



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 4, 2021

Jordan Houston
ARHC ARCLRMI01 TRS, LLC
106 York Road
Jenkintown, PA 19046

RE: License #: AL630365576
Addington Place of Clarkston 2
5800 Water Tower Pl
Clarkston, MI 48346

Dear Mr. Houston:

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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Cindy Berry".

Cindy Berry, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 860-4475

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

I. IDENTIFYING INFORMATION

| | |
|--------------------------------|--|
| License #: | AL630365576 |
| Licensee Name: | ARHC ARCLRMI01 TRS, LLC |
| Licensee Address: | 106 York Road Jenkintown, PA 19046 |
| Licensee Telephone #: | (215) 887-2582 |
| Licensee Designee: | Jordan Houston |
| Administrator: | Jordan Houston |
| Name of Facility: | Addington Place of Clarkston 2 |
| Facility Address: | 5800 Water Tower Pl Clarkston, MI 48346 |
| Facility Telephone #: | (248) 625-0500 |
| Original Issuance Date: | 06/19/2015 |
| Capacity: | 20 |
| Program Type: | PHYSICALLY HANDICAPPED MENTALLY ILL AGED ALZHEIMERS |

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/03/2021

Date of Bureau of Fire Services Inspection if applicable: 01/21/2021

Date of Health Authority Inspection if applicable: 03/03/2021

Inspection Type: ☐ Interview and Observation ☒ Worksheet
☐ Combination ☐ Full Fire Safety

No. of staff interviewed and/or observed 6
No. of residents interviewed and/or observed 10
No. of others interviewed 0 Role: N/A

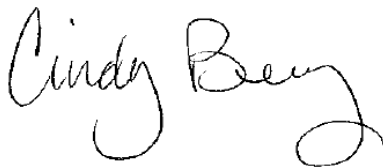
- Medication pass / simulated pass observed? Yes ☒ No ☐ If no, explain.
- Medication(s) and medication record(s) reviewed? Yes ☒ No ☐ If no, explain.
- Resident funds and associated documents reviewed for at least one resident?
Yes ☒ No ☐ If no, explain.
- Meal preparation / service observed? Yes ☒ No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

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.

A handwritten signature in cursive script that reads "Cindy Berry".

03/04/2021

Cindy Berry
Licensing Consultant

Date