



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

August 8, 2024

Vonda Willey
Sanborn Gratiot Memorial Home
c/o Blue Water -- Suite 1
1600 Gratiot Blvd.
Marysville, MI 48040

RE: License #: AH740236889
Sanborn Gratiot Memorial Home
2732 Cherry Street
Port Huron, MI 48060

Dear Mrs. Willey:

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,

A handwritten signature in cursive script that reads "Brender D. Howard".

Brender Howard, Licensing Staff
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

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|-----------------------------------|--|
| License #: | AH740236889 |
| Licensee Name: | Sanborn Gratiot Memorial Home |
| Licensee Address: | c/o Blue Water, Suite 1 1600 Gratiot Ave. Marysville, MI 48040 |
| Licensee Telephone #: | (810) 388-1200 |
| Authorized Representative: | Vonda Willey |
| Administrator: | Betty Guigar |
| Name of Facility: | Sanborn Gratiot Memorial Home |
| Facility Address: | 2732 Cherry Street Port Huron, MI 48060 |
| Facility Telephone #: | (810) 985-5631 |
| Original Issuance Date: | 08/01/1999 |
| Capacity: | 32 |
| Program Type: | AGED |

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/07/2024

Date of Bureau of Fire Services Inspection if applicable: 2/12/2024

Inspection Type: ☐ Interview and Observation ☒ Worksheet
☐ Combination

Date of Exit Conference: 08/08/2024

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 31

No. of others interviewed 0 Role 0

- 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. The home does not hold funds for 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? 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

Renewal of the license is recommended.

Brenden L. Howard

8/7/2024

Date

Licensing Consultant