

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

February 9, 2022

Connie Clauson Hale Area Assisted Living Corporation Suite 203 3196 Kraft Ave, SE Grand Rapids, MI 49512

RE: License #: AH350338564

Hale Creek Manor

3191 M-65 Hale, MI 48739

Dear Mrs. Clauson:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. The license is renewed until 3/4/2023. 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 I am not available, and you need to speak to someone immediately, please feel free to contact the local office at (616) 356-0100.

Sincerely,

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Julie Viviano, Licensing Staff Bureau of Community and Health Systems Unit 13, 7th Floor

350 Ottawa, N.W. Grand Rapids, MI 49503 Cell (616) 204-4300

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

I. IDENTIFYING INFORMATION

| License #: | AH350338564 | |
|----------------------------|---------------------------------------|--|
| | | |
| Licensee Name: | Hale Area Assisted Living Corporation | |
| | | |
| Licensee Address: | 8096 Campbell Avenue | |
| | Hale, MI 48739 | |
| | (000) =00 0=0 | |
| Licensee Telephone #: | (989) 728-2525 | |
| Authorized Depresentations | Commis Olavean | |
| Authorized Representative: | Connie Clauson | |
| Administrator: | Catherine Scofield | |
| Administrator. | Catherine Occileid | |
| Name of Facility: | Hale Creek Manor | |
| | | |
| Facility Address: | 3191 M-65 | |
| - | Hale, MI 48739 | |
| | | |
| Facility Telephone #: | (989) 728-1300 | |
| | | |
| Original Issuance Date: | 09/05/2014 | |
| Consitu | 40 | |
| Capacity: | 43 | |
| Program Type: | ALZHEIMERS | |
| Program Type: | AGED | |
| | AGLD | |

II. METHODS OF INSPECTION

| Date of On-site Inspection | n(s): 02/08/2022 | |
|---|--|----------------------|
| Date of Bureau of Fire Services Inspection if applicable: BFS – A 12/3/21 | | |
| | | |
| Inspection Type: | ☐Interview and Observation☐Combination | ⊠Worksheet |
| Date of Exit Conference: 2/8/2022 | | |
| No. of staff interviewed ar No. of residents interviewed No. of others interviewed | ed and/or observed | 7 15 |
| Medication pass / sim | nulated pass observed? Yes 🏻 | No ☐ If no, explain. |
| Medication(s) and medication records(s) reviewed? Yes No □ If no, explain. | | |
| Resident funds and associated documents reviewed for at least one resident? Yes \(\scale \) No \(\scale \) If no, explain. The home does not hold resident funds in trust. Meal preparation / service observed? Yes \(\scale \) No \(\scale \) If no, explain. | | |
| Fire drills reviewed? Yes ⊠ No □ If no, explain. | | |
| Water temperatures checked? Yes ⊠ No □ If no, explain. | | |
| Incident report follow-up? Yes ∑ IR date/s: N/A □ Corrective action plan compliance verified? Yes □ CAP date/s and rule/s: N/A Number of excluded employees followed up? 0 N/A ∑ | | |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility is in compliance with all applicable rules and statutes.

IV. RECOMMENDATION

Renewal of the license is recommended.

2/9/2022

Date
Licensing Consultant