



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

January 7, 2020

Kathleen Swantek
Sanborn Gratiot Memorial Home
c/o Blue Water -- Suite 1
1600 Gratiot Blvd.
Marysville, MI 48040

RE: License #: AH740236889
Sanborn Gratiot Memorial Home
2732 Cherry Street
Port Huron, MI 48060

Dear Mrs. Swantek:

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 your approved Fire and 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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Brender D. Howard".

Brender Howard, Licensing Staff
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(313) 268-1788

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH740236889
Licensee Name:	Sanborn Gratiot Memorial Home
Licensee Address:	c/o Blue Water, Suite 1 1600 Gratiot Ave. Marysville, MI 48040
Licensee Telephone #:	(810) 388-1200
Authorized Representative:	Kathleen Swantek
Administrator:	Betty Guigar
Name of Facility:	Sanborn Gratiot Memorial Home
Facility Address:	2732 Cherry Street Port Huron, MI 48060
Facility Telephone #:	(810) 985-5631
Original Issuance Date:	08/01/1999
Capacity:	30
Program Type:	AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/16/2019

Date of Bureau of Fire Services Inspection if applicable: 11/14/19, 12/18/19

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 01/07/2020

No. of staff interviewed and/or observed 7

No. of residents interviewed and/or observed 23

No. of others interviewed 1 Role Resident's family member

- 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. No funds held for residents.
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain. Interviewed staff on policy and procedures.
- 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: 8/22/19 2019A0585050 1917(2)
- Number of excluded employees followed up? 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

Renewal of the license is recommended.

Brenden D. Howard

1/7/2020

Date

Licensing Consultant