



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

October 20, 2021

Rhonda Anagnostopoulos  
Swank Home Assisted Living, Inc  
9412 Miller Rd  
Swartz Creek, MI 48473

RE: License #: AL250072158  
**Swank Home Assisted Living**  
**9412 Miller Rd**  
**Swartz Creek, MI 48473**

Dear Mrs. Anagnostopoulos:

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 (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Derrick L. Britton".

Derrick Britton, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(517) 284-9721

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

**I. IDENTIFYING INFORMATION**

**License #:** AL250072158

**Licensee Name:** Swank Home Assisted Living, Inc

**Licensee Address:** 9412 Miller Rd  
Swartz Creek, MI 48473

**Licensee Telephone #:** (810) 635-3183

**Licensee/Licensee Designee:** Rhonda Anagnostopoulos

**Administrator:** Rhonda Anagnostopoulos

**Name of Facility:** Swank Home Assisted Living

**Facility Address:** 9412 Miller Rd  
Swartz Creek, MI 48473

**Facility Telephone #:** (810) 635-3183

**Original Issuance Date:** 11/14/1996

**Capacity:** 20

**Program Type:** PHYSICALLY HANDICAPPED  
AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection: 10/19/2021

Date of Bureau of Fire Services Inspection: 09/23/2021

Date of Health Authority Inspection if applicable: N/A

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 3  
No. of residents interviewed and/or observed 15  
No. of others interviewed 1 Role: Licensee Designee

- 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.
- Fire drills reviewed? Yes  No  If no, explain.
- Fire safety equipment and practices observed? Yes  No  If no, explain.  
Inspection completed by Bureau of Fire Services
- 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 determined to be in substantial compliance with rules and requirements.

### IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care license.



10/20/2021

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Derrick Britton  
Licensing Consultant

Date