

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

September 22, 2021

Mark Kincer Conscious Senior Living Properties, LLC 29891 23 Mile Road Chesterfield, MI 48047

RE: License #: AH500397098

Grace Premier Assisted Living 29891 23 Mile Road Chesterfield, MI 48047

Dear Mr. Kincer:

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 (517) 284-9730.

Sincerely,

Brender Howard, Licensing Staff

gunder J. Howard

Bureau of Community and Health Systems

611 W. Ottawa Street

P.O. Box 30664

Lansing, MI 48909

(313) 268-1788

enclosure

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

I. IDENTIFYING INFORMATION

License #: AH500397098

Licensee Name: Conscious Senior Living Properties, LLC

Licensee Address: 29891 23 Mile Road

Chesterfield, MI 48047

Licensee Telephone #: (989) 971-9610

Authorized Mark Kincer

Representative/Administrator:

Name of Facility: Grace Premier Assisted Living

Facility Address: 29891 23 Mile Road

Chesterfield, MI 48047

Facility Telephone #: (586) 422-1600

Original Issuance Date: 01/14/2019

Capacity: 62

Program Type: AGED

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II. METHODS OF INSPECTION

Date	e of On-site Inspection(s): 09/21/2021				
Date	e of Bureau of Fire Services Inspection if applicable:	12/01/2020			
Insp	ection Type:	⊠Worksheet			
Date of Exit Conference: 09/21/2021					
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 3 Role Residents' family mem	10 31 abers			
•	Medication pass / simulated pass observed? Yes \boxtimes	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 policies 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: No CAPS for this home. 					
•	Number of excluded employees followed up?	√A ⊠			

III.	DECCRIPTION	OF FINIDINGS	& CONCLUSIONS
111.	DESCRIPTION	OF FINDINGS (* CONCLUSIONS

The facility is in compliance with all applicable rules and statutes.

IV. RECOMMENDATION

Renewal of the license is recommended.

garder of. Howard

9/22/21

Date

Licensing Consultant