



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

October 4, 2017

Marcia Curtiss  
Homestead  
Suite 115  
21800 Haggerty Rd.  
Northville, MI 48167

RE: License #:	AL410305473 Whispering Woods #5 3964 Whispering Way Grand Rapids, MI 49546
----------------	---

Dear Ms. Curtiss:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report.

To verify your implementation and compliance with this corrective action plan:

- You are to submit documentation of compliance.

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 (616) 356-0100.

Sincerely,

Elizabeth Elliott, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 901-0585

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL410305473
<b>Licensee Name:</b>	Meridian Senior Living
<b>Licensee Address:</b>	Suite 220 PO Box 120143 Grand Rapids, MI 49528-0143
<b>Licensee Telephone #:</b>	(616) 949-9500
<b>Licensee/Licensee Designee:</b>	Marcia Curtiss, Designee
<b>Administrator:</b>	Lucijana Tomic, Administrator
<b>Name of Facility:</b>	Whispering Woods #5
<b>Facility Address:</b>	3964 Whispering Way Grand Rapids, MI 49546
<b>Facility Telephone #:</b>	(616) 949-9500
<b>Original Issuance Date:</b>	03/22/2011
<b>Capacity:</b>	20
<b>Program Type:</b>	AGED PHYSICALLY HANDICAPPED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/03/2017

Date of Bureau of Fire Services Inspection if applicable: 04/22/2016, 12/29/2016 & 03/21/2017

Date of Health Authority Inspection if applicable: 10/03/2017

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 6  
No. of residents interviewed and/or observed 15  
No. of others interviewed 1 Role: Admin

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
At the time of the inspection, medications were not due to be administered so an inspection of the MARs and resident medications was conducted.
- Medication(s) and medication record(s) reviewed? Yes  No  If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes  No  If no, explain. no funds handled by facility
- Meal preparation / service observed? Yes  No  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.
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
N/A
- Number of excluded employees followed-up? excluded employees followed up as the exclusions come to my attention N/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:	
<b>R 400.15403</b>	<b>Maintenance of premises.</b>
	(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.
<p>Findings: Resident Room #10, the door is in disrepair. Resident Room #8 is in serious disrepair. The baseboards are broken and torn off throughout the room, the closet doors have holes in them and are falling off the hinges and the entire bathroom is in serious disrepair.</p> <p>Conclusion: Interview with Administrator Lucijana Tomic and Nurse Glynnis Walker: Ms. Tomic stated Resident is being discharged from the facility and upon discharge, the entire room will be completely renovated. Ms. Tomic and Ms. Walker stated this resident has caused all of the destruction purposely with his electric wheelchair. The repairs and renovations will be completed within the next two months.</p> <p>Interview with Resident A in room #8, blames maintenance on the condition of his room however; an inspection of other rooms in the facility do not show anywhere near the destruction that has taken place in this room.</p>	

A corrective action plan was requested and approved on 10/03/2017. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

**IV. RECOMMENDATION**

I recommend issuance of a regular license to this AFC adult large group home (capacity 13-20).



10/04/2017

Elizabeth Elliott  
Licensing Consultant

Date