



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 14, 2024

Catherine Reese
Vibrant Life Senior Living, OC Temperance LLC
5720 Williams Lake Road
Waterford, MI 48329

RE: License #: AL580355938
Jackman Lodge
7342 Jackman Rd
Temperance, MI 48182

Dear Ms. Reese:

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 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 (313) 456-0380.

Sincerely,

A handwritten signature in blue ink that reads 'Pandrea Robinson'.

Pandrea Robinson, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 319-9682

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

I. IDENTIFYING INFORMATION

License #:	AL580355938
Licensee Name:	Vibrant Life Senior Living, OC Temperance LLC
Licensee Address:	5720 Williams Lake Road Waterford, MI 48329
Licensee Telephone #:	(734) 847-3217
Licensee/Licensee Designee:	Catherine Reese
Administrator:	Catherine Reese
Name of Facility:	Jackman Lodge
Facility Address:	7342 Jackman Rd Temperance, MI 48182
Facility Telephone #:	(734) 847-3217
Original Issuance Date:	05/09/2014
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/10/2024

Date of Bureau of Fire Services Inspection if applicable: 07/11/2024

Date of Health Authority Inspection if applicable: 10/10/2024

No. of staff interviewed and/or observed 0

No. of residents interviewed and/or observed 0

No. of others interviewed 1 Role: Licensee designee

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.
The facility has not had residents since April of 2024
- 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.
The facility has not had residents since April 2024.
- 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

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

IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care license.

A handwritten signature in blue ink that reads "Pandrea Robinson". The signature is written in a cursive, flowing style.

Pandrea Robinson
Licensing Consultant

10/14/24
Date