

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

March 22, 2023

Jennifer Rockafellow Lake (Auburn Hills) TRS LLC 2711 N Haskell Ave Suite 1700 Dallas, TX 75204

RE: License #: AH630409728

The Avalon of Auburn Hills

3151 E Walton Blvd Auburn Hills, MI 48326

Dear Ms. Rockafellow:

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,

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 #:	AH630409728	
Licensee Name:	Lake (Auburn Hills) TRS LLC	
Licensee Address:	2711 N Haskell Ave Suite 1700	
	Dallas, TX 75204	
Administrator/Authorized	Jennifer Rockafellow	
Representative:		
Name of Facility:	The Avalon of Auburn Hills	
Name of Facility.	THE AVAION OF AUDUM FILES	
Facility Address:	3151 E Walton Blvd	
Tuomity /tuurooo:	Auburn Hills, MI 48326	
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Facility Telephone #:	(248) 282-4094	
Original Issuance Date:	09/30/2022	
Capacity:	158	
Program Type:	AGED	
	ALZHEIMERS	

II. METHODS OF INSPECTION

Date of On-site Inspection	n(s): 3/22/2023		
Date of Bureau of Fire Se	rvices Inspection if applicable: 9	/08/2022	
Inspection Type:	☐Interview and Observation ☐Combination	⊠Worksheet	
Date of Exit Conference: 3/22/2023			
No. of staff interviewed ar No. of residents interviewed No. of others interviewed	ed and/or observed	10 30	
Medication pass / sim	nulated 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.			
 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	3/22/2023
	Date
Licensing Consultant	