

Date of Bureau of Fire Services Inspection if applicable: 2/1/21

Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference: 2/10/21

No. of staff interviewed and/or observed 8  
No. of residents interviewed and/or observed 15  
No. of others interviewed N/A Role

- Medication pass / simulated pass observed? Yes  No  If no, explain. Interviewed staff regarding medication administration policies and procedures
- 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. Facility does not maintain resident funds
- Meal preparation / service observed? Yes  No  If no, explain.
- Fire drills reviewed? Yes  No  If no, explain.
- 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: SI#2020A0784016/CAP Date 3/5/20:1932(1),1921(1),1922(5)
- Number of excluded employees followed up? 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**

Renewal of the license is recommended

*Aaron L. Clum*

2/10/21

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Date

Licensing Consultant