

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

ORLENE HAWKS DIRECTOR

November 7, 2022

Jennifer Hescott Provision Living at Fenton 440 N. Fenway Drive Fenton, MI 48430

> RE: License #: AH250405635 Provision Living at Fenton 440 N. Fenway Drive Fenton, MI 48430

Dear Ms. Hescott:

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 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,

Varon L. 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

License #:	AH250405635	
Licensee Name:	AEG Fenton Opco, LLC	
Licensee Address:	1610 Des Peres Rd. Ste 385	
	St. Louis, MO 63131	
<b>— — — — — — — — — —</b>	(547) 004 0504	
Licensee Telephone #:	(517) 294-0534	
Authorized Representative:	Jennifer Hescott	
Authonized Representative.		
Administrator:	Michael Scully Jr.	
Name of Facility:	Provision Living at Fenton	
	<u> </u>	
Facility Address:	440 N. Fenway Drive	
	Fenton, MI 48430	
Facility Telephone #:	(810) 936-2807	
	05/00/0000	
Original Issuance Date:	05/26/2022	
Canaaityy	60	
Capacity:		
Program Type:	ALZHEIMERS	
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r rogram rype.	AGED	

# **II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 11/07/2022

Date of Bureau of Fire Services Inspection if applicable: 4/28/2022

Inspection Type:	Interview and Observation	Worksheet	
Date of Exit Conference:	11/07/2022		
No. of staff interviewed and No. of residents interviewe No. of others interviewed	d and/or observed	7 25	
Medication pass / sime	ulated pass observed? Yes $igtimes$	No 🗌 If no, explain.	
<ul> <li>Medication(s) and medication records(s) reviewed? Yes ∑ No ☐ If no, explain.</li> <li>Resident funds and associated documents reviewed for at least one resident? Yes ☐ No ∑ If no, explain. Facility does not maintain resident funds</li> <li>Meal preparation / service observed? Yes ∑ No ☐ If no, explain.</li> </ul>			
• Fire drills reviewed?	∕es ⊠ No 🗋 If no, explain.		

- 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: N/A
- 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**

Issuance of a regular license is recommended.

Daron L. Clum

11/07/2022

Date

Licensing Consultant