

August 11, 2023

Nicole Sabo  
Aldrich Assisted Care LLC  
12282 N Lewis Rd  
Clio, MI 48420

RE: License #: AM250399708  
**Living Waters Buell Lake**  
**13515 N. Genesee Rd**  
**Clio, MI 48420**

Dear Mrs. Sabo:

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) 643-7960.

Sincerely,

A handwritten signature in black ink, appearing to be 'G. Peters', with a long horizontal flourish extending to the right.

Garrett Peters (on behalf of Derrick Britton), Licensing Consultant  
Bureau of Community and Health Systems  
234 W Baraga Ave  
Marquette MI 49855  
(906) 250-9318

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM250399708
<b>Licensee Name:</b>	Aldrich Assisted Care LLC
<b>Licensee Address:</b>	12282 N Lewis Rd Clio, MI 48420
<b>Licensee Telephone #:</b>	(810) 686-1046
<b>Licensee Designee:</b>	Nicole Sabo
<b>Administrator:</b>	Nicole Sabo
<b>Name of Facility:</b>	Living Waters Buell Lake
<b>Facility Address:</b>	13515 N. Genesee Rd Clio, MI 48420
<b>Facility Telephone #:</b>	(810) 686-1046
<b>Original Issuance Date:</b>	09/08/2020
<b>Capacity:</b>	12
<b>Program Type:</b>	AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/07/2023

Date of Bureau of Fire Services Inspection if applicable: n/a (see recommendation below)

Date of Health Authority Inspection if applicable: 6/14/23

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 6

No. of others interviewed [redacted] Role: [redacted]

- Medication pass / simulated pass observed? Yes  No  If no, explain.
- Medication(s) and medication record(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.  
No food being prepared at the time I was there
- Fire drills reviewed? Yes  No  If no, explain.
- Fire safety equipment and practices observed? Yes  No  If no, explain.
- E-scores reviewed? (Special Certification Only) Yes  No  N/A   
If no, explain.
- Water temperatures checked? Yes  No  If no, explain.
- Incident report follow-up? Yes  No  If no, explain.
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes  (please explain) No  N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements.

### IV. RECOMMENDATION

Contingent upon receipt of an acceptable Bureau of Fire Services report, renewal of the license is recommended.



8/11/23

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Garrett Peters, on behalf of Derrick Britton    Date  
Licensing Consultant