



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

October 3, 2019

Paula Randall  
Chandler Pines, LLC  
838 Cherry St. SE  
Grand Rapids, MI 49506

RE: License #: AM410390297  
**Chandler Pines  
Unit A  
7555 Chandler Dr. NE  
Belmont, MI 49306**

Dear Ms. Randall:

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.

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 (517) 284-9720.

Sincerely,

A handwritten signature in cursive script that reads "Stephanie Gonzalez".

Stephanie Gonzalez, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(517) 243-6063

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

**I. IDENTIFYING INFORMATION**

**License #:** AM410390297

**Licensee Name:** Chandler Pines, LLC

**Licensee Address:** 838 Cherry St. SE  
Grand Rapids, MI 49506

**Licensee Telephone #:** (616) 229-0427

**Licensee Designee:** Paula Randall

**Administrator:** Paula Randall

**Name of Facility:** Chandler Pines

**Facility Address:** Unit A  
7555 Chandler Dr. NE  
Belmont, MI 49306

**Facility Telephone #:** (616) 229-0427

**Original Issuance Date:** 04/22/2019

**Capacity:** 12

**Program Type:** PHYSICALLY HANDICAPPED  
DEVELOPMENTALLY DISABLED  
ALZHEIMERS  
AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/03/2019

Date of Bureau of Fire Services Inspection if applicable: 2/28/2019

Date of Health Authority Inspection if applicable: 3/18/2019

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 5

No. of others interviewed 1 Role: Home Manager

- 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.
- 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 400.14318            Emergency preparedness; evacuation plan; emergency transportation.**

**(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.**

There was no record of emergency preparedness practice drills for the 2<sup>nd</sup> and 3<sup>rd</sup> quarter of 2019.

A corrective action plan was requested and approved on 10/03/2019. 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

An acceptable corrective action plan has been received. Renewal of the license is recommended.



10/3/2019

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Stephanie Gonzalez  
Licensing Consultant

Date