



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

January 23, 2023

Sarah Novak-Schwalm
The Bells Assisted Living, LLC
401 Church St.
Almont, MI 48003

RE: License #: AL440397767
The Bells Assisted Living, LLC
401 Church St.
Almont, MI 48003

Dear Ms. Novak-Schwalm:

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 (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Derrick L. Britton".

Derrick Britton, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 284-9721

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

I. IDENTIFYING INFORMATION

License #: AL440397767

Licensee Name: The Bells Assisted Living, LLC

Licensee Address: 401 Church St.
Almont, MI 48003

Licensee Telephone #: (810) 798-2355

Licensee/Licensee Designee: Sarah Novak-Schwalm

Administrator: Sarah Novak-Schwalm

Name of Facility: The Bells Assisted Living, LLC

Facility Address: 401 Church St.
Almont, MI 48003

Facility Telephone #: (810) 798-2355

Original Issuance Date: 07/25/2022

Capacity: 20

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection: 12/14/2022

Date of Bureau of Fire Services Inspection: 06/16/2022

Date of Health Authority Inspection: 07/15/2022

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 5

No. of others interviewed 1 Role: Administrator

- 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.
Inspection did not occur during meal preparation/service
- Fire drills reviewed? Yes No If no, explain.
- Fire safety equipment and practices observed? Yes No If no, explain.
Bureau of Fire Services completed inspection
- 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:
09/06/2022-al310(4) N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A
al410(1)(c), al410(1)(d), al410(2), al410(5)

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements.

IV. RECOMMENDATION



12/22/2022

Derrick Britton
Licensing Consultant

Date