



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

October 3, 2023

Ann Auger
St. Ann's Home
2161 Leonard Street, NW
Grand Rapids, MI 49504-3829

RE: License #: AH410236894
St. Ann's Home
2161 Leonard Street, NW
Grand Rapids, MI 49504-3829

Dear Licensee:

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) 241-1970.

Sincerely,

A handwritten signature in blue ink that reads "Lauren Wohlfert".

Lauren Wohlfert, Licensing Staff
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 260-7781

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH410236894
Licensee Name:	St. Ann's Home Inc.
Licensee Address:	2161 Leonard NW Grand Rapids, MI 49504
Licensee Telephone #:	(616) 453-7715
Authorized Representative:	Ann Auger
Administrator:	Dana Prince
Name of Facility:	St. Ann's Home
Facility Address:	2161 Leonard Street, NW Grand Rapids, MI 49504-3829
Facility Telephone #:	(616) 453-7715
Original Issuance Date:	12/01/1968
Capacity:	95
Program Type:	ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/02/2023

Date of Bureau of Fire Services Inspection if applicable: 07/13/2023

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 10/02/2023

No. of staff interviewed and/or observed 15
No. of residents interviewed and/or observed 23
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 If no, explain.
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
Bureau of Fire Services reviews fire drills, disaster plans reviewed with staff and binder observed
- 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: N/A
- Number of excluded employees followed up? 8 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

I recommend issuance of a regular license to this home for the aged.



10/03/2023

Date

Licensing Consultant