

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

May 24, 2023

Elsie Chaffin Arden Courts of Sterling Heights 11095 14 Mile Rd Sterling Heights, MI 48312

RE: License #: AH500293047

Arden Courts of Sterling Heights

11095 14 Mile Rd

Sterling Heights, MI 48312

Dear Ms. Chaffin:

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 4/10/2023 until 4/9/2024. 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,

Brender Howard, Licensing Staff

garder J. Howard

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 #: AH500293047

Licensee Name: Arden Courts (Sterling Heights)

Licensee Address: 16th Floor

333 N. Summit St. Toledo, OH 43604

Licensee Telephone #: (419) 252-5500

Authorized Elsie Chaffin

Representative/Administrator:

Name of Facility: Arden Courts of Sterling Heights

Facility Address: 11095 14 Mile Rd

Sterling Heights, MI 48312

Facility Telephone #: (586) 795-0998

Original Issuance Date: 06/09/2009

Capacity: 56

Program Type: ALZHEIMERS

AGED

II. METHODS OF INSPECTION

Date of On-	site Inspection	(s): 5/24/2023		
Date of Bur	eau of Fire Sei	vices Inspection if applicable:	4/19/2022, 2/16/2023	
Inspection 7	Гуре:	☐Interview and Observation ☐Combination	⊠Worksheet	
Date of Exit Conference: 5/24/2023				
No. of resid	interviewed an ents interviewe s interviewed	d/or observed ed and/or observed 1 Role Resident's family mem	6 18 aber	
• Medica	tion pass / sim	ulated 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 funds held for residents. Meal preparation / service observed? Yes ⋈ No ☐ If no, explain. 				
 Fire drills reviewed? Yes ☐ No ☒ If no, explain. Interviewed staff on the policy and procedures. Water temperatures checked? Yes ☒ No ☐ If no, explain. 				
 Correct CAPS 	tive action plar for this home.	up? Yes ☐ IR date/s: N/A i compliance verified? Yes ☐ 0	CAP date/s and rule/s: No	
• inuttibet	oi excluded el	mployees followed up? 1	√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

Grander J. Howard	5/24/2023
Licensing Consultant	Date

Renewal of the license is recommended.