

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

January 11, 2023

Lauren Gowman
Edgewood Assisted Living Center
4850 Gratiot Road
Saginaw, MI 48603

RE: License #: AH730257847

Edgewood Assisted Living Center

4850 Gratiot Road Saginaw, MI 48603

Dear Ms. Gowman:

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,

Claron & Claron 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 #:	AH730257847	
Licensee Name:	Edgewood Assisted Living Center LLC	
Licensee Address:	950 Taylor Ave.	
	Grand Haven, MI 49417	
Licence Telephone #	(646) 942 2425	
Licensee Telephone #:	(616) 842-2425	
Authorized Representative:	Lauren Gowman	
Administrator:	Carla LaMarr	
Name of Facility:	Edgewood Assisted Living Center	
Facility Address:	4850 Gratiot Road	
Facility Address.	Saginaw, MI 48603	
	Gaginaw, ivii 40003	
Facility Telephone #:	(989) 497-9970	
Original Issuance Date:	06/05/2003	
Capacity:	70	
	AL ZUENAEDO	
Program Type:	ALZHEIMERS	
	AGED	

II. METHODS OF INSPECTION

Date of Bureau of Fire Services Inspection if applicable: 11/09/2022 Inspection Type: ☐Interview and Observation ☐Worksheet ☐Combination Date of Exit Conference: 1/11/2023 No. of staff interviewed and/or observed 10 No. of residents interviewed and/or observed 30 No. of others interviewed N/A 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 ☐ If no, explain. Facility does not maintain resident funds • Meal preparation / service observed? Yes ☐ No ☐ If no, explain. • Fire drills reviewed? Yes ☐ No ☐ If no, explain. • Water temperatures checked? Yes ☐ No ☐ If no, explain.	Date of On-site Inspection(s): 1/11/2023				
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	Fire drills reviewed? Yes ⊠ No □ If no, explain.				
Incident report follow-up? Yes ☐ IR date/s: N/A ☒	Water temperatures checked? Yes ⊠ No □ If no, explain.				
 Corrective action plan compliance verified? Yes ∑ CAP date/s and rule/s: SI#2021A0784028/1917(2) Number of excluded employees followed up? 2 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

Renewal of the license is recommended.

1/11/2023

Aaron L. Clum Licensing Consultant Date

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