



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

August 29, 2023

Jill Lebourdais
North Shores Center LLC
4424 Winterwood Drive
Saginaw, MI 48603

RE: License #: AS690413584
Alpine Adult CRU
118 McLouth
Gaylord, MI 49735

Dear Jill Lebourdais:

A six-month provisional license has been issued. You have completed an acceptable corrective action plan and agreed to the issuance of a six-month provisional license. You have agreed to obtain staff and at least one resident during the next six months.

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 (616) 356-0183.

Sincerely,

A handwritten signature in cursive script that reads "Adam Robarge".

Adam Robarge, Licensing Consultant
Bureau of Community and Health Systems
Suite 11
701 S. Elmwood
Traverse City, MI 49684
(231) 350-0939

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

I. IDENTIFYING INFORMATION

License #:	AS690413584
Licensee Name:	North Shores Center LLC
Licensee Address:	4424 Winterwood Drive Saginaw, MI 48603
Licensee Telephone #:	(989) 493-1451
Licensee/Licensee Designee:	Jill Lebourdais, Designee
Administrator:	Jill Lebourdais
Name of Facility:	Alpine Adult CRU
Facility Address:	118 McLouth Gaylord, MI 49735
Facility Telephone #:	(989) 493-1451
Original Issuance Date:	02/09/2023
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/25/2023

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 0

No. of others interviewed 1 Role: Licensee designee

- 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

The facility was in non-compliance with the following rules:

Resident records.

(1) A licensee shall complete, and maintain in the home, a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information:

(a) Identifying information, including, at a minimum, all of the following:

(i) Name.

(ii) Social security number, date of birth, case number, and marital status.

(iii) Former address.

(iv) Name, address, and telephone number of the next of kin or the designated representative.

(v) Name, address, and telephone number of the person and agency responsible for the resident's placement in the home.

(vi) Name, address, and telephone number of the preferred physician and hospital.

(vii) Medical insurance.

(viii) Funeral provisions and preferences.

(ix) Resident's religious preference information.

(b) Date of admission.

(c) Date of discharge and the place to which the resident was discharged.

(d) Health care information, including all of the following:

(i) Health care appraisals.

(ii) Medication logs.

(iii) Statements and instructions for supervising prescribed medication, including dietary supplements and individual special medical procedures.

(iv) A record of physician contacts.

(v) Instructions for emergency care and advanced medical directives.

(e) Resident care agreement.

(f) Assessment plan.

(g) Weight record.

(h) Incident reports and accident records.

(i) Resident funds and valuables record and resident refund agreement.

(j) Resident grievances and complaints.

Resident records were unable to be assessed due to no residents currently residing in the home.

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Maintenance of premises.

(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

The maintenance of the home was unable to be assessed due to no residents residing in the home.

A corrective action plan was requested and approved on 08/25/2023. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

IV. RECOMMENDATION

I recommend issuance of a six-month provisional adult foster care license.



8/29/2023

Adam Robarge
Licensing Consultant

Date