



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

April 18, 2022

Daniela Soave
Clarkston Comfort Care
5850 White Lake Rd
Clarkston, MI 48346

RE: License #: AH630396381
Clarkston Comfort Care
5850 White Lake Rd
Clarkston, MI 48346

Dear Ms. Soave:

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, and the status updated to regular. It is valid only at your present address and is nontransferable.

Please review the enclosed documentation for accuracy and contact me with any questions. If 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 "Aaron Clum".

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

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|-----------------------------------|--|
| License #: | AH630396381 |
| Licensee Name: | Clarkston Comfort Care, LLC |
| Licensee Address: | 4180 Tittabawassee Rd Saginaw, MI 48604 |
| Licensee Telephone #: | (989) 607-0001 |
| Authorized Representative: | Daniela Soave |
| Administrator: | Logan Miller |
| Name of Facility: | Clarkston Comfort Care |
| Facility Address: | 5850 White Lake Rd Clarkston, MI 48346 |
| Facility Telephone #: | (248) 418-4503 |
| Original Issuance Date: | 10/21/2021 |
| Capacity: | 58 |
| Program Type: | AGED ALZHEIMERS |

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 4/18/2022

Date of Bureau of Fire Services Inspection if applicable: 9/28/2021

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 4/18/2022

No. of staff interviewed and/or observed 7
No. of residents interviewed and/or observed 25
No. of others interviewed N/A Role

- 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. facility does not maintain resident funds
- Meal preparation / service observed? Yes No 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: Verified at time of inspection: Original inspection citations - 1917(1), 1917(2), 1921(1), 1964(9), 1970(7)
- Number of excluded employees followed up? 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

Issuance of a regular license is recommended

Aaron L. Clum

4/18/2022

Licensing Consultant

Date