

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

July 30, 2024

Daniela Popaj Serene Gardens of Grand Blanc 1481 E. Hill Road Grand Blanc, MI 48439

> RE: License #: AH250385140 Serene Gardens of Grand Blanc 1481 E. Hill Road Grand Blanc, MI 48439

Dear Daniela Popaj:

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 is renewed. It is valid only at your present address and is nontransferable.

Please review the enclosed documentation for accuracy and contact me with any questions. If 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,

Aaron Clum, Licensing Staff

Bureau of Community and Health Systems 611 W. Ottawa Street P.O. Box 30664 Lansing, MI 48909 (517) 230-2778

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH250385140	
Licensee Name:	1481 E. Hill, LLC	
Licensee Address:	3520 Davenport Avenue	
	Saginaw, MI 48602	
Licensee Telephone #:	(989) 892-0658	
Authorized Representative:	Daniela Popaj	
Administrator:	Megan Rheingans	
Nome of Facility	Serene Gardens of Grand Blanc	
Name of Facility:		
Facility Address:	1481 E. Hill Road	
	Grand Blanc, MI 48439	
Facility Telephone #:	(810) 603-7029	
Original Issuance Date:	01/26/2018	
Capacity:	79	
Program Type:	ALZHEIMERS	
	AGED	

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 7/30/2024

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

Inspe	ction Type:	Interview and Observation Combination	Worksheet	
Date	of Exit Conference: 7	7/30/2024		
No. o	f staff interviewed and f residents interviewe f others interviewed	d and/or observed	10 30	
• N	Iedication pass / simu	ulated pass observed? Yes 🖂	No 🗌 If no, explain.	
 Medication(s) and medication records(s) reviewed? Yes X No I If no, explain. 				
• F }	Resident funds and associated documents reviewed for at least one resident? Yes \square No \boxtimes If no, explain. Facility does not maintain resident funds			
		∕es ⊠ No □ If no, explain.	· •	

- Water temperatures checked? Yes \boxtimes No \square 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: N/A
- Number of excluded employees followed up? 6 N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

Renewal of the license is recommended.

Jaron L. Clum

7/30/2024

Date

Licensing Consultant