



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

January 7, 2022

Melissa Hinkson
Mill Creek Memory Care Community
Suite B
1600 Mill Creek Court
Marquette, MI 49855

RE: License #: AH520310674
**Mill Creek Memory Care Community
Suite B
1600 Mill Creek Court
Marquette, MI 49855**

Dear Ms. Hinkson:

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 (906) 226-4171.

Sincerely,

A handwritten signature in cursive script that reads "Laura Mohrman".

Laura Mohrman, Licensing Staff
Bureau of Community and Health Systems
234 W. Baraga Ave.
Marquette, MI 49855
(906) 290-3428

enclosure

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

I. IDENTIFYING INFORMATION

License #: AH520310674

Licensee Name: Mill Creek Memory Care Community, Inc.

Licensee Address: 2979 Co. Rd. 413
McMillan, MI 49853

Licensee Telephone #: (906) 586-3019

Authorized Representative/ Melissa Hinkson, Authorized Repr.

Administrator/Licensee Designee: Melissa Hinkson

Name of Facility: Mill Creek Memory Care Community

Facility Address: Suite B
1600 Mill Creek Court
Marquette, MI 49855

Facility Telephone #: (906) 225-5512

Original Issuance Date: 08/10/2011

Capacity: 36

Program Type: ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/07/2022

Date of Bureau of Fire Services Inspection if applicable: 04/22/2021

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 01/07/2022

No. of staff interviewed and/or observed 4
No. of residents interviewed and/or observed 10
No. of others interviewed [redacted] Role

- 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.
- 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:
- Number of excluded employees followed up? 1 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.

Laura Mahman

01/07/2022

Licensing Consultant

Date