



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 14, 2024

Kelly Steffey
Vicinia Gardens Memory of Fenton, LLC
1012 N. Leroy Street
Fenton, MI 48430

RE: License #:	AL250348949 Vicinia Gardens Memory of Fenton 4034 Vicinia Way Fenton, MI 48430
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Dear Kelly Steffey:

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 will be renewed upon receipt of the Renewal Fee. 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,

Martin Gonzales, 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 #:	AL250348949
Licensee Name:	Vicinia Gardens Memory of Fenton, LLC
Licensee Address:	1012 N. Leroy Street Fenton, MI 48430
Licensee Telephone #:	(810) 629-9368
Licensee/Licensee Designee:	Kelly Steffey
Administrator:	Kelly Steffey
Name of Facility:	Vicinia Gardens Memory of Fenton
Facility Address:	4034 Vicinia Way Fenton, MI 48430
Facility Telephone #:	(810) 354-8561
Original Issuance Date:	05/21/2014
Capacity:	20
Program Type:	AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/08/2024

Date of Bureau of Fire Services Inspection if applicable: 07/15/2024

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 4

No. of residents interviewed and/or observed 19

No. of others interviewed 0 Role: [REDACTED]

- 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 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.

IV. RECOMMENDATION

Upon receipt of the Renewal Fee, I recommend issuance of a regular license to this AFC adult large group home (capacity 13-20).

Martin Gonzales

10/14/2024

Martin Gonzales Licensing Consultant	Date
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