



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

June 5, 2018

Anita Anderson
4791 E. Mt. Garfield Rd.
Fruitport, MI 49415

RE: License #: AF610387939
Woodland Gardens Fruitport
4791 E. Mt. Garfield Rd.
Fruitport, MI 49415

Dear Anita Anderson:

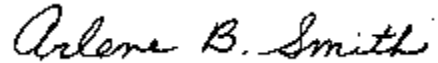
Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- You are to submit documentation of compliance.
- You are to submit a Statement of Correction.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable.

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,

A handwritten signature in cursive script that reads "Arlene B. Smith".

Arlene B. Smith, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 916-4213

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

I. IDENTIFYING INFORMATION

License #: AF610387939

Licensee Name: Anita Anderson

Licensee Address: 4791 E. Mt. Garfield Rd.
Fruitport, MI 49415

Licensee Telephone #: (231) 760-3023

Licensee/Licensee Designee: N/A

Administrator: N/A

Name of Facility: Woodland Gardens Fruitport

Facility Address: 4791 E. Mt. Garfield Rd.
Fruitport, MI 49415

Facility Telephone #: (231) 760-3023

Original Issuance Date: 12/06/2017

Capacity: 6

Program Type: AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/31/2018

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A at this time. It was completed at the time of the opening of the home.

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 1
No. of residents interviewed and/or observed 0
No. of others interviewed 2 Role: Licensee and a family member.

- Medication pass / simulated pass observed? Yes 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 No If no, explain.
- Meal preparation / service observed? Yes No If no, explain.
The inspection was not at meal time.
- 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? 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:

R 400.1407 Resident admission and discharge criteria; resident assessment plan; resident care agreement; house guidelines; fee schedule; physicians instructions; health care appraisal.

(9) If a resident is not under the care of a physician at the time of the resident's admission to the home, the licensee shall require that the resident or the resident's designated representative provide a written health care appraisal completed within the 90-day period before the resident's admission to the home. If a written health care appraisal is not available, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department form shall be used unless prior authorization for a substitute form has been granted in writing by the department.

Upon review two resident files failed to contain the required Health Care Appraisals.

R 400.1418 Resident medications.

(1) Prescription medication, including tranquilizers, sedatives, dietary supplements, or individual special medical procedures, shall be given or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy container which shall be labeled for the specific resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being (33.1101 et. seq. of the Michigan Compiled Laws.

Upon inspection I observed the resident's medications to be set up ahead of time in a weekly medication organizer.

R 400.1426 Maintenance of premises.

- (1) The premises shall be maintained in a clean and safe condition.

Upon inspection I observed the handrails on the ramp to be in poor repair and one could easily receive slivers or injury if they had run their hands along the unfinished wooden rails. There were located on the length of the ramp from the back of the home to the end of the ramp, which runs along the side of the home.

R 400.1426 Maintenance of premises.

- (4) Floors, interior walls, and ceilings shall be sound, in good repair, and maintained in a clean condition.

Upon the inspection a resident's bedroom I found the carpet to be stained in numerous places and appeared to be unclean.

R 400.1439 Means of egress; wheelchairs.

- (2) A ramp shall not exceed 1 foot of rise in 12 feet of run and shall terminate on a firm surface or solid unobstructed ground which will allow the wheelchair occupant to move a safe distance away from the building.

Upon the inspection the bushes were covering (obstructed) the end of the ramp. A resident would have difficulty exiting the ramp with the overgrown bushes.

R 400.1426 Maintenance of premises.

- (1) The premises shall be maintained in a clean and safe condition.

The home has a second ramp off of the sitting room and I found the bottom board to be rotted and three boards at the top of the ramp to be loose and in need of repair.

A corrective action plan was requested and approved on 06/05/2018. 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 2-year regular license to this AFC adult family home capacity 6.

Arlene B. Smith

06/05/2018

Arlene B. Smith
Licensing Consultant

Date