

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

February 14, 2025

Steven Steffey Vicinia Gardens Transition 4045 Vicinia Way Fenton, MI 48430

RE: License #: AH250382445

Vicinia Gardens Transition

4045 Vicinia Way Fenton, MI 48430

Dear Steven Steffey:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules; therefore, no violations have been identified.

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,

Claron & Clarm Aaron Clum, Licensing Staff

Bureau of Community and Health Systems

611 W. Ottawa Street

P.O. Box 30664

Lansing, MI 48909

(517) 230-2778

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH250382445	
Ειστίου π.	711200002440	
Licensee Name:	Vicinia Gardens Transition, LLC	
Licensee Address:	2500 North Road Ste 103	
	Fenton, MI 48430	
Licensee Telephone #:	(810) 629-9368	
Authorized Representative:	Steven Steffey	
Administrator:	Kelly Steffey	
Name of Facility:	Vicinia Gardens Transition	
Facility Address:	4045 Vicinia Way	
	Fenton, MI 48430	
Facility Telephone #:	(810) 629-9368	
Original Issuance Date:	09/12/2017	
Capacity:	28	
Program Type:	AGED	
	ALZHEIMERS	

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 2/14/2025		
Date of Bureau of Fire Serv	vices Inspection if applicable: N	/A	
Inspection Type:	☐ Interview and Observation ☐ Combination	⊠Worksheet	
Date of Exit Conference: 2	2/14/2025		
No. of staff interviewed and No. of residents interviewed No. of others interviewed	d and/or observed	7 25	
Medication pass / simulations	ulated pass observed? Yes $oxtimes$	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. Facility does not maintain resident funds Meal preparation / service observed? Yes ⋈ No ☐ If no, explain. 			
Fire drills reviewed? Yes ⊠ No □ If no, explain.			
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: SI#2023A0585003: 1924(1)(3), 20201(2)(I) Number of excluded employees followed up? 4 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

It is recommended that the status of the license remain unchanged.

Daron L. Clum	2/14/2025
Licensing Consultant	Date