



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

November 6, 2024

Daniela Popaj
CSM Davison, LLC
1435 Colt Ave NE
Grand Rapids, MI 49505

RE: License #: AL250415454
Americana Seniors 1 Suite B
Suite B
432 E. Clark
Davison, MI 48423

Dear Daniela Popaj:

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 "Kent W. Gieselman".

Kent W Gieselman, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(810) 931-1092

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

I. IDENTIFYING INFORMATION

License #: AL250415454

Licensee Name: CSM Davison, LLC

Licensee Address: 1435 Colt Ave NE
Grand Rapids, MI 49505

Licensee Telephone #: (810) 658-7100

Licensee Designee: Daniela Popaj

Administrator: Amanda Kipke

Name of Facility: Americana Seniors 1 Suite B

Facility Address: Suite B
432 E. Clark
Davison, MI 48423

Facility Telephone #: (616) 308-6915

Original Issuance Date: 05/13/2024

Capacity: 20

Program Type: PHYSICALLY HANDICAPPED
AGED
ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/16/2024

Date of Bureau of Fire Services Inspection if applicable: 01/18/2024

Date of Health Authority Inspection if applicable: 10/16/2024

No. of staff interviewed and/or observed 4

No. of residents interviewed and/or observed 8

No. of others interviewed 0 Role: N/A

- 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? 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 2 year regular adult foster care license.



11/06/2024

Kent W Gieselman
Licensing Consultant

Date