



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

December 11, 2020

Nancy Posey and Theresa Posey  
8470 Parshallville  
Fenton, MI 48430

RE: License #: AM470078613  
**Fenton Assisted Living**  
**6077 Linden**  
**Fenton, MI 48430**

Dear Nancy Posey and Theresa Posey:

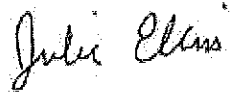
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Julie Elkins".

Julie Elkins, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909

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

**I. IDENTIFYING INFORMATION**

**License #:** AM470078613

**Licensee Name:** Nancy Posey and Theresa Posey

**Licensee Address:** 8470 Parshallville  
Fenton, MI 48430

**Licensee Telephone #:** (810) 632-7760

**Licensee:** Nancy Posey and Theresa Posey

**Administrator:** Nancy Posey

**Name of Facility:** Fenton Assisted Living

**Facility Address:** 6077 Linden  
Fenton, MI 48430

**Facility Telephone #:** (810) 629-1131

**Original Issuance Date:** 11/22/1997

**Capacity:** 12

**Program Type:** PHYSICALLY HANDICAPPED  
ALZHEIMERS  
AGED

## II. METHODS OF INSPECTION

Date of On-site Inspections: 12/02/2020

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

Date of Health Authority Inspection if applicable: 10/09/2020

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 1  
No. of residents interviewed and/or observed 10  
No. of others interviewed 1 Role: licensee

- 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. inspection was not during mealtime.
- 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 found to be in non-compliance with the following rules:

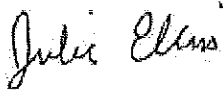
**R 400.14205            Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.**

**(6) A licensee shall annually review the health status of the administrator, direct care staff, other employees, and members of the household. Verification of annual reviews shall be maintained by the home and shall be available for department review.**

At the time of the inspection, DCW Bethany Lennox and DCW Becky Dobbs's employee records did not contain any verification that the licensee annually reviewed their health status.

### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.



12/11/2020

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Julie Elkins  
Licensing Consultant

Date