



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 12, 2021

Sunil Bhattad
Auburn Fields Assisted Living II, LLC
219 Church Street
Auburn, MI 48611

RE: License #: AL090356074
Auburn Fields Assisted Living II, LLC
4710 Stephanie Court
Auburn, MI 48611

Dear Mr. Bhattad

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 (810) 787-7031.

Sincerely,

A handwritten signature in black ink that reads "Anthony Humphrey". The signature is written in a cursive style with a large, sweeping flourish at the end.

Anthony Humphrey, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48605
(810) 280-7718

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

I. IDENTIFYING INFORMATION

License #: AL090356074

Licensee Name: Auburn Fields Assisted Living II, LLC

Licensee Address: 219 Church Street
Auburn, MI 48611

Licensee Telephone #: (248) 765-5209

Licensee/Licensee Designee: Sunil Bhattad

Administrator: Sunil Bhattad

Name of Facility: Auburn Fields Assisted Living II, LLC

Facility Address: 4710 Stephanie Court
Auburn, MI 48611

Facility Telephone #: (248) 765-5209

Original Issuance Date: 09/16/2014

Capacity: 20

Program Type: PHYSICALLY HANDICAPPED
ALZHEIMERS
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/12/2021

Date of Bureau of Fire Services Inspection if applicable: 08/03/2020

Date of Health Authority Inspection if applicable: 03/12/2021

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 6
No. of residents interviewed and/or observed 12
No. of others interviewed [redacted] Role: [redacted]

- 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:
N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements.

IV. RECOMMENDATION

I recommend issuance of a 2 year regular adult foster care license.

Handwritten signature of Anthony Humphrey in black ink.

03/12/2021

Anthony Humphrey
Licensing Consultant

Date