



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

December 21, 2022

Vonda Willey  
Sanborn Gratiot Memorial Home  
c/o Blue Water -- Suite 1  
1600 Gratiot Blvd.  
Marysville, MI 48040

RE: License #: AH740236889  
**Sanborn Gratiot Memorial Home**  
**2732 Cherry Street**  
**Port Huron, MI 48060**

Dear Ms. Willey:

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 (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Brender d. Howard".

Brender Howard, Licensing Staff  
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**

<b>License #:</b>	AH740236889
<b>Licensee Name:</b>	Sanborn Gratiot Memorial Home
<b>Licensee Address:</b>	c/o Blue Water, Suite 1 1600 Gratiot Ave. Marysville, MI 48040
<b>Licensee Telephone #:</b>	(810) 388-1200
<b>Authorized Representative:</b>	Vonda Willey
<b>Administrator:</b>	Betty Guigar
<b>Name of Facility:</b>	Sanborn Gratiot Memorial Home
<b>Facility Address:</b>	2732 Cherry Street Port Huron, MI 48060
<b>Facility Telephone #:</b>	(810) 985-5631
<b>Original Issuance Date:</b>	08/01/1999
<b>Capacity:</b>	32
<b>Program Type:</b>	AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/21/2022

Date of Bureau of Fire Services Inspection if applicable: 12/17/2021

Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference: 12/21/2022

No. of staff interviewed and/or observed 6  
No. of residents interviewed and/or observed 18  
No. of others interviewed 1 Role Resident's family member

- 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. No funds held for residents.
- Meal preparation / service observed? Yes  No  If no, explain.
- Fire drills reviewed? Yes  No  If no, explain. Interviewed staff on the policy and procedures.
- 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: No CAPS for this home.
- Number of excluded employees followed up? N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

### IV. RECOMMENDATION

Renewal of the license is recommended.

*Gwendolyn D. Howard*

12/21/2022

---

Licensing Consultant

Date