



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 25, 2024

Maegan Giancola
Joy Givers, Inc.
7438 N Long Lake Rd
Traverse City, MI 49684

RE: License #: AL280095116
Joy Givers, Inc.
7438 N Long Lake Road
Traverse City, MI 49684

Dear Maegan Giancola:

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 (616) 356-0183.

Sincerely,

A handwritten signature in blue ink, reading "Bruce A. Messer".

Bruce A. Messer, Licensing Consultant
Bureau of Community and Health Systems
701 S. Elmwood
Traverse City, MI 49684
(231) 342-4939

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

I. IDENTIFYING INFORMATION

License#:	AL280095116
Licensee Name:	Joy Givers, Inc.
Licensee Address:	7438 N Long Lake Rd Traverse City, MI 49684
Licensee Telephone #:	(231) 922-5974
Licensee Designee:	Maegan Giancola
Administrator:	Maegan Giancola
Name of Facility:	Joy Givers, Inc.
Facility Address:	7438 N Long Lake Road Traverse City, MI 49684
Facility Telephone #:	(231) 922-5974
Original Issuance Date:	02/12/2001
Capacity:	20
Program Type:	AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/22/2024

Date of Bureau of Fire Services Inspection if applicable: 06/05/2024

Date of Health Authority Inspection if applicable: 07/24/2024

No. of staff interviewed and/or observed 3
No. of residents interviewed and/or observed 12
No. of others interviewed 0 Role:

- 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:
CAP dated 5/7/24, R310.1a 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.

On October 22, 2024, I conducted an exit conference with Licensee Designee Maegan Giancola. I explained my finding as noted above. Ms. Giancola noted she understood the findings, had no further questions, or information to provide, concerning this renewal inspection.

IV. RECOMMENDATION

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



October 25, 2024

Bruce A. Messer
Licensing Consultant

Date