



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 31, 2021

Carrie Pinney
John George Home
1501 E Ganson Street
Jackson, MI 49202

RE: License #: AH380236826
John George Home
1501 E Ganson Street
Jackson, MI 49202

Dear Ms. Pinney:

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 #:	AH380236826
Licensee Name:	John George Home Inc.
Licensee Address:	Suite 301 113 W. Michigan Ave. Jackson, MI 49201
Licensee Telephone #:	(517) 789-8900
Authorized Representative/ Administrator:	Carrie Pinney
Name of Facility:	John George Home
Facility Address:	1501 E Ganson Street Jackson, MI 49202
Facility Telephone #:	(517) 783-4134
Original Issuance Date:	02/01/2000
Capacity:	45
Program Type:	AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/31/2021

Date of Bureau of Fire Services Inspection if applicable: 4/22/21

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 8/31/21

No. of staff interviewed and/or observed 8
No. of residents interviewed and/or observed 35
No. of others interviewed [redacted] Role No visitors at time of inspection due to 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.
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
Bureau of Fire Services Reviews fire drills. Disaster plan 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: CAP dated 8/8/19 to Renewal Inspection Report dated 8/6/19: R 325.1932 (2)
- 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 AFC homes for the aged.



8/31/21

Date

Licensing Consultant