



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

November 3, 2021

Connie Clauson
Bishop Hills L.L.C.
Suite 203
3196 Kraft Ave SE
Grand Rapids, MI 49512

RE: License #: AH410236738
Bishop Hills Elder Care
4951 11 Mile Road, NE
Rockford, MI 49341

Dear Mrs. Clauson:

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 (616) 260-7781.

Sincerely,

A handwritten signature in blue ink that reads "Lauren Wohlfert".

Lauren Wohlfert, Licensing Staff
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 260-7781

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH410236738
Licensee Name:	Bishop Hills L.L.C.
Licensee Address:	4951 11 Mile Rd. NE Rockford, MI 49341
Licensee Telephone #:	(616) 719-5100
Authorized Representative/Administrator	Connie Clauson
Name of Facility:	Bishop Hills Elder Care
Facility Address:	4951 11 Mile Road, NE Rockford, MI 49341
Facility Telephone #:	(616) 866-8227
Original Issuance Date:	02/29/1996
Capacity:	47
Program Type:	AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/3/21

Date of Bureau of Fire Services Inspection if applicable: 3/31/21

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 11/3/21

No. of staff interviewed and/or observed

7

No. of residents interviewed and/or observed

17

No. of others interviewed 0 Role Visitor restrictions in place due to COVID-19 quarantine due to a COVID positive resident

- 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.
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
Bureau of Fire Services reviews fire drills, disaster plans were reviewed with staff
- 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: N/A
- Number of excluded employees followed up? 1 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 the renewal license.



11/3/21

Date

Licensing Consultant