

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

February 28, 2023

Daniel Sandor 29531 John Hauk Garden City, MI 48135

RE: License #: AF820350530

Blessed Assisted Living

29531 John Hauk Garden City, MI 48135

Dear Mr. Sandor:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

• An on-site inspection will be conducted.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, 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,

Denasha Walker, Licensing Consultant

Bureau of Community and Health Systems

Cadillac Pl. Ste 9-100 3026 W. Grand Blvd

Detroit, MI 48202 (313) 300-9922

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

I. IDENTIFYING INFORMATION

License #: AF820350530

Licensee Name: Daniel Sandor

Licensee Address: 29531 John Hauk

Garden City, MI 48135

Licensee Telephone #: (734) 564-9794

Licensee/Licensee Designee: N/A

Administrator:

Name of Facility: Blessed Assisted Living

Facility Address: 29531 John Hauk

Garden City, MI 48135

Facility Telephone #: (734) 564-9794

Original Issuance Date: 10/10/2014

Capacity: 6

Program Type: AGED

II. METHODS OF INSPECTION

Date	e of On-site Inspection(s):	02/27/2023							
Date of Bureau of Fire Services Inspection if applicable:									
Date	e of Health Authority Inspection if applicable:								
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 1 Role: Licensee	2 5 e							
•	Medication pass / simulated pass observed? A full worksheet inspection was completed. Medication(s) and medication record(s) review								
•	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 observe	ed? Yes ⊠ No □ If no, explain.							
•	E-scores reviewed? (Special Certification Or If no, explain. Water temperatures checked? Yes ⊠ No [. – – –							
•	Incident report follow-up? Yes ⊠ No ☐ If	no, explain.							
•	Corrective action plan compliance verified? N/A ⊠ Number of excluded employees followed-up								
•	Variances? Yes ☐ (please explain) No ☐	N/A 🖂							

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

R 400.1407

Resident admission and discharge criteria; resident assessment plan; resident care agreement; house guidelines; fee schedule; physicians instructions; health care appraisal.

(6) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency at least annually or more often if necessary.

At the time of inspection, Resident A's resident file did not contain a health care appraisal at the time of admission.

R 400.1407

Resident admission and discharge criteria; resident assessment plan; resident care agreement; house guidelines; fee schedule; physician instructions; health care appraisal.

(9) If a resident is not under the care of a physician at the time of the resident's admission to the home, the licensee shall require that the resident or the resident's designated representative provide a written health care appraisal completed within the 90-day period before the resident's admission to the home. If a written health care appraisal is not available, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department form shall be used unless prior authorization for a substitute form has been granted in writing by the department.

At the time of inspection, Residents A and B resident file did not contain annual resident care agreements.

Resident A's file did not contain an annual 2022 resident care agreement. Resident B's file did not contain an annual 2021 or 2022 resident care agreement.

A corrective action plan was requested and approved on 02/27/2023. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

IV. RECOMMENDATION

An acceptable	corrective	action p	olan has	been	received.	Renewal	of the	license	is
recommended									

Denasha Walker Date Licensing Consultant