

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA ACTING DIRECTOR

February 29, 2024

Nicole Kennedy McGivney Way 610 W Elm Ave Monroe, MI 48162

RE: License #: AH580402316

McGivney Way 610 W Elm Ave Monroe, MI 48162

Dear Ms. Kennedy:

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

gender 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 #:	AH580402316
Licensee Name:	IHM Senior Living Community, Inc
Licensee Address:	610 W Elm Ave
	Monroe, MI 48162
Licensee Telephone #:	(734) 240-9743
Authorized	Nicole Kennedy
Representative/Administrator:	
Name of Facility:	McGivney Way
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Facility Address:	610 W Elm Ave
-	Monroe, MI 48162
Facility Telephone #:	(734) 241-3660
i acinty releptione #.	(734) 241-3000
Original Issuance Date:	07/28/2020
Capacity:	28
Program Type:	ALZHEIMERS
	AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/28/2024		
Date of Bureau of Fire Services Inspection if applicable: 4/11/2023		
Inspection Type: ☐ Interview and Observation ☐ Worksheet ☐ Combination		
Date of Exit Conference: 02/28/2024		
No. of staff interviewed and/or observed 8 No. of residents interviewed and/or observed 26 No. of others interviewed 1 Role Residents' family member		
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. No funds held for the residents. Meal preparation / service observed? Yes ⋈ No ☐ If no, explain. 		
 Fire drills reviewed? Yes ☐ No ☒ If no, explain. Interviewed staff on the policy and procedures. 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: No CAPS for this home Number of excluded employees followed up? 1 N/A ☐ 		
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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

Renewal of the license is recommended.	
Grander J. Howard	2/29/2024
Licensing Consultant	Date