



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

February 11, 2025

Sondra Yantz
KJB Tenant Davison, LLC
10222 Lapeer Road
Davison, MI 48423

RE: License #: AL250418395
Charter Senior Living of Davison 3
10222 Lapeer Road Unit 3
Davison, MI 48423

Dear Sondra Yantz:

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, appearing to read "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 #: AL250418395

Licensee Name: KJB Tenant Davison, LLC

Licensee Address: 10222 Lapeer Road
Davison, MI 48423

Licensee Telephone #: (312) 401-2188

Licensee Designee: Sondra Yantz

Administrator: Cynthia Smith

Name of Facility: Charter Senior Living of Davison 3

Facility Address: 10222 Lapeer Road Unit 3
Davison, MI 48423

Facility Telephone #: (810) 777-5050

Original Issuance Date: 08/29/2024

Capacity: 20

Program Type: PHYSICALLY HANDICAPPED
AGED
ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/11/2025

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 3

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.



02/11/2025

Kent W Gieselman
Licensing Consultant

Date