

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

December 20, 2022

John Winden Close To Home Assisted Living, Saginaw LLC 1805 South Raymond Bay City, MI 48706

RE: License #: AL730398656

Close to Home Assisted Living Saginaw Side 2

2160 N. Center Rd Saginaw, MI 48603

Dear Mr. Winden:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

You are to submit a Statement of Correction.

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 (517) 643-7960.

Sincerely,

Sabrina McGowan, Licensing Consultant Bureau of Community and Health Systems

611 W. Ottawa Street

P.O. Box 30664

Lansing, MI 48909

(810) 835-1019

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

I. IDENTIFYING INFORMATION

License #: AL730398656

Licensee Name: Close To Home Assisted Living, Saginaw LLC

Licensee Address: 1805 South Raymond

Bay City, MI 48706

Licensee Telephone #: (989) 401-3581

Licensee/Licensee Designee: John Winden

Administrator: John Winden

Name of Facility: Close to Home Assisted Living Saginaw Side

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Facility Address: 2160 N. Center Rd

Saginaw, MI 48603

Facility Telephone #: (989) 778-2575

Original Issuance Date: 07/07/2020

Capacity: 20

Program Type: PHYSICALLY HANDICAPPED

DEVELOPMENTALLY DISABLED

AGED

TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date	e of On-site Inspection(s):	12/15/2	2022
Date	e of Bureau of Fire Services Inspection if appl	icable:	12/13/2022
Date	e of Health Authority Inspection if applicable:		12/15/2022
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 0 Role:		2 9
•	Medication pass / simulated pass observed?	Yes 🗵]No □ If no, explain.
•	Medication(s) and medication record(s) revie	wed? Y	′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? \\ 5/18/2021-R312(6), 08/08/2021-R301(4), 8/2 \\ 3/31/2022-R303(2), 11/02/2022-R301(2)(b). \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	3/2021- N/A 🗌	
•	Variances? Yes ☐ (please explain) No ☐	N/A 🖂	

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

R 400.15315 Handling of resident funds and valuables.

(6) Except for bank accounts, a licensee shall not accept resident funds of more than \$200.00 for any resident of the home after receiving payment of charges owed.

A corrective action plan was requested and approved on 12/20/2022. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.

Sabrina McGowan Date
Licensing Consultant

December 20, 2022