



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 18, 2021

Earnestine Lathan
Church of Christ Assisted Living
23621 15 Mile Road
Clinton Township, MI 48035

RE: License #: AH500243182
Church of Christ Assisted Living
23621 15 Mile Road
Clinton Township, MI 48035

Dear Ms Lathan:

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 (7/15/21 – 7/14/22). 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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Brender D. Howard".

Brender Howard, Licensing Staff
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(313) 268-1788

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH500243182
Licensee Name:	Church of Christ Assisted Living
Licensee Address:	23575 15 Mile Rd. Clinton Township, MI 48035
Licensee Telephone #:	(586) 791-2470
Authorized Representative/Administrator	Laura Smigielski, Authorized Repr. Earnestine Lathan, Administrator
Name of Facility:	Church of Christ Assisted Living
Facility Address:	23621 15 Mile Road Clinton Township, MI 48035
Facility Telephone #:	(586) 285-6230
Original Issuance Date:	04/26/2002
Capacity:	138
Program Type:	AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 8/17/2021

Date of Bureau of Fire Services Inspection if applicable: 9/14/2020

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 8/17/21

No. of staff interviewed and/or observed 7
No. of residents interviewed and/or observed 19
No. of others interviewed 1 Role : Resident's family member

- 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.
Interviewed staff on the policy and procedures
- 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: No CAPS for this home.
- Number of excluded employees followed up? 1 N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility is in compliance with all applicable rules and statutes.

IV. RECOMMENDATION

Renewal of the license is recommended.

Brenden D. Howard

8/18/21

Licensing Consultant

Date