



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

December 20, 2022

Guy Geller
TV-MICH, LP
4500 Dobry Drive
Sterling Heights, MI 48314

RE: License #: AH500392805
Town Village Sterling Hgts - The Gem Memory Care
4500 Dobry Drive
Sterling Heights, MI 48314

Dear Mr. Geller:

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 12/15/2022-12/14/2023. 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,

A handwritten signature in cursive script that reads "Brender Howard".

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 #:	AH500392805
Licensee Name:	TV-MICH, LP
Licensee Address:	4500 Dobry Drive Sterling Heights, MI 48314
Licensee Telephone #:	(586) 200-4741
Authorized Representative:	Guy Geller
Administrator:	Sheri Sepanak
Name of Facility:	Town Village Sterling Hgts - The Gem Memory Care
Facility Address:	4500 Dobry Drive Sterling Heights, MI 48314
Facility Telephone #:	(586) 200-4741
Original Issuance Date:	06/15/2018
Capacity:	33
Program Type:	AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/16/2022

Date of Bureau of Fire Services Inspection if applicable: 3/10/2022

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 12/16/2022

No. of staff interviewed and/or observed 8
No. of residents interviewed and/or observed 21
No. of others interviewed 1 Role Resident's family member

- 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. No resident's funds held
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain. Interviewed staff on policies or procedures.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes IR date/s: 9/26/2022 N/A
- Corrective action plan compliance verified? Yes CAP date/s and rule/s: 4/22/2022 2022A1019047 1924(3), 1922 (5)
- Number of excluded employees followed up? N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

IV. RECOMMENDATION

Renewal of the license is recommended.

Brenden D. Howard

12/20/2022

Date

Licensing Consultant