

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

October 27, 2022

Maegan Giancola Joy Givers, Inc. 7438 N Long Lake Rd Traverse City, MI 49684

RE: License #: AL280095116

Joy Givers, Inc.

7438 N Long Lake Road Traverse City, MI 49684

Dear Mrs. Giancola:

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. 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 (616) 356-0183.

Sincerely,

Bruce A. Messer, Licensing Consultant

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Bureau of Community and Health Systems

Suite 11

701 S. Elmwood

Traverse City, MI 49684

(231) 342-4939

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

I. IDENTIFYING INFORMATION

License #: AL280095116

Licensee Name: Joy Givers, Inc.

Licensee Address: 7438 N Long Lake Rd

Traverse City, MI 49684

Licensee Telephone #: (231) 922-5974

Licensee Designee: Maegan Giancola

Administrator: Maegan Giancola

Name of Facility: Joy Givers, Inc.

Facility Address: 7438 N Long Lake Road

Traverse City, MI 49684

Facility Telephone #: (231) 922-5974

Original Issuance Date: 02/12/2001

Capacity: 20

Program Type: AGED

II. METHODS OF INSPECTION

Date	e of On-site Inspection(s):	10/27/2	2022
Date	e of Bureau of Fire Services Inspection if appl	icable:	04/18/2022
Date	e of Health Authority Inspection if applicable:		07/19/2022
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed Role:		3 10
•	Medication pass / simulated pass observed?	Yes 🗵	〗No □ If no, explain.
•	Medication(s) and medication record(s) revie	wed? \	∕es ⊠ No ⊡ If no, explain.
•	Resident funds and associated documents re Yes No I If no, explain. Meal preparation / service observed? Yes		
•	Fire drills reviewed? Yes ⊠ No ☐ If no, ex	plain.	
•	Fire safety equipment and practices observed	d? Yes	No □ If no, explain.
•	E-scores reviewed? (Special Certification On If no, explain. Water temperatures checked? Yes ⊠ No □	• ,	
•	Incident report follow-up? Yes ⊠ No ☐ If r	no, expl	ain.
•	Corrective action plan compliance verified? NR:312(1)(4) CAP dated 11/10/21 N/A Number of excluded employees followed-up?		CAP date/s and rule/s: N/A ⊠
•	Variances? Yes ☐ (please explain) No ☐	N/A 🗵	

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

On October 27, 2022, I conducted an exit conference with Licensee Designee Maegan Giancola. I explained my findings as noted above. Ms. Giancola stated she understood, and she had no further comments or questions pertaining to this renewal inspection.

IV. RECOMMENDATION

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

Brue Of Hasin October 27, 2022

Bruce A. Messer Date Licensing Consultant