

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

May 4, 2023

Shannon East American House Grosse Pointe Cottage Ste 1600 161 Kercheval Ave Grosse Pointe Farms, MI 48236

RE: License #: AH820397738

American House Grosse Pointe Cottage

Ste 1600

161 Kercheval Ave

Grosse Pointe Farms, MI 48236

Dear Ms. East:

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, effective 2/13/2023 through 2/12/2024. 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,

Brender Howard, Licensing Staff

gunder J. Howard

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 #: AH820397738

Licensee Name: AH Grosse Pointe Subtenant LLC

Licensee Address: Ste 1500

C/o RenewReit One SeaGate

Toledo, OH 43804

Licensee Telephone #: (248) 203-1800

Authorized Representative: Shannon East

Administrator: Jill Lajoie

Name of Facility: American House Grosse Pointe Cottage

Facility Address: Ste 1600

161 Kercheval Ave

Grosse Pointe Farms, MI 48236

Facility Telephone #: (313) 939-2631

Original Issuance Date: 08/13/2020

Capacity: 77

Program Type: ALZHEIMERS

AGED

II. METHODS OF INSPECTION

Date of On-site Inspection	(s): 05/03/2	023
Date of Bureau of Fire Ser	vices Inspection if applicable:	5/31/2022
Inspection Type:	☐Interview and Observation☐Combination	⊠Worksheet
Date of Exit Conference: 05/03/2023		
No. of staff interviewed and No. of residents interviewed No. of others interviewed	d and/or observed	8 42 nber
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 the 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: 2023A0784020 1/24/2023 1932 (1) Number of excluded employees followed up? N/A ☐ 		

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.

Stander d. Howard 5/4/2023

Licensing Consultant