



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

July 12, 2019

Lisa Pritchard  
Arbor Woods Assisted Lvg  
2100 Springport Road  
Jackson, MI 49202

RE: License #: AH380313452  
Arbor Woods Assisted Lvg  
2100 Springport Road  
Jackson, MI 49202

Dear Ms. Pritchard:

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 after an acceptable fire safety inspection. It will be valid only at your present address and is nontransferable.

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) 284-9720.

Sincerely,

A handwritten signature in cursive script that reads "Kimberly Horst".

Kimberly Horst, Licensing Staff  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH380313452
<b>Licensee Name:</b>	Ganton's Arbor Woods, LLC
<b>Licensee Address:</b>	2100 Springport Road Jackson, MI 49202
<b>Licensee Telephone #:</b>	(517) 787-4400
<b>Authorized Representative/Administrator:</b>	Lisa Pritchard
<b>Name of Facility:</b>	Arbor Woods Assisted Lvg
<b>Facility Address:</b>	2100 Springport Road Jackson, MI 49202
<b>Facility Telephone #:</b>	(517) 787-4400
<b>Original Issuance Date:</b>	07/08/2011
<b>Capacity:</b>	59
<b>Program Type:</b>	AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 7/12/2019

Date of Bureau of Fire Services Inspection if applicable: 5/3/2019

Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference: 7/12/2019

No. of staff interviewed and/or observed 10

No. of residents interviewed and/or observed 20

No. of others interviewed 0 Role

- Medication pass / simulated pass observed? Yes  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.
- Meal preparation / service observed? Yes  No  If no, explain.
- Fire drills reviewed? Yes  No  If no, explain.  
Disaster plans reviewed and staff interviewed.
- 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:
- Number of excluded employees followed up? 0 N/A

**III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

The facility is in compliance with all applicable rules and statutes.

**IV. RECOMMENDATION**

Contingent upon receipt of an acceptable fire safety inspection, renewal of the license is recommended.



7/12/2019

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Licensing Consultant Date