

GRETCHEN WHITMER
GOVERNOR

# STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

June 14, 2023

Adam Gill Gardenview 26096 Elm St. Calumet, MI 49913

RE: License #: AH310301010

Gardenview 26096 Elm St.

Calumet, MI 49913

Dear Mr. Gill:

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,

Brender Howard, Licensing Staff

nender 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 #:** AH310301010

Licensee Name: Calumet Operating, LLC

Licensee Address: Suite 104

380 Franklin St.

Harbor Springs, MI 49740

**Licensee Telephone #**: (231) 526-7380

Authorized Adam Gill

Representative/Administrator:

Name of Facility: Gardenview

Facility Address: 26096 Elm St.

Calumet, MI 49913

**Facility Telephone #:** (906) 337-0800

Original Issuance Date: 12/16/2010

Capacity: 61

Program Type: AGED

**ALZHEIMERS** 

# **II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 6/14/2023			
Date of Bureau of Fire Services Inspection if applicable: 1/26/2023			
Inspection Type:			
Date of Exit Conference: 6/14/2023			
No. of staff interviewed and/or observed 6 No. of residents interviewed and/or observed 33 No. of others interviewed 3 Role Residents' family members.			
Medication pass / simulated pass observed? Yes ⊠ No □ If no, explain.			
<ul> <li>Medication(s) and medication records(s) reviewed? Yes ☑ No ☐ If no, explain.</li> <li>Resident funds and associated documents reviewed for at least one resident? Yes ☐ No ☑ If no, explain. No residents' funds held for the residents.</li> <li>Meal preparation / service observed? Yes ☑ No ☐ If no, explain.</li> </ul>			
<ul> <li>Fire drills reviewed? Yes ☐ No ☒ If no, explain.</li> <li>Staff reviewed on the policy and procedures.</li> <li>Water temperatures checked? Yes ☒ No ☐ If no, explain.</li> </ul>			
<ul> <li>Incident report follow-up? Yes ☐ IR date/s: N/A ☒</li> <li>Corrective action plan compliance verified? Yes ☐ CAP date/s and rule/s: No CAPS for this home.</li> <li>Number of excluded employees followed up? N/A ☒</li> </ul>			
■ 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

Grander d.	Howard	6/14/2023
		Date

Renewal of the license is recommended.

**Licensing Consultant**