

GRETCHEN WHITMER
GOVERNOR

## STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

February 25, 2022

Dionissia Sinning
The Arbor Inn
14030 E Fourteen Mile Rd.
Warren. MI 48088

RE: License #: AH500236728

The Arbor Inn

14030 E Fourteen Mile Rd.

Warren, MI 48088

Dear Ms. Sinning:

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, effective 1/28/2022 – 1/27/2023. 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,

Brender Howard, Licensing Staff

grander L. Howard

Bureau of Community and Health Systems

611 W. Ottawa Street

P.O. Box 30664

Lansing, MI 48909

(313) 268-1788

enclosure

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

#### I. IDENTIFYING INFORMATION

**License #**: AH500236728

**Licensee Name:** The Warren Arbor Co.

**Licensee Address:** 14030 E 14 Mile Rd.

Warren, MI 48088

**Licensee Telephone #:** (586) 296-3260

**Authorized** Dionissia Sinning

Representative/Administrator:

Name of Facility: The Arbor Inn

**Facility Address:** 14030 E Fourteen Mile Rd.

Warren, MI 48088

**Facility Telephone #:** (586) 296-3260

Original Issuance Date: 06/01/1999

Capacity: 138

Program Type: AGED

### **II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 2/11/2022		
Date of Bureau of Fire Services Inspection if applicable: 1/18/2022		
Inspection Type: ☐Interview and Observation ☐Worksheet ☐Combination		
Date of Exit Conference: 02/24/2022		
No. of staff interviewed and/or observed 9 No. of residents interviewed and/or observed 37 No. of others interviewed 1 Role Resident's family member		
Medication pass / simulated pass observed? Yes ⊠ No ☐ If no, explain.		
<ul> <li>Medication(s) and medication records(s) reviewed? Yes ⋈ No ☐ If no, explain.</li> <li>Resident funds and associated documents reviewed for at least one resident? Yes ⋈ No ☐ If no, explain.</li> <li>Meal preparation / service observed? Yes ⋈ No ☐ If no, explain.</li> </ul>		
<ul> <li>Fire drills reviewed? Yes ☐ No ☒ If no, explain.         Interviewed the staff on the policies and procedures.     </li> <li>Water temperatures checked? Yes ☒ No ☐ If no, explain.</li> </ul>		
<ul> <li>Incident report follow-up? Yes ∑ IR date/s: 2/5/2022 N/A ☐</li> <li>Corrective action plan compliance verified? Yes ∑ CAP date/s and rule/s: 2022A0585011 11/18/2021 1921 (1); 2021A0784011 01/11/2021 1922 (16)</li> <li>Number of excluded employees followed up? N/A ∑</li> </ul>		

#### **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

Grander d. Howard	2/25/2022
Licensing Consultant	 Date

Renewal of the license is recommended.