



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

February 15, 2022

Jane Collins
St. Anne's Mead Retirement Home
16106 W 12 Mile Rd.
Southfield, MI 48076

RE: License #: AH630236895
St. Anne's Mead Retirement Home
16106 W 12 Mile Rd.
Southfield, MI 48076

Dear Ms. Collins:

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, effective 1/26/2022-1/25/2023. 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 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,

A handwritten signature in cursive script that reads "Brender D. Howard".

Brender Howard, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(313) 268-1788

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH630236895
Licensee Name:	St. Anne's Mead Inc.
Licensee Address:	16106 W 12 Mile Rd. Southfield, MI 48076
Licensee Telephone #:	(810) 557-1221
Authorized Representative/Administrator:	Jane Collins
Name of Facility:	St. Anne's Mead Retirement Home
Facility Address:	16106 W 12 Mile Rd. Southfield, MI 48076
Facility Telephone #:	(248) 557-1221
Original Issuance Date:	03/01/2000
Capacity:	83
Program Type:	ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 2/15/2022

Date of Bureau of Fire Services Inspection if applicable: 09/27/2021, 10/18/2021

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 02/15/2022

No. of staff interviewed and/or observed 11

No. of residents interviewed and/or observed 31

No. of others interviewed 1 Role Resident's family member

- Medication pass / simulated 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 No If no, explain. No funds for the residents.
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain. Interviewed staff on the policies and procedures.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes IR date/s: 1/29/2022, 1/28/2022 N/A
- Corrective action plan compliance verified? Yes CAP date/s and rule/s: No CAPS for this home.
- Number of excluded employees followed up? 1 N/A

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.

Brenden D. Howard

2/15/2022

Licensing Consultant Date