



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

July 15, 2019

Jenel Stoinski
ARHC PPDWTMI01 TRS, LLC
c/o Health Care Trust Inc
405 Park Avenue
New York, NY 10022

RE: License #: AM190397513
Addington Place of DeWitt
1177 Solon Road
DeWitt, MI 48820

Dear Ms. Stoinski:

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) 284-9720.

Sincerely,

A handwritten signature in cursive script that reads "Leslie Barner".

Leslie Barner, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 256-2181

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

I. IDENTIFYING INFORMATION

License #: AM190397513

Licensee Name: ARHC PPDWTMI01 TRS, LLC

Licensee Address: c/o Health Care Trust Inc
405 Park Avenue
New York, NY 10022

Licensee Telephone #: (248) 342-4705

Licensee Designee: Jenel Stoinski

Administrator: Melissa San Miguel

Name of Facility: Addington Place of DeWitt

Facility Address: 1177 Solon Road
DeWitt, MI 48820

Facility Telephone #: (517) 484-6980

Original Issuance Date: 02/13/2019

Capacity: 12

Program Type: PHYSICALLY HANDICAPPED
AGED
ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/12/2019

Date of Bureau of Fire Services Inspection if applicable: 02/11/2019

Date of Health Authority Inspection if applicable: 01/18/2019

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 2
No. of residents interviewed and/or observed 9
No. of others interviewed 2 Role: administrative staff

- 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:
05/22/19 for rules 204 (3), 208 (1)(d), 208 (1)(g), 311 (1), 312 (4)(f), 313 (4), 316 (1)(d) 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.



7/15/19

Leslie Barner
Licensing Consultant

Date