

GRETCHEN WHITMER GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

May 13, 2021

Virginia Ingle Drews Place of Hillsdale Inc. 100 Village Green Blvd. Hillsdale, MI 49242

RE: License #: AL300272932

Drews Place at Village Green 101 Village Green Blvd. Hillsdale, MI 49242

Dear Ms. Ingle:

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 (313) 456-0380.

Sincerely,

Mahtina Rubritius

Mahtina Rubritius, Licensing Consultant

Bureau of Community and Health Systems

301 E. Louis Glick Hwy

Jackson, MI 49201

(517) 262-8604

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

I. IDENTIFYING INFORMATION

License #: AL300272932

Licensee Name: Drews Place of Hillsdale Inc.

Licensee Address: 100 Village Green Blvd.

Hillsdale, MI 49242

Licensee Telephone #: (517) 437-7902

Licensee/Licensee Designee: Virginia Ingle

Administrator: John Drews

Name of Facility: Drews Place at Village Green

Facility Address: 101 Village Green Blvd.

Hillsdale, MI 49242

Facility Telephone #: (517) 437-7902

Original Issuance Date: 09/12/2006

Capacity: 20

Program Type: AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/12/2021 (On-site Inspection) & 05/13/2021 (Virtual Renewal Inspection/Paperwork Review)	
Date of Bureau of Fire Services Inspection if applicable: 01/21/2021	
Date of Health Authority Inspection if applicable: N/A	
Insp	pection Type:
	☐ Combination ☐ Full Fire Safety
No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed Role:	
•	Medication pass / simulated pass observed? Yes $oximes$ No $oximes$ If no, explain.
•	$\label{eq:Medication} \mbox{Medication record(s) reviewed? Yes} \ \boxtimes \ \mbox{No} \ \square \ \mbox{If no, explain}.$
•	Resident funds and associated documents reviewed for at least one resident? Yes \boxtimes No \square If no, explain. Meal preparation / service observed? Yes \boxtimes No \square If no, explain.
•	Fire drills reviewed? Yes ⊠ No □ If no, explain.
•	Fire safety equipment and practices observed? Yes \boxtimes No \square If no, explain.
•	E-scores reviewed? (Special Certification Only) Yes No N/A In N/A In 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: R 400.15318 (5) N/A Number of excluded employees followed-up? N/A
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•	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

Renewal of the license is recommended.

Mahtina Rubritius

Mahtina Rubritius

Licensing Consultant

5/13/2021