



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 13, 2021

Terry Langston
The Jackson Friendly Home
435 W North St.
Jackson, MI 49202

RE: License #: AH380236825
The Jackson Friendly Home
435 W North St.
Jackson, MI 49202

Dear Mr. Langston:

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 (517) 284-9730.

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

enclosure

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

I. IDENTIFYING INFORMATION

| | |
|-----------------------------------|--------------------------------------|
| License #: | AH380236825 |
| Licensee Name: | The Jackson Friendly Home |
| Licensee Address: | 435 W North St. Jackson, MI 49202 |
| Licensee Telephone #: | (517) 784-1377 |
| Authorized Representative: | Terry Langston |
| Administrator: | Gabriella Tackett |
| Name of Facility: | The Jackson Friendly Home |
| Facility Address: | 435 W North St. Jackson, MI 49202 |
| Facility Telephone #: | (517) 784-1377 |
| Original Issuance Date: | 02/28/2000 |
| Capacity: | 45 |
| Program Type: | AGED |

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/12/2021

Date of Bureau of Fire Services Inspection if applicable: 12/22/2020

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 8/13/21

No. of staff interviewed and/or observed 10

No. of residents interviewed and/or observed 18

No. of others interviewed [redacted] Role No visitors 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.
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
Bureau of Fire Services reviews fire drills. Reviewed and interviewed staff regarding disaster plan.
- 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: CAP dated 12/14/18 to Renewal LSR dated 11/14/18: R 325.1967(6), R 325.1932(2), R 325.1964(12), R 325.1976 (13), R 325.1976(15), R 325.1976 (5), R 325.1976 (12), R32.1976 (7), R 325.1964 (9), R 325.1923 (2)
- Number of excluded employees followed up? One 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 issuance of a regular license to this home for the aged.



8/13/21

Date

Licensing Consultant