



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

June 21, 2018

Susan Wedekind  
Rose Garden  
3391 Prairie SW  
Grandville, MI 49418

RE: License #: AH410337807  
Rose Garden  
3391 Prairie SW  
Grandville, MI 49418

Dear Ms. Wedekind:

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

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (616) 356-0100.

Sincerely,

A handwritten signature in blue ink that reads "Lauren Wohlfart".

Lauren Wohlfert, Licensing Staff  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 260-7781

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH410337807
<b>Licensee Name:</b>	Sunset Manor Inc.
<b>Licensee Address:</b>	725 Baldwin St. Jenison, MI 49428
<b>Licensee Telephone #:</b>	(616) 457-2770
<b>Administrator/Authorized Representative:</b>	Susan Wedekind
<b>Name of Facility:</b>	Rose Garden
<b>Facility Address:</b>	3391 Prairie SW Grandville, MI 49418
<b>Facility Telephone #:</b>	(616) 292-9066
<b>Original Issuance Date:</b>	01/08/2013
<b>Capacity:</b>	46
<b>Program Type:</b>	AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/20/2018

Date of Bureau of Fire Services Inspection if applicable: 1/4/18

Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference: 6/20/18

No. of staff interviewed and/or observed 7  
No. of residents interviewed and/or observed 22  
No. of others interviewed 1 Role Relative

- Medication pass / simulated pass observed? Yes  No  If no, explain.
- Medication(s) and medication records(s) reviewed? Yes  No  If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes  No  If no, explain. No resident funds held in trust
- Meal preparation / service observed? Yes  No  If no, explain.
- Fire drills reviewed? Yes  No  If no, explain.  
Bureau of Fire Services reviews fire drills
- Water temperatures checked? Yes  No  If no, explain.
- Incident report follow-up? Yes  IR date/s: 6/5/18 resident elopement N/A
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s: N/A
- Number of excluded employees followed up? 0 N/A

**III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

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

<b>R 325.1921</b>	<b>Governing bodies, administrators, and supervisors.</b>
	<p><b>(1) The owner, operator, and governing body of a home shall do all of the following:</b></p> <p><b>(b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.</b></p>
<b>ANALYSIS:</b>	<p>On 4/16 a nurse’s note read Resident A was crying every day and made statements of wanting to go home. On 5/4, Resident A had a wander guard placed on her walker. Resident A eloped from the facility on 6/5. Resident A’s wander guard alarm went off when she exited through the main entrance door, however staff did not respond. Resident A was located four blocks from the facility.</p>
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**IV. RECOMMENDATION**

Upon receipt of an acceptable corrective action plan, I recommend issuance of a renewal license to this home for the aged.



6/21/18

Licensing Consultant

Date