



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

February 14, 2023

Connie Clauson
Hale Area Assisted Living Corporation
Suite 203
3196 Kraft Ave, SE
Grand Rapids, MI 49512

RE: License #: AH350338564
Hale Creek Manor
3191 M-65
Hale, MI 48739

Dear Mrs. Clauson:

An administrative review of your licensing activity for the past year has revealed substantial compliance with the public health code and administrative rules regulating home for the aged facilities. Therefore, in accordance with MCL 333.20155(1) Home for the Aged license has been renewed. Your 12-month license is effective until 3/4/2024. It is valid only at the address listed and is not transferable.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event I am not available, and you need to speak to someone immediately, please feel free to contact the local office at (616) 356-0100.

Sincerely,

A handwritten signature in cursive script that reads "Julie Viviano".

Julie Viviano, Licensing Staff
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
Cell (616) 204-4300

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

I. IDENTIFYING INFORMATION

License #:	AH350338564
Licensee Name:	Hale Area Assisted Living Corporation
Licensee Address:	8096 Campbell Avenue Hale, MI 48739
Licensee Telephone #:	(989) 728-2525
Authorized Representative:	Connie Clauson
Administrator/Licensee Designee:	Catherine Scofield
Name of Facility:	Hale Creek Manor
Facility Address:	3191 M-65 Hale, MI 48739
Facility Telephone #:	(989) 728-1300
Original Issuance Date:	09/05/2014
Capacity:	43
Program Type:	ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): No On-site Administrative Desk Review – 2/14/2023

Date of Bureau of Fire Services Inspection if applicable: BFS – A 9/8/2022

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 2/14/2023

No. of staff interviewed and/or observed

No. of residents interviewed and/or observed

No. of others interviewed 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? 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.



2/14/2023

Licensing Consultant Date