

GRETCHEN WHITMER **GOVERNOR** 

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

**ORLENE HAWKS DIRECTOR** 

May 18, 2022

Joseph Bacall Michigan House Senior Living 18533 Quarry Road Riverview, MI 48193

RE: License #: AH820389597

Michigan House Senior Living 18533 Quarry Road

Riverview, MI 48193

Dear Mr. Bacall:

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, 4/25/2022. 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

Srander J. 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 #:** AH820389597

Licensee Name: Michigan House Senior Living LLC

**Licensee Address:** 12525 Hale Street

Riverview, MI 48193

**Licensee Telephone #:** (248) 538-0585

Authorized Representative: Joseph Bacall

**Administrator:** Garbiela Birkner

Name of Facility: Michigan House Senior Living

Facility Address: 18533 Quarry Road

Riverview, MI 48193

**Facility Telephone #:** (734) 283-6000

Original Issuance Date: 10/25/2019

Capacity: 42

Program Type: ALZHEIMERS

AGED

# **II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 5	/17/2022		
Date of Bureau of Fire Services I	nspection if applicable:	10/29/2021	
·	erview and Observation embination	⊠Worksheet	
Date of Exit Conference: 5/17/2022			
No. of staff interviewed and/or ob No. of residents interviewed and/ No. of others interviewed 4 Ro	or observed	7 24 ber	
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. No funds held for the residents.</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: N/A ☒</li> <li>Corrective action plan compliance verified? Yes ☐ CAP date/s and rule/s: No CAPs for this home.</li> <li>Number of excluded employees followed up? N/A ☒</li> </ul>			
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## **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

Renewal of the license is recommended.			
Grander d. H	ward	5/18/2022	
Licensing Consultant		Date	