

GRETCHEN WHITMER GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

January 3, 2023 Vickie Forsyth Serenity House Inc. 13326 S. Bliven Rd. Byron, MI 48418

RE: License #: AM780092109

Serenity House

13326 S. Bliven Road Byron, MI 48418

Dear Ms. Forsyth:

Attached is the Renewal Licensing Study Report for the facility referenced above. An acceptable corrective action plan has been received. It is expected that corrections are completed as outlined in your plan.

Please contact me with any questions. If I am not available and you need to speak to someone immediately, you may contact the local office at (517) 284-9730.

Sincerely,

Candace Coburn, Licensing Consultant Bureau of Community and Health Systems

611 W. Ottawa Street P.O. Box 30664

udace Cohn

Lansing, MI 48909

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

I. IDENTIFYING INFORMATION

License #: AM780092109

Licensee Name: Serenity House Inc.

Licensee Address: 13326 S. Bliven Rd.

Byron, MI 48418

Licensee Telephone #: (989) 634-5962

Licensee/Licensee Designee: Vickie Forsyth

Administrator: Vickie Forsyth

Name of Facility: Serenity House

Facility Address: 13326 S. Bliven Road

Byron, MI 48418

Facility Telephone #: (989) 634-5962

Original Issuance Date: 05/23/2000

Capacity: 12

Program Type: ALZHEIMERS

AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s):	10/2	21/2022	
Date of Bureau of Fire Services In	spection if applicable	e: 11/04/20	22 A rating
Date of Health Authority Inspection	า if applicable։	12/5/2022	A rating
No. of staff interviewed and/or obs No. of residents interviewed and/o No. of others interviewed 1		1 6	
Medication pass / simulated p	ass observed? Yes	s⊠ No □ I	f no, explain.
Medication(s) and medication	record(s) reviewed?	? Yes⊠ No	o 🔲 If no, explain.
 Resident funds and associate Yes ∑ No ☐ If no, explain. Meal preparation / service obs Inspection took place between Fire drills reviewed? Yes ∑ 	served? Yes No n breakfast and lunc	o⊠ If no, ex ch meals.	
Fire safety equipment and pra	ictices observed? Y	′es ⊠ No 🗆	If no, explain.
 E-scores reviewed? (Special of the second of the	• ,] N/A ⊠
Incident report follow-up? Yes	s⊠ No If no, e	xplain.	
 Corrective action plan compliants N/A ☒ Number of excluded employed 		☐ CAP date	e/s and rule/s:
Variances? Yes ☐ (please e)	xplain) No 🗌 N/A		

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

R 400.14403 Maintenance of premises.

(4) A roof, exterior walls, doors, skylights, and windows shall be weathertight and watertight and shall be kept in sound condition and good repair.

In bedroom one, the glass windowpane was cracked and needs replacement. A work order to fix the damaged glass has been received and approved.

R 400.14510 Heating equipment generally.

(3) Where conditions indicate a need for inspection, heat-producing equipment shall be inspected by a qualified inspection service. A copy of the written approval from the qualified inspection service shall be submitted to the department and a copy shall be maintained in the adult foster care small group home and shall be available for department review.

The fire safety inspection rated the facility a" C" rating due to the fire extinguishers listing an expired date for use. The licensee will provide the service invoice from a qualified inspection service.

"A" rating received on 11/4/2022.

IV. RECOMMENDATION

An acceptable corrective action plan has been received as well as A rating reinspection from the Bureau of Fire Services. Therefore, your license is renewed.

Candace	Colm	1/3/2023	
Candace Cob		 Date	ļ