

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

MARLON I. BROWN, DPA DIRECTOR

December 20, 2024

Sarah Novak-Schwalm North Branch Assisted Living LLC 3620 Van Dyke Road Almont, MI 48003

RE: License #:	AL440415318
	North Branch Assisted Living
	6674 Rogers Drive
	North Branch, MI 48461

Dear Mrs. Novak-Schwalm:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee or licensee designee or home for the aged, authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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,

Mark Cough

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

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

I. IDENTIFYING INFORMATION

License #:	AL440415318
Licensee Name:	North Branch Assisted Living LLC
Licensee Address:	6674 Rogers Drive
	North Branch, MI 48461
<u> </u>	
Licensee Telephone #:	(810) 798-2355
Licensee/Licensee Designee:	Sarah Novak-Schwalm
Election Elections de Designee.	
Administrator:	Sarah Novak-Schwalm
Name of Facility:	North Branch Assisted Living
Facility Address:	6674 Rogers Drive
	North Branch, MI 48461
Facility Telephone #:	(810) 798-2355
Original Issuance Date:	07/01/2024
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED
	AGED
	ALZHEIMERS

II. METHODS OF INSPECTION

Date	e of On-site Inspection(s):	12/19/2024				
Date	Date of Bureau of Fire Services Inspection if applicable: 05/15/2024					
Date	Date of Health Authority Inspection if applicable: 06/24/2024					
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 0 Role:	3 3				
•	Medication pass / simulated pass observed?	'Yes 🛛 No 🗌 If no, explain.				
•	Medication(s) and medication record(s) revie	wed? Yes 🛛 No 🗌 If no, ex	plain.			
•	Resident funds and associated documents re Yes 🖾 No 🗌 If no, explain. Meal preparation / service observed? Yes 🖄		nt?			
•	Fire drills reviewed? Yes \boxtimes No \square If no, ex	xplain.				
•	Fire safety equipment and practices observe	ed? Yes 🛛 No 🗌 If no, expla	in.			
•	E-scores reviewed? (Special Certification Or If no, explain. Water temperatures checked? Yes 🛛 No [.,				
•	Incident report follow-up? Yes 🖂 No 🗌 If	no, explain.				
•	Corrective action plan compliance verified? N/A 🖂 Number of excluded employees followed-up?					
•	Variances? Yes \boxtimes (please explain) No \square R 400.15410	N/A 🗌				

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:		
R 400.15316	Resident records.	
	 (1) A licensee shall complete, and maintain in the home, a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information: (i) Resident funds and valuables record and resident 	
	refund agreement.	
Upon inspection it was determined that in two resident files reviewed, one resident		
file did not have a	a Funds Part 1 in the file and in the other file reviewed there was a	
Funds Part 1 in th	ne file with no information or signature.	

IV. RECOMMENDATION

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

Mark Cough

12/20/2024

Martin Gonzales	Date	
Licensing Consultant		
517-388-8753		