



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 20, 2024

Craig Rostoni
Tomlinson Assisted Living LLC
7884 North Road
Burtchville, MI 48059

RE: License #: AM740381292
Tomlinson Assisted Living
6223 Wildcat Road
Grant, MI 48032

Dear Craig Rostoni:

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 cursive script that reads "Sabrina McGowan".

Sabrina McGowan, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(810) 835-1019

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

I. IDENTIFYING INFORMATION

License #: AM740381292

Licensee Name: Tomlinson Assisted Living LLC

Licensee Address: 7884 North Road
Burtchville, MI 48059

Licensee Telephone #: (810) 488-5927

Licensee/Licensee Designee: Craig Rostoni

Administrator: Samantha Brown

Name of Facility: Tomlinson Assisted Living

Facility Address: 6223 Wildcat Road
Grant, MI 48032

Facility Telephone #: (810) 327-2025

Original Issuance Date: 10/03/2017

Capacity: 11

Program Type: AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/19/2024

Date of Bureau of Fire Services Inspection if applicable: 09/25/2023

Date of Health Authority Inspection if applicable: 01/24/2024

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 7

No. of others interviewed 2 Role: Licensee and Administrator

- 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.
- 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? 1-Sabrina S.-11/22/2023. N/A
- Variances? Yes (please explain) No N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility is in compliance with all applicable rules and statutes.

IV. RECOMMENDATION

I recommend issuance of a regular license to this AFC adult medium group home (capacity 7-12).



March 20, 2024

Sabrina McGowan
Licensing Consultant

Date