



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 30, 2021

Jamie LaFave
Bishop Noa Home for Senior Citizens
2900 3rd Ave. S
Escanaba, MI 49829

RE: License #: AH210236741
Bishop Noa Home for Senior Citizens
2900 3rd Ave. S
Escanaba, MI 49829

Dear Ms. LaFave:

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 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 (906) 226-4171.

Sincerely,

A handwritten signature in black ink, appearing to read "Theresa Norton".

Theresa Norton, Licensing Staff
Bureau of Community and Health Systems
234 West Baraga
Marquette, MI 49855
(906) 280-2519

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH210236741
Licensee Name:	Sister of St. Paul De Charters
Licensee Address:	2900 3rd Ave. S Escanaba, MI 49829
Licensee Telephone #:	(906) 786-5810
Authorized Representative/	Jamie LaFave, Authorized Repr.
Administrator/Licensee Designee:	Jamie LaFave, Authorized Repr.
Name of Facility:	Bishop Noa Home for Senior Citizens
Facility Address:	2900 3rd Ave. S Escanaba, MI 49829
Facility Telephone #:	(906) 786-5810
Original Issuance Date:	08/01/1999
Capacity:	28
Program Type:	AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/29/2021

Date of Bureau of Fire Services Inspection if applicable: 08/04/2020

Inspection Type: ☐ Interview and Observation ☒ Worksheet
☐ Combination

Date of Exit Conference: 03/29/2021

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 11

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. None to review.
- 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:
- 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

I recommend issuance of a regular license to this AFC homes for the aged.



03/30/2021

Date

Licensing Consultant