

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

ORLENE HAWKS DIRECTOR

May 23, 2023

Michele Perry Randall Residence at Encore Village, LLC 310 White Oak Road Lawton, MI 49065

RE: License #:	AH470403182
	Randall Residence at Encore Village
	10801 E. Grand River Ave.
	Brighton Twp., MI 48116

Dear Ms. Perry:

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,

Kinvergttost

Kimberly Horst, Licensing Staff Bureau of Community and Health Systems 611 W. Ottawa Street Lansing, MI 48909

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH470403182
Licensee Name:	Randall Residence at Encore Village, LLC
Licensee Address:	310 White Oak Road
	Lawton, MI 49065
Licensee Telephone #:	(269) 624-4841
Authorized Representative/	Michele Perry
Administrator:	
Name of Facility:	Randall Residence at Encore Village
Facility Address:	10801 E. Grand River Ave.
	Brighton Twp., MI 48116
Facility Telephone #:	(269) 624-4841
Original Issuance Date:	12/22/2022
Capacity:	131
Program Type:	AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/09/2023

Date of Bureau of Fire Services Inspection if applicable: 11/03/2022

Inspection Type:	Interview and Observation	⊠Worksheet
	Combination	

Date of Exit Conference: 05/09/2023

No. of staff interviewed an	d/or observed	5
No. of residents interviewe	ed and/or observed	10
No. of others interviewed	0 Role N/A	

- 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. Resident funds not kept in trust
- Meal preparation / service observed? Yes 🛛 No 🗌 If no, explain.
- Fire drills reviewed? Yes No X If no, explain.
 Diaster plans reviewed and staff interviewed.
- 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:
- Number of excluded employees followed up? N/A \boxtimes

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility is in compliance with all applicable rules and statutes.

IV. RECOMMENDATION

Renewal of the license is recommended.

KinveryHo

05/22/2023

Date

Licensing Consultant