

GRETCHEN WHITMER
GOVERNOR

# STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA ACTING DIRECTOR

September 28, 2023

Mel Sevegney Cliffside Company 910 S. Washington Av Royal Oak, MI 48067

RE: License #: AL110306606

Fullerton House 3905 Lorrain Path St. Joseph, MI 49085

#### Dear Mel Sevegney:

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 will be renewed within 30 days of its expiration, so long as the necessary applications materials have been received and there are no open investigations at that time. Once received, your license 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,

Cassandra Duursma, Licensing Consultant Bureau of Community and Health Systems Unit 13, 7th Floor 350 Ottawa, N.W.

Grand Rapids, MI 49503 (269) 615-5050

Cassardra Dunsamo

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

#### I. IDENTIFYING INFORMATION

**License #:** AL110306606

Licensee Name: Cliffside Company

**Licensee Address:** 910 S. Washington Av

Royal Oak, MI 48067

**Licensee Telephone #:** (947) 282-7555

Licensee Designee: Mel Sevegney

Administrator: Mel Sevegney

Name of Facility: Fullerton House

Facility Address: 3905 Lorrain Path

St. Joseph, MI 49085

**Facility Telephone #:** (269) 428-1111

Original Issuance Date: 06/11/2012

Capacity: 20

Program Type: AGED

# **II. METHODS OF INSPECTION**

Date	e of On-site Inspection(s): 9/26/23
Date	e of Bureau of Fire Services Inspection if applicable: 1/10/23
Date	e of Health Authority Inspection if applicable: N/A
No.	of staff interviewed and/or observed 2 of residents interviewed and/or observed 12 of others interviewed 1 Role: Licensee Designee
•	Medication pass / simulated pass observed? Yes $\boxtimes$ No $\square$ 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 $\boxtimes$ No $\square$ If no, explain.  Meal preparation / service observed? Yes $\boxtimes$ No $\square$ 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**

On 9/26/23, I completed an exit conference with Ms. Sevegney. Consultation was provided regarding employee training verification and physical plant items. This facility was determined to be in substantial compliance with rules and requirements.

## IV. RECOMMENDATION

I recommend issuance of a regular license to this AFC adult large group home (capacity 13-20).

Cassardia Dunsomo	9/29/23
Cassandra Duursma Licensing Consultant	Date