

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA ACTING DIRECTOR

August 4, 2023

Elyse Al-Rakabi Bavarian Comfort Care Assisted Living & Memory Care LLC 5366 Rolling Hills Drive Bridgeport, MI 48722

> RE: License #: AH730412299 Bavarian Comfort Care Assisted Living & Memory Care LLC 5366 Rolling Hills Drive Bridgeport, MI 48722

Dear Elyse Al-Rakabi:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your regular license is issued. 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,

Maron L. Clum

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 #:	AH730412299	
Licensee Name:	Bavarian Comfort Care Assisted Living &Memory Care LLC	
Licensee Address:	4180 Tittabawassee	
	Saginaw, MI 48604	
<b>_</b> ,	(222) 227 2221	
Licensee Telephone #:	(989) 607-0001	
Authorized Penrecentetives	Elveo Al Pakabi	
Authorized Representative:	Elyse Al-Rakabi	
Administrator:	Riley Moeggenberg	
Name of Facility:	Bavarian Comfort Care Assisted Living	
-	&Memory Care LLC	
Facility Address:	5366 Rolling Hills Drive	
	Bridgeport, MI 48722	
Fasility Talankana #	(000) 777 7770	
Facility Telephone #:	(989) 777-7776	
Original Issuance Date:	01/24/2023	
Capacity:	65	
Program Type:	AGED	
	ALZHEIMERS	

# **II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 8/04/2023

Date of Bureau of Fire Services Inspection if applicable: 12/09/2022

Inspection Type:	Interview and Observation	Worksheet
Date of Exit Conference:	8/04/2022	
No. of staff interviewed an No. of residents interviewe No. of others interviewed	ed and/or observed	9 30
Medication pass / sim	ulated pass observed? Yes $igtimes$	No 🗌 If no, explain.
<ul> <li>Medication(s) and medication records(s) reviewed? Yes X No I If no, explain.</li> <li>Resident funds and associated documents reviewed for at least one resident?</li> </ul>		
	explain. Facility does not mainta rvice observed? Yes ⊠ No □	
• Fire drills reviewed?	Yes 🖂 No 🗌 If no, explain.	

- Water temperatures checked? Yes  $\boxtimes$  No  $\square$  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? 5 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.

Jaron L. Clum

8/04/2023

Date

Licensing Consultant