

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

MARLON I. BROWN, DPA DIRECTOR

February 12, 2025

Jamie Beson Seerat Ghotra Inc 25 Sawmill Creek Trl Saginaw, MI 48603

| RE: License #: | AL090418066 |
|----------------|---|
| | Close to Home Assisted Living Riegel II |
| | 406 W Ivy |
| | Bay City, MI 48706 |

Dear Jamie Beson:

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,

jul

Shamidah Wyden, Licensing Consultant Bureau of Community and Health Systems 411 Genesee P.O. Box 5070 Saginaw, MI 48607 989-395-6853

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

I. IDENTIFYING INFORMATION

| License #: | AL090418066 |
|-------------------------|---|
| | |
| Licensee Name: | Seerat Ghotra Inc |
| | |
| Licensee Address: | 25 Sawmill Creek Trl |
| | Saginaw, MI 48603 |
| | |
| Licensee Telephone #: | (646) 637-6790 |
| | |
| Licensee Designee: | Jamie Beson |
| | |
| Administrator: | Jamie Beson |
| | |
| Name of Facility: | Close to Home Assisted Living Riegel II |
| Equility Addresses | 406 W Ivy |
| Facility Address: | Bay City, MI 48706 |
| | |
| Facility Telephone #: | (989) 778-2575 |
| | |
| Original Issuance Date: | 08/30/2024 |
| | |
| Capacity: | 20 |
| | |
| Program Type: | PHYSICALLY HANDICAPPED |
| | DEVELOPMENTALLY DISABLED |
| | MENTALLY ILL |
| | AGED |
| | TRAUMATICALLY BRAIN INJURED |

II. METHODS OF INSPECTION

| Date of On-site Inspection(s): 02/10/202 | 25 | | | |
|---|-------------------------------|--|--|--|
| Date of Bureau of Fire Services Inspection if applicable: | 10/25/2024 | | | |
| Date of Health Authority Inspection if applicable: N/A | | | | |
| | 2 18 e | | | |
| • Medication pass / simulated pass observed? Yes \boxtimes 1 | 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 X No I If no, explain. Meal preparation / service observed? Yes X No I 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 | ۱. | | | |
| Corrective action plan compliance verified? Yes C C/N/A Number of excluded employees followed-up? N/A | AP date/s and rule/s: /A ⊠ | | | |
| • Variances? Yes 🗌 (please explain) No 🗌 N/A 🔀 | | | | |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

| This facility was found to be in non-compliance with the following rules: | |
|--|--|
| R 400.15401 | Environmental health. |
| | (2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet. |
| At the time of inspection, the water temperatures at the kitchenette sinks in resident bedrooms #28, #29, #30, #31, and #32 were above 120 degrees Fahrenheit. | |

IV. RECOMMENDATION

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

julited

02/12/2025

Shamidah Wyden Licensing Consultant

Date