

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

March 14, 2023

Eric Simcox Kingsley Senior Living 44100 Connection Way Canton, MI 48188

RE: License #: AH820402301 Kingsley Senior Living 44100 Connection Way Canton, MI 48188

Dear Mr. Simcox:

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,

render J. 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

License #:	AH820402301
Licensee Name:	Antioch Connection Canton MI, LLC
Licensee Address:	799 Windmiller Drive Pickerington, OH 43147
Licensee Telephone #:	(614) 861-8128
Authorized Representative:	Eric Simcox
Administrator/Licensee Designee:	Josie Gentry
Name of Facility:	Kingsley Senior Living
Facility Address:	44100 Connection Way Canton, MI 48188
Facility Telephone #:	(248) 773-4600
Original Issuance Date:	08/10/2022
Capacity:	92
Program Type:	ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s):	03/14/2023
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Date of Bureau of Fire Services Inspection if applicable: 7/8/2021

Inspection Type:	Interview and Observation	⊠Worksheet
	Combination	

Date of Exit Conference: 03/14/2023

No. of staff interviewed and	/or observed	7
No. of residents interviewed	d and/or observed	20
No. of others interviewed	0 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 X If no, explain. No funds held for the residents.
- Meal preparation / service observed? Yes 🛛 No 🗌 If no, explain.
- Fire drills reviewed? Yes ☐ No ⊠ If no, explain. Interviewed staff on the policies and procedures
- Water temperatures checked? Yes \boxtimes No \square 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 \boxtimes

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility was found to be in substantial compliance with the public health code and administrative rules regulating home for the aged facilities.

IV. RECOMMENDATION

Renewal of the license is recommended.

render J. Howard

3/14/2023

Date

Licensing Consultant

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