

GRETCHEN WHITMER GOVERNOR

# STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

September 2, 2021

Nicole Sabo Aldrich Assisted Care LLC 12282 N Lewis Rd Clio, MI 48420

RE: License #: AM250399708

Living Waters Buell Lake 13515 N. Genesee Rd Clio, MI 48420

Dear Mrs. Sabo:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

 You are to submit documentation of compliance. A video of the automatic selfclosing door for the furnace/water heater room will suffice.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable. Please contact me with any questions. If I am not available, and you need to speak to someone immediately, you may contact the local office at (517) 284-9730.

Sincerely,

Derrick Britton, Licensing Consultant

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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 #:** AM250399708

Licensee Name: Aldrich Assisted Care LLC

Licensee Address: 12282 N Lewis Rd

Clio, MI 48420

**Licensee Telephone #:** (810) 686-1046

Licensee/Licensee Designee: Nicole Sabo

Administrator: Nicole Sabo

Name of Facility: Living Waters Buell Lake

Facility Address: 13515 N. Genesee Rd

Clio, MI 48420

**Facility Telephone #:** (810) 686-1046

Original Issuance Date: 09/08/2020

Capacity: 12

Program Type: AGED

# **II. METHODS OF INSPECTION**

Date	e of On-site Inspection:	08/30/2021	
Date of Bureau of Fire Services Inspection: 07/20/2020			
Date of Health Authority Inspection: 07/07/2021			
Insp	ection Type:	☐ Interview and Observation	on ⊠ Worksheet □ Full Fire Safety
No. of staff interviewed and/or observed  No. of residents interviewed and/or observed  No. of others interviewed  1 Role: Owner			
•	Medication pass / simu	ılated 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 No If no, explain.  Inspection did not occur during meal preparation/service.  Fire drills reviewed? Yes No If no, explain.		
•	Fire safety equipment and practices observed? Yes $igtimes$ No $igcup$ If no, explain.		
•	E-scores reviewed? (Special Certification Only) Yes  No N/A In N/A If no, explain.  Water temperatures checked? Yes No If no, explain.		
•	Incident report follow-up? Yes ⊠ No □ If no, explain.		
•	3/17/2021, MCL 400.7	compliance verified? Yes ⊠ 13 N/A	CAP date/s and rule/s: N/A ⊠
•	Variances? Yes ☐ (pl	lease explain) No 🗌 N/A 🏻	

## **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

This facility was found to be in non-compliance with the following rules:

R 400.14511 Flame-producing equipment; enclosures.

(2) Heating plants and other flame-producing equipment located on the same level as the residents shall be enclosed in a room that is constructed of material which has a 1-hour-fire resistance rating, and the door shall be made of 1 3/4-inch solid core wood. The door shall be hung in a fully stopped wood or steel frame and shall be equipped with an automatic self-closing device and positive-latching hardware.

The door to the furnace/water heater room did not have an automatic self-closing device.

### IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.

09/02/2021

Derrick Britton

Licensing Consultant

Moniet Z. Britter

Date