



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

September 24, 2021

David Zebley
Cambrian Senior Living
52365 W. 10 Mile Road
South Lyon, MI 48178

RE: License #: AH630375650
Cambrian Senior Living
52365 W. 10 Mile Road
South Lyon, MI 48178

Dear Mr. Zebley:

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 #:	AH630375650
Licensee Name:	Cambrian Of Lyon, LLC
Licensee Address:	52365 W. 10 Mile Road South Lyon, MI 48178
Licensee Telephone #:	(517) 423-5300
Authorized Representative:	David Zebley
Administrator:	Melissa Trotter
Name of Facility:	Cambrian Senior Living
Facility Address:	52365 W. 10 Mile Road South Lyon, MI 48178
Facility Telephone #:	(248) 344-0001
Original Issuance Date:	02/27/2017
Capacity:	90
Program Type:	ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/23/2021

Date of Bureau of Fire Services Inspection if applicable: 01/07/2021

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 9/23/21

No. of staff interviewed and/or observed 15

No. of residents interviewed and/or observed 25

No. of others interviewed [redacted] Role No visitors at this time due to the COVID-19 pandemic.

- 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. The facility does not hold resident funds.
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
Bureau of fire services reviews fire drills, however disaster plans were reviewed.
- 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:
Renewal LSR dated 8/15/19 to CAP dated 8/29/19: R 325.1932(1), R 325.1932(3), R 325.1976 (6)
- 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

I recommend issuance of a regular license to this homes for the aged.



9/24/21

Date

Licensing Consultant