



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 5, 2024

Lisa Cavaliere-Mancini
Windemere Park Assisted Living I
31900 Van Dyke Avenue
Warren, MI 48093

RE: License #: AH500315395
Windemere Park Assisted Living I
31900 Van Dyke Avenue
Warren, MI 48093

Dear Ms. Cavaliere-Mancini:

An administrative review of your licensing activity for the past year has revealed substantial compliance with the public health code and administrative rules regulating home for the aged facilities. Therefore, in accordance with MCL 333.20155(1) y Home for the Aged license has been renewed. Your license is effective 03/02/2024. It is valid only at the address listed and is not transferable.

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,

A handwritten signature in cursive script that reads "Brender Howard".

Brender Howard, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(313) 268-1788

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH500315395
Licensee Name:	Van Dyke Partners LLC
Licensee Address:	Suite 300 30078 Schoenherr Rd. Warren, MI 48088
Licensee Telephone #:	(586) 563-1500
Authorized Representative/	Lisa Cavaliere-Mancini, Authorized Repr. Shelly DeKay, Administrator
Administrator/Licensee Designee:	
Name of Facility:	Windemere Park Assisted Living I
Facility Address:	31900 Van Dyke Avenue Warren, MI 48093
Facility Telephone #:	(586) 722-2605
Original Issuance Date:	11/15/2012
Capacity:	90
Program Type:	AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s):

Date of Bureau of Fire Services Inspection if applicable:

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference:

No. of staff interviewed and/or observed

No. of residents interviewed and/or observed

No. of others interviewed Role

- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication records(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.
- Water temperatures checked? Yes No 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:
- Number of excluded employees followed up? N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility is in compliance with all applicable rules and statutes.
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

An acceptable corrective action plan has been received. Renewal of the license is recommended.

OR

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

OR

Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license is recommended.

OR

A Correction Order is recommended. See attached.

OR

An Emergency Order is recommended. See attached.

OR

Refusal to renew the license is recommended.

Licensing Consultant _____ Date