

GRETCHEN WHITMER GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

June 5, 2023

Ginger Nahikian Clare MI OPCO, LLC. 3405 E Midland Rd Bay City, MI 48706

RE: License #: AL180404676

Niche Aging Clare I 684 Ann Arbor Trail Clare, MI 48617

Dear Ms. Nahikian:

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 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 (517) 284-9730.

Sincerely,

Bridget Vermeesch, Licensing Consultant Bureau of Community and Health Systems

1919 Parkland Drive

Mt. Pleasant, MI 48858-8010

Bridget Vermeesch

(989) 948-0561

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

I. IDENTIFYING INFORMATION

License #: AL180404676

Licensee Name: Clare MI OPCO, LLC.

Licensee Address: 3405 E Midland Rd

Bay City, MI 48706

Licensee Telephone #: (989) 386-7524

Licensee Designee: Ginger Nahikian

Administrator: Chelsea Blain

Name of Facility: Niche Aging Clare I

Facility Address: 684 Ann Arbor Trail

Clare, MI 48617

Facility Telephone #: (989) 386-7524

Original Issuance Date: 02/01/2021

Capacity: 20

Program Type: PHYSICALLY HANDICAPPED

ALZHEIMERS

AGED

II. METHODS OF INSPECTION

Date	e of On-site Inspection(s):	06/01/2	2023
Date of Bureau of Fire Services Inspection if applicable: 08/26/2022			
Date of Health Authority Inspection if applicable: N/A			
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 1 Role: Adminis	trator	3 16
•	Medication pass / simulated pass observed?	Yes 🗵	〗No □ If no, explain.
•	Medication(s) and medication record(s) review	wed? \	∕es ⊠ No □ If no, explain.
•	Resident funds and associated documents re Yes No I If no, explain. Meal preparation / service observed? Yes		
•	Fire drills reviewed? Yes ⊠ No ☐ If no, ex	xplain.	
•	Fire safety equipment and practices observe	d? Yes	No □ If no, explain.
•	E-scores reviewed? (Special Certification Or If no, explain. Water temperatures checked? Yes ⊠ No [
•	Incident report follow-up? Yes \boxtimes No \square If	no, expl	ain.
•	Corrective action plan compliance verified? N/A ⊠ Number of excluded employees followed-up		CAP date/s and rule/s: N/A ⊠
•	Variances? Yes ☐ (please explain) No ☐	N/A 🗵]

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

IV. RECOMMENDATION

I recommend issuance of a regular license to this AFC adult large group home capacity 20.

Date

Bridget Vermeesch 06/05/2023

Bridget Vermeesch Licensing Consultant