



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

February 2, 2024

Kelly Steffey
Vicinia Gardens Assisted Living of Fenton LLC
Suite 103
2500 North Road
Fenton, MI 48430

RE: License #:	AL250337850 Vicinia Gardens Assisted Living of Fenton LLC 4016 Vicinia Way Fenton, MI 48430
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Dear Kelly Steffey:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. It 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) 643-7960.

Sincerely,

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

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

I. IDENTIFYING INFORMATION

License #:	AL250337850
Licensee Name:	Vicinia Gardens Assisted Living of Fenton LLC
Licensee Address:	Suite 103 2500 North Road Fenton, MI 48430
Licensee Telephone #:	(810) 354-8136
Licensee Designee:	Kelly Steffey
Administrator:	Jessica Sherbino
Name of Facility:	Vicinia Gardens Assisted Living of Fenton LLC
Facility Address:	4016 Vicinia Way Fenton, MI 48430
Facility Telephone #:	(810) 354-8136
Original Issuance Date:	07/25/2013
Capacity:	20
Program Type:	AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/05/2023

Date of Bureau of Fire Services Inspection if applicable: 07/19/2023

Date of Health Authority Inspection if applicable: 07/05/2023

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 19

No. of others interviewed 0 Role: n/a

- 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? 3 N/A
- Variances? Yes (please explain) No N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements.

IV. RECOMMENDATION

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



02/02/2024

Martin Gonzales
Licensing Consultant

Date