



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

April 25, 2023

Jeanette Sanders
Vassar Comfort Care LLC
5830 Frankenmuth
Vassar, MI 48768

RE: License #: AL790413597
Vassar Comfort Care LLC
5830 Frankenmuth Road
Vassar, MI 48768

Dear Ms. Sanders:

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 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) 284-9730.

Sincerely,

A handwritten signature in blue ink that reads 'Kathryn A. Huber'.

Kathryn A. Huber, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48605
(989) 293-3234

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

I. IDENTIFYING INFORMATION

License #	AL790413597
Licensee Name:	Vassar Comfort Care LLC
Licensee Address:	5830 Frankenmuth Vassar, MI 48768
Licensee Telephone #:	(989) 882-9495
Licensee Designee:	Jeanette Sanders
Administrator:	Emily Matuszak
Name of Facility:	Vassar Comfort Care LLC
Facility Address:	5830 Frankenmuth Road Vassar, MI 48768
Facility Telephone #:	(989) 882-9495
Original Issuance Date:	11/04/2022
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED ALZHEIMERS AGED TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/24/2023
Date of Bureau of Fire Services Inspection if applicable: 08/12/2022
Date of Health Authority Inspection if applicable: 04/24/2023
No. of staff interviewed and/or observed 4
No. of residents interviewed and/or observed 13
No. of others interviewed 1 Role: Hospice Nurse

- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication record(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain.
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
- Fire safety equipment and practices observed? Yes No If no, explain.
- E-scores reviewed? (Special Certification Only) Yes No N/A
If no, explain.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes No If no, explain.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements.

IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care license to this adult foster care large group home (capacity 1-20).

Kathryn Huber

04/25/2023

Kathryn A. Huber
Licensing Consultant

Date