



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

January 27, 2020

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

RE: License #:	AL410007144 Addington Place at East Paris #6 3962 Whispering Way Grand Rapids, MI 49546-5804
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Dear Mrs. 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 submitted an acceptable Statement of Correction.

Please contact me with any questions. If 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

License #:	AL410007144
Licensee Name:	Homestead Management
Licensee Address:	Suite 115 21800 Haggerty Rd. Northville, MI 48167
Licensee Telephone #:	(616) 949-9500
Licensee/Licensee Designee:	Marcia Curtiss, Designee
Administrator:	Kat Hartley, Administrator
Name of Facility:	Addington Place at East Paris #6
Facility Address:	3962 Whispering Way Grand Rapids, MI 49546-5804
Facility Telephone #:	(616) 949-9500
Original Issuance Date:	07/07/1988
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/23/2020

Date of Bureau of Fire Services Inspection if applicable: 01/09/2019, 03/22/2019

Date of Health Authority Inspection if applicable: N/A

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 7
No. of others interviewed 2 Role: A. Harmon/K. Hartley

- Medication pass / simulated pass observed? Yes No If no, explain.
At the time of the inspection, medications were not due to be administered to residents so a review of the medication in the cart and the MAR 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.
- 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 400.15318	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.
<p>Finding: A 2nd shift fire drill was not conducted during the first quarter of 2019. A 3rd shift drill was not conducted during the second quarter of 2019. AM/PM should be documented on the times for the fire drill documents.</p> <p>Response: Administrator Kat Hartley stated they now have a life safety employee who will be in charge of running all fire drills and properly documenting the fire drills effective 02/03/2020.</p>	
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.
<p>Finding: The outside door on room #37 has a hole in it.</p> <p>Response: Ms. Hartley stated the door on room #37 will be replaced by 02/03/2020.</p>	
R 400.15407	Bathrooms.
	(2) Bathrooms shall have doors. Only positive-latching, non-locking-against-egress hardware may be used. Hooks and eyes, bolts, bars, and other similar devices shall not be used on bathroom doors.

Finding: The bathroom door in room #25 does not shut and positively latch.

Response: Ms. Hartley stated the bathroom door in room #25 is going to be replaced by 02/03/2020.

On 01/27/2020, I conducted an Exit Conference with Licensee Designee, Marcia Curtiss. Ms. Curtiss stated they are finishing up renovations in building 6 to include select door replacements and hallway baseboard installation. Plans are in place to make sure all fire drills are run and documented properly by putting a life safety employee in charge of all drills run in the facility.

A corrective action plan was requested and approved on 01/23/2020. 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.



01/27/2020

Elizabeth Elliott
Licensing Consultant

Date