

GRETCHEN WHITMER
GOVERNOR

## STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

December 10, 2021

Andrea Flood Covenant Glen of Frankenmuth 1040 Covenant Drive Frankenmuth, MI 48734

RE: License #: AH730338689

Covenant Glen of Frankenmuth

1040 Covenant Drive Frankenmuth, MI 48734

Dear Ms. Flood:

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,

Aaron Clum, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

(517) 230-2778

enclosure

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

#### I. IDENTIFYING INFORMATION

Licence #	AU720220600	
License #:	AH730338689	
Licensee Name:	Frankenmuth Glen ALC, LLC	
	,	
Licensee Address:	3520 Davenport Avenue	
	Saginaw, MI 48602	
	,	
Licensee Telephone #:	(989) 892-0658	
Administrator/Authorized	Andrea Flood	
Representative:		
•		
Name of Facility:	Covenant Glen of Frankenmuth	
Facility Address:	1040 Covenant Drive	
	Frankenmuth, MI 48734	
Facility Telephone #:	(989) 262-8340	
Original Issuance Date:	06/27/2014	
Capacity:	77	
Program Type:	AGED	
	ALZHEIMERS	

### **II. METHODS OF INSPECTION**

Dat	te of On-site Inspection	n(s): 12/10/21		
Dat	te of Bureau of Fire Se	rvices Inspection if applicable: 2	/26/21	
Ins	pection Type:	☐Interview and Observation ☐Combination	⊠Worksheet	
Date of Exit Conference: 12/10/21				
No. of staff interviewed and/or observed  No. of residents interviewed and/or observed  No. of others interviewed  N/A Role				
•	Medication pass / sim	nulated pass observed? Yes 🖂	No 🗌 If no, explain.	
<ul> <li>Medication(s) and medication records(s) reviewed? Yes ⋈ No ☐ If no, explain.</li> <li>Resident funds and associated documents reviewed for at least one resident? Yes ☐ No ⋈ If no, explain. Facility doesn not maintain resident funds</li> <li>Meal preparation / service observed? Yes ⋈ No ☐ If no, explain.</li> </ul>				
Fire drills reviewed? Yes ⊠ No □ If no, explain.				
Water temperatures checked? Yes ⊠ No □ If no, explain.				
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#### **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

Renewal of the license is recommended.

aron L. Clum	12/10/21
Licensing Consultant	Date