

GRETCHEN WHITMER
GOVERNOR

## STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

August 25, 2025

Linzi Gotham Ghotra Alf Inc 3820 Sundridge Pl Saginaw, MI 48603

RE: License #: AL730418082

Close to Home Assisted Living Saginaw Side 3

2168 N. Center Rd. Saginaw, MI 48603

#### Dear Linzi Gotham:

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,

Sabrina McGowan, Licensing Consultant Bureau of Community and Health Systems

Salsvia McGonan

611 W. Ottawa Street

P.O. Box 30664

Lansing, MI 48909

(810) 835-1019

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

#### I. IDENTIFYING INFORMATION

**License #:** AL730418082

Licensee Name: Ghotra Alf Inc

**Licensee Address:** 3820 Sundridge PI

Saginaw, MI 48603

**Licensee Telephone #:** (989) 545-8407

Licensee/Licensee Designee: Linzi Gotham

Administrator: Linzi Gotham

Name of Facility: Close to Home Assisted Living Saginaw Side

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**Facility Address:** 2168 N. Center Rd.

Saginaw, MI 48603

**Facility Telephone #:** (989) 401-3581

Original Issuance Date: 03/03/2025

Capacity: 20

Program Type: PHYSICALLY HANDICAPPED

**DEVELOPMENTALLY DISABLED** 

AGED

TRAUMATICALLY BRAIN INJURED

### **II. METHODS OF INSPECTION**

Date of On-site Inspection(s):	08/21/2025
Date of Bureau of Fire Services Inspection if appl	licable: 01/13/2025
Date of Health Authority Inspection if applicable:	02/20/2025
No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed  1 Role: Licensee	3 8 e
Medication pass / simulated pass observed?	Yes ⊠ No □ If no, explain.
Medication(s) and medication record(s) revie	ewed? Yes 🗵 No 🗌 If no, explain.
<ul> <li>Resident funds and associated documents re Yes ⋈ No ☐ If no, explain.</li> <li>Meal preparation / service observed? Yes ⋈</li> </ul>	
Fire drills reviewed? Yes ⊠ No ☐ If no, explain the second of the	xplain.
Fire safety equipment and practices observe	d? Yes ⊠ No □ If no, explain.
<ul> <li>E-scores reviewed? (Special Certification On If no, explain.</li> <li>Water temperatures checked? Yes ⊠ No □</li> </ul>	
<ul> <li>Incident report follow-up? Yes ☐ No ☒ If it No IR's to review.</li> <li>Corrective action plan compliance verified? N/A ☒</li> </ul>	Yes ☐ CAP date/s and rule/s:
<ul> <li>Number of excluded employees followed-up?</li> <li>Variances? Yes \( \subseteq \) (please explain) No \( \subseteq \)</li> </ul>	_

#### **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

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

R 400.15403 Maintenance of premises.

(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

Toilet in room # did not properly flush.

#### IV. RECOMMENDATION

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

Sabria McGonan August 25, 2025

Sabrina McGowan Licensing Consultant Date