



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 13, 2024

June Nadolny
Traditions of Saginaw - Main
3785 North Center Road
Saginaw, MI 48603

RE: License #: AH730413810
Traditions of Saginaw - Main
3785 North Center Road
Saginaw, MI 48603

Dear June Nadolny:

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. If 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,

A handwritten signature in cursive script that reads "Aaron L. Clum".

Aaron Clum, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 230-2778

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH730413810
Licensee Name:	Sabra Midwest Operations IV, LLC
Licensee Address:	Suite 550 18500 Von Karman Ave Irvine, CA 92612
Licensee Telephone #:	(888) 393-8248
Administrator/Authorized Representative:	June Nadolny
Name of Facility:	Traditions of Saginaw - Main
Facility Address:	3785 North Center Road Saginaw, MI 48603
Facility Telephone #:	(989) 498-4000
Original Issuance Date:	09/11/2023
Capacity:	93
Program Type:	ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 3/13/2024

Date of Bureau of Fire Services Inspection if applicable: 9/13/2023

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 3/13/2024

No. of staff interviewed and/or observed 8
No. of residents interviewed and/or observed 40
No. of others interviewed N/A 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. Facility does not maintain Resident funds
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
- 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: SI#2024A0784014:1931(2),1935(1)(3),1935(3),1952(4)
- 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

Issuance of a regular license is recommended.

Aaron L. Clum

3/13/2024

Date

Licensing Consultant