



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

November 13, 2023

Gail Strayer  
Tanglewood Assisted Living Inc  
19086 Tipsico Lake  
Fenton, MI 48430

RE: License #: AM470094319  
**Tanglewood Assisted Living Inc**  
**19086 Tipsico Lake**  
**Fenton, MI 48430**

Dear Ms. Strayer:

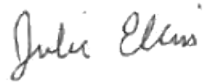
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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 cursive script that reads "Julie Elkins".

Julie Elkins, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909

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

**I. IDENTIFYING INFORMATION**

**License #:** AM470094319

**Licensee Name:** Tanglewood Assisted Living Inc

**Licensee Address:** 19086 Tipsico Lake  
Fenton, MI 48430

**Licensee Telephone #:** (810) 629-6098

**Licensee Designee:** Gail Strayer

**Administrator:** John Strayer

**Name of Facility:** Tanglewood Assisted Living Inc

**Facility Address:** 19086 Tipsico Lake  
Fenton, MI 48430

**Facility Telephone #:** (810) 750-2833

**Original Issuance Date:** 01/22/2001

**Capacity:** 12

**Program Type:** PHYSICALLY HANDICAPPED  
AGED  
ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspections: 11/09/2023

Date of Bureau of Fire Services Inspection if applicable: 09/11/2023

Date of Health Authority Inspection if applicable: 09/12/2023

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 10

No. of others interviewed 1 Role: administrator

- 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 found to be in non-compliance with the following rules:

**R 400.14306            Use of assistive devices.**

**(3) Therapeutic supports shall be authorized, in writing, by a licensed physician. The authorization shall state the reason for the therapeutic support and the term of the authorization.**

Resident A, Resident B and Resident C records did not contain written authorization from a licensed physician containing the reason for the therapeutic support and the term of the authorization.

**R 400.14315            Handling of resident funds and valuables.**

**(12) Charges against the resident's account shall not exceed the agreed price for the services rendered and goods furnished or made available by the home to the resident.**

Resident A and Resident B's records contained charges against the residents account that exceed the agreed price on the resident care agreement.

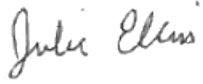
**R 400.14318            Emergency preparedness; evacuation plan; emergency transportation.**

**(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.**

At the time of inspection the fire drill documentation contained one fire drill that was completed in third quarter 2023, therefore two fire drills were not completed that quarter.

#### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.



11/13/2023

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Julie Elkins  
Licensing Consultant

Date