

GRETCHEN WHITMER
GOVERNOR

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

ORLENE HAWKS DIRECTOR

December 21, 2021

Grace Zimmerman Auburn Assisted Living, Inc. 10481 W. Buchanan Road Sumner, MI 48889

RE: License #: AL290385681

Country Friends Assisted Living 10481 W. Buchanan Road Sumner, MI 48889

Dear Ms. Zimmerman:

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. The Annual EHI with an A rating-approval is document compliance.

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. 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,

Bridget Vermeesch, Licensing Consultant

Bureau of Community and Health Systems

1919 Parkland Drive

Mt. Pleasant, MI 48858-8010

Bridget Vermeesch

(989) 948-0561

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

### I. IDENTIFYING INFORMATION

**License #:** AL290385681

**Licensee Name:** Auburn Assisted Living, Inc.

**Licensee Address:** 10481 W. Buchanan Road

Sumner, MI 48889

**Licensee Telephone #:** (989) 584-6219

Licensee/Licensee Grace Zimmerman

**Designee/Administrator:** 

Name of Facility: Country Friends Assisted Living

Facility Address: 10481 W. Buchanan Road

Sumner, MI 48889

**Facility Telephone #:** (989) 584-6219

Original Issuance Date: 07/14/2017

Capacity: 20

Program Type: AGED

## II. METHODS OF INSPECTION

Dat	Date of On-site Inspection(s):		12/20/2021	
Date of Bureau of Fire Services Inspection if applicable: 04/15/2021				
Date of Health Authority Inspection if applicable:				09/15/2021
Inspection Type:		☐ Interview and Obs	servatio	n
No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed Role:				5 19
•	Medication pass / simu	lated 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 $\boxtimes$ No $\square$ If no, explain. Meal preparation / service observed? Yes $\boxtimes$ No $\square$ If no, explain.			
•	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 \( \subseteq \text{No} \subseteq \text{N/A} \subseteq \text{If no, explain.} \) Water temperatures checked? Yes \( \subseteq \text{No} \subseteq \text{If no, explain.} \)			
•	Incident report follow-up? Yes ⊠ No □ If no, explain.			
•	Corrective action plan ∈ N/A ⊠	compliance verified?	Yes 🗌	CAP date/s and rule/s:
•	Number of excluded er	mployees followed-up?	?	N/A ⊠
•	Variances? Yes ☐ (pl	ease explain) No 🗌	N/A 🗵	]

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements.

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

R 400.15401 Environmental health.

(3) All sewage shall be disposed of in a public sewer system or, in the absence thereof, in a manner that is approved by the health authority.

Environmental Health Inspection completed on 09/15/2021 citing deficiencies (water softer connected to sewer system) and giving a B Rating.

A corrective action plan was requested and approved on 12/21/2021. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

#### IV. RECOMMENDATION

Licensing Consultant

Bridget Vermeesch

12/21/2021

Bridget Vermeesch

Date

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