



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

January 18, 2022

Kelly Steffey  
Vicinia Gardens Assisted Living of Fenton LLC  
1012 N. Leroy Street  
Fenton, MI 48430

RE: License #: AL250337850  
**Vicinia Gardens Assisted Living of Fenton LLC**  
**4016 Vicinia Way**  
**Fenton, MI 48430**

Dear Ms. Steffey:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your Adult Foster Care large group home license are renewed. The license 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,

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 #:** AL250337850

**Licensee Name:** Vicinia Gardens Assisted Living of Fenton LLC

**Licensee Address:** 1012 N. Leroy Street  
Fenton, MI 48430

**Licensee Telephone #:** (810) 354-8136

**Licensee/Licensee Designee:** Kelly Steffey

**Administrator:** Kelly Steffey

**Name of Facility:** Vicinia Gardens Assisted Living of Fenton LLC

**Facility Address:** 4016 Vicinia Way  
Fenton, MI 48430

**Facility Telephone #:** (810) 354-8136

**Original Issuance Date:** 07/25/2013

**Capacity:** 20

**Program Type:** AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection: 01/12/2022

Date of Bureau of Fire Services Inspection: 11/05/2021

Date of Health Authority Inspection: 09/23/2021

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 10  
No. of others interviewed 1 Role: Administrator

- 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. Bureau of Fire Services completed inspection.
- 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.



01/18/2021

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Derrick Britton  
Licensing Consultant

Date