



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 26, 2024

Sandra Delgado
Sisters of the Order of St. Dominic of GR
2025 Fulton St. E.
Grand Rapids, MI 49503

RE: License #: AH410336779
Aquinata Hall
153 Lakeside Dr. NE
Grand Rapids, MI 49503

Dear Licensee:

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 was renewed with an expiration date of 7/31/2025. 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) 241-1970.

Sincerely,

A handwritten signature in blue ink that reads "Lauren Wohlfert".

Lauren Wohlfert, Licensing Staff
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 260-7781

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH410336779
Licensee Name:	Sisters of the Order of St. Dominic of GR
Licensee Address:	2025 Fulton St. E. Grand Rapids, MI 49503
Licensee Telephone #:	(616) 643-0130
Authorized Representative:	Sandra Delgado
Administrator:	Beth Strait
Name of Facility:	Aquinata Hall
Facility Address:	153 Lakeside Dr. NE Grand Rapids, MI 49503
Facility Telephone #:	(616) 259-1703
Original Issuance Date:	02/15/2013
Capacity:	45
Program Type:	ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/26/2024

Date of Bureau of Fire Services Inspection if applicable: 04/17/2024

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 09/26/2024

No. of staff interviewed and/or observed 9
No. of residents interviewed and/or observed 27
No. of others interviewed 0 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. No resident funds held in trust
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
Bureau of Fire Services (BFS) reviews fire drills, disaster plans reviewed with staff
- 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: N/A
- Number of excluded employees followed up? 2 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

I recommend the status of the license remain unchanged.



09/26/2024

Licensing Staff

Date