



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 20, 2024

Nancy Harns
Williamston Compassionate Care, LLC
3800 Vanneter Rd
Williamston, MI 48895

RE: License #: AM330380484
Williamston Compassionate Care, LLC
3800 Vanneter Rd
Williamston, MI 48895

Dear Ms. Harns:

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) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Julie Elkins".

Julie Elkins, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

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

I. IDENTIFYING INFORMATION

| | |
|--------------------------------|---|
| License #: | AM330380484 |
| Licensee Name: | Williamston Compassionate Care, LLC |
| Licensee Address: | 3800 Vanneter Rd Williamston, MI 48895 |
| Licensee Telephone #: | (517) 204-2480 |
| Licensee Designee: | Nancy Harns |
| Administrator: | Nancy Harns |
| Name of Facility: | Williamston Compassionate Care, LLC |
| Facility Address: | 3800 Vanneter Rd Williamston, MI 48895 |
| Facility Telephone #: | (517) 204-2480 |
| Original Issuance Date: | 03/25/2016 |
| Capacity: | 12 |
| Program Type: | AGED ALZHEIMERS |

II. METHODS OF INSPECTION

Date of On-site Inspections: 03/19/2024

Date of Bureau of Fire Services Inspection if applicable: 02/28/2024

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 10

No. of others interviewed 1 Role: licensee designee/admin

- 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.
inspection was not during mealtime.
- 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

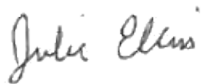
III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

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

IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care license.



03/20/2024

Julie Elkins
Licensing Consultant

Date