



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 30, 2022

Karrie Beilfuss
LifeSpan...A Community Service
PO Box 1978
524 North Jackson Street
Jackson, MI 49201-1978

RE: License #: AS380379307
Seymour Road Home
4361 Seymour Road
Jackson, MI 49201

Dear Ms. Beilfuss:

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 (313) 456-0380.

Sincerely,

A handwritten signature in cursive script that reads "Mahtina Rubritius".

Mahtina Rubritius, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 W. Grand Blvd., Ste. #9-100
Detroit, MI 48202
(517) 262-8604

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

I. IDENTIFYING INFORMATION

License #: AS380379307

Licensee Name: LifeSpan...A Community Service

Licensee Address: PO Box 1978
524 North Jackson Street
Jackson, MI 49201-1978

Licensee Telephone #: (517) 784-4426

Licensee/Licensee Designee: Karrie Beilfuss

Administrator: Robert Dangler

Name of Facility: Seymour Road Home

Facility Address: 4361 Seymour Road
Jackson, MI 49201

Facility Telephone #: (517) 395-4309

Original Issuance Date: 12/29/2015

Capacity: 5

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED
TRAUMATICALLY BRAIN INJURED
ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/23/2022

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: 03/28/2022

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 4

No. of residents interviewed and/or observed 3

No. of others interviewed 0 Role: [REDACTED]

- 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.
- 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: R 400. 14205 (3) and R 400. 14318 (5) N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

IV. RECOMMENDATION

It is recommended that the adult foster care license and the special certification be renewed.

Mahtina Rubritius

06/30/2022

Mahtina Rubritius
Licensing Consultant

Date