

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

July 21, 2025

Ambekia Agheneza Bates Homes LLC 225 Bates Street Grand Ledge, MI 48837

RE: License #: AS230418242

Bates Homes LLC 225 Bates Street

Grand Ledge, MI 48837

Dear Ms. Agheneza:

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.

A six-month provisional license is recommended due to the inability of this licensing consultant to assess quality-of-care, as there were no residents in care throughout the course of the temporary license. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan within 15 days.

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) 335-5985.

Sincerely,

Jana Lipps, 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 #: AS230418242

Licensee Name: Bates Homes LLC

Licensee Address: 225 Bates Street

Grand Ledge, MI 48837

Licensee Telephone #: 517-505-0978

Licensee Designee: Ambekia Agheneza

Administrator: Ambekia Agheneza

Name of Facility: Bates Homes LLC

Facility Address: 225 Bates Street

Grand Ledge, MI 48837

Facility Telephone #: (517) 731-1076

Original Issuance Date: 01/28/2025

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED

MENTALLY ILL

AGED

II. METHODS OF INSPECTION

N/A 🖂

Number of excluded employees followed-up?

Variances? Yes ☐ (please explain) No ☐ N/A ☒

Date of On-site Inspection(s): On-site for original LSR completed 1/23/25. No residents have been in care since the issuance of temporary license. Date of Bureau of Fire Services Inspection if applicable: N/A Date of Health Authority Inspection if applicable: N/A No. of staff interviewed and/or observed 0 No. of residents interviewed and/or observed No. of others interviewed 1 Role: Licensee Designee Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain. There have been no residents in care since the issuance of the temporary license. Medication(s) and medication record(s) reviewed? Yes \square No \bowtie If no, explain. There have been no residents in care since the issuance of the temporary Resident funds and associated documents reviewed for at least one resident? Yes No No If no, explain. There have been no residents in care since the issuance of the temporary license. Meal preparation / service observed? Yes ☐ No ☒ If no, explain. There have been no residents in care since the issuance of the temporary Fire drills reviewed? Yes \(\square\) No \(\text{N}\) If no, explain. There have been no residents in care since the issuance of the temporary Fire safety equipment and practices observed? Yes \(\square\) No \(\sqrt{} \) If no, explain. There have been no residents in care since the issuance of the temporary E-scores reviewed? (Special Certification Only) Yes \(\backslash \text{No} \(\backslash \text{N/A} \emptyset \) If no, explain. Water temperatures checked? Yes \(\bigcap \) No \(\X \) If no, explain. There have been no residents in care since the issuance of the temporary license. Incident report follow-up? Yes \(\bigcap \) No \(\bigcap \) If no, explain. There have been no residents in care since the issuance of the temporary license. Corrective action plan compliance verified? Yes

CAP date/s and rule/s:

N/A 🖂

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

MCL 400.713

License required; application; forms; investigation; on-site evaluation; issuance or renewal of license; disclosures; maximum number of persons; stating type of specialized program; issuance of license to specific person at specific location; transferability of license; sale of facility; notice; items of noncompliance; refusal by department to issue or renew license; conditions; unlicensed facility; violation as misdemeanor; penalty; receipt of completed application; issuance of license within certain time period; inspections; report; criminal history and records check; storage of fingerprints in automated fingerprint identification system database; convictions; "completed application" defined.

- (3) Before issuing or renewing a license, the department shall investigate the activities and standards of care of the applicant and shall make an on-site evaluation of the facility. On-site inspections conducted in response to the application may be conducted without prior notice to the applicant. On-site inspections conducted for renewing a license may be conducted within 12 months before the expiration date of the current license without impact on the license renewal date or the license fee. Subject to subsections (9), (10), and(11), the department shall issue or renew a license if satisfied as to all of the following:
- (b) The applicant's compliance with this act and rules promulgated under this act.

There has not been a resident admitted to this facility since the issuance of the temporary license on 1/28/25, therefore the quality-of-care cannot be assessed for renewal.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license is recommended, due to the inability to assess quality-of-care at this time.

Date

7/21/2

Jana Lipps

Licensing Consultant

Approved:

07/21/2025

Dawn Timm Date

Area Manager