

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

May 16, 2022

Shannon East Madison American Lakeshore TRS, LLC Suite 1600 One Towne Square Southfield, MI 48076

> RE: License #: AH500409733 American House Lakeshore 28801 Jefferson Ave St Clair Shores, MI 48081

Dear Ms. East:

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 5/19/2022. 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,

Junder J. Huard

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 #:	AH500409733	
Licensee Name:	Madison American Lakeshore TRS, LLC	
Licensee Address:	Suite 1600 One Towne Square Southfield, MI 48076	
Licensee Telephone #:	(248) 203-1800	
Authorized Representative/Administrator:	Shannon East	
Name of Facility:	American House Lakeshore	
Facility Address:	28801 Jefferson Ave St Clair Shores, MI  48081	
Facility Telephone #:	(586) 218-6228	
Original Issuance Date:	11/19/2021	
Capacity:	26	
Program Type:	ALZHEIMERS AGED	

## **II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 5/16/2022

Date of Bureau of Fire Services Inspection if applicable: 3/16/2022, 8/16/2021

Inspection Type: Interview and Observation Worksheet

Date of Exit Conference: 5/16/2022

No. of staff interviewed and	d/or observed	5
No. of residents interviewe	d and/or observed	18
No. of others interviewed	0 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 X If no, explain. No funds held 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  $\boxtimes$  No  $\square$  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: No CAPS for this home.
- Number of excluded employees followed up? N/A  $\boxtimes$

### **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.

render J. Howard

5/16/2022

Date

Licensing Consultant