

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

July 2, 2021

Diane Vondette Comfort Care Senior Living LLC 4180 Tittabawassee Saginaw, MI 48603

RE: License #: AL790406037

Vassar Comfort Care II 5840 Frankenmuth Vassar, MI 48768

Dear Ms. Vondette:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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 (906)-226-4171.

Sincerely,

Kathryn A. Huber, Licensing Consultant

Kathrys Habe

Bureau of Community and Health Systems

411 Genesee

P.O. Box 5070

Saginaw, MI 48605

(989) 293-3234

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

I. IDENTIFYING INFORMATION

License #:	AL790406037			
Licensee Name:	Comfort Care Senior Living LLC			
Licensee Address:	4180 Tittabawassee			
Licensee Address.	Saginaw, MI 48603			
	eaginaw, iiii 10000			
Licensee Telephone #:	(989) 882-9495			
Licensee Designee:	Diane Vondette			
Advision	E 11 M 1			
Administrator:	Emily Matuszak			
Name of Facility:	Vassar Comfort Care II			
Name of Facility.	Vassar Gornort Gare II			
Facility Address:	5840 Frankenmuth			
	Vassar, MI 48768			
Facility Telephone #:	(989) 882-9495			
Original Issuance Date:	01/22/2021			
Original issuance Date.	01/22/2021			
Capacity:	20			
,				
Program Type:	PHYSICALLY HANDICAPPED			
	DEVELOPMENTALLY DISABLED			
	AGED			
	ALZHEIMERS			

II. METHODS OF INSPECTION

Date	e of On-site Inspection(s):	07/01/2	2021		
Date	e of Bureau of Fire Serv	vices Inspection if app	licable:	10/23/2020		
Date	e of Health Authority In	spection if applicable:		01/13/2021		
Insp	ection Type:	☐ Interview and Obs	servatio	n ⊠ Worksheet □ Full Fire Safety		
No.	of staff interviewed and of residents interviewed of others interviewed					
•	Medication pass / simu	ulated pass observed?	Yes ⊠	〗No □ If no, explain.		
•	Medication(s) and med	dication record(s) revie	ewed? \	∕es ⊠ 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. Lunch was served after the inspection was completed. Fire drills reviewed? Yes No If no, explain.					
•	Fire safety equipment	and practices observe	d? 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-u	ıp? Yes⊠ No ☐ If	no, expl	ain.		
•	N/A 🖂	•		CAP date/s and rule/s:		
•	Number of excluded e	mployees followed-up	?	N/A 🔀		
•	Variances? Yes ☐ (p	lease explain) No 🗌	N/A 🔀			

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:					
R 400.15315	Handling of resident funds and valuables.				
	(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.				
Resident Funds and Valuables Part I and Part II were not completed for the resident file reviewed.					

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan and receipt of additional \$220.000 renewal fee, renewal of the license is recommended for this adult foster care large group home (capacity 1-20).

Kathrys Habe	07/06/2021	
Licensing Consultant		Date