



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

November 8, 2019

Gail Strayer
Tanglewood Assisted Living Inc
19086 Tipsico Lake
Fenton, MI 48430

RE: License #: AM470094319
Tanglewood Assisted Living Inc
19086 Tipsico Lake
Fenton, MI 48430

Dear Ms. Strayer:

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 (517) 284-9720.

Sincerely,

A handwritten signature in cursive script that reads "Julie Elkins".

Julie Elkins, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

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

I. IDENTIFYING INFORMATION

License #: AM470094319

Licensee Name: Tanglewood Assisted Living Inc

Licensee Address: 19086 Tipsico Lake
Fenton, MI 48430

Licensee Telephone #: (810) 629-6098

Licensee Designee: Gail Strayer

Administrator: John Strayer

Name of Facility: Tanglewood Assisted Living Inc

Facility Address: 19086 Tipsico Lake
Fenton, MI 48430

Facility Telephone #: (810) 750-2833

Original Issuance Date: 01/22/2001

Capacity: 12

Program Type: PHYSICALLY HANDICAPPED
ALZHEIMERS
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/05/2019
Date of Bureau of Fire Services Inspection if applicable: 09/25/2019
Date of Health Authority Inspection if applicable: 07/29/2019

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 2
No. of residents interviewed and/or observed 9
No. of others interviewed 4 Role: LD, Administrator, supervisor

- 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. inspection was not during meal time.
- 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

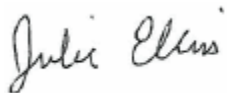
III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements.

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

IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care license.



11/08/2019

Julie Elkins
Licensing Consultant

Date