

GRETCHEN WHITMER
GOVERNOR

# STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

June 10, 2021

Rhonda Hendrickson Provision Living at Forest Hills 730 Forest Hill Avenue Grand Rapids, MI 49546

RE: License #: AH410381380

**Provision Living at Forest Hills** 

730 Forest Hill Avenue Grand Rapids, MI 49546

Dear Ms. Hendrickson:

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 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) 260-7781.

Sincerely, Yauren Wahlfat

Lauren Wohlfert, Licensing Staff

Bureau of Community and Health Systems

350 Ottawa, N.W. Unit 13, 7th Floor

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

Г	T	
License #:	AH410381380	
Licensee Name:	PVL at Grand Rapids, LLC	
	'	
Licensee Address:	Suite 310	
	1630 Des Peres Road	
	St. Louis, MO 63131	
Licensee Telephone #:	(314) 909-9797	
•		
Authorized Representative:	Rhonda Hendrickson	
Administrator:	Lauren Bosserman	
7 (3)	Zadren Zossennan	
Name of Facility:	Provision Living at Forest Hills	
Trainio or Faomey.	1 TO TIOTOLOTI ELVINING ALT GLOCET IIIIC	
Facility Address:	730 Forest Hill Avenue	
- a.c.m. <b>y</b>	Grand Rapids, MI 49546	
	Grana Napido, im 100 10	
Facility Telephone #:	(616) 229-3151	
	(5.5) ==5 5.5.	
Original Issuance Date:	06/04/2019	
original localitos bato.	00/0 //2010	
Capacity:	116	
	110	
Program Type:	ALZHEIMERS	
i rogium rype.	AGED	
	AGLD	

# **II. METHODS OF INSPECTION**

Date of On-site Inspection	n(s): 6/10/21	
Date of Bureau of Fire Se	rvices Inspection if applicable: 2	/25/21
Inspection Type:	☐Interview and Observation☐Combination	⊠Worksheet
Date of Exit Conference:	6/10/21	
No. of staff interviewed an No. of residents interviewed No. of others interviewed		9 15 le to COVID-19
Medication pass / sim	nulated pass observed? Yes 🗌	No ☐ If no, explain.
<ul> <li>Medication(s) and medication records(s) reviewed? Yes ∑ No ☐ If no, explain.</li> <li>Resident funds and associated documents reviewed for at least one resident? Yes ☐ No ∑ If no, explain. No resident funds held in trust</li> <li>Meal preparation / service observed? Yes ∑ No ☐ If no, explain.</li> </ul>		
<ul> <li>Fire drills reviewed? Yes ☐ No ☒ If no, explain.     Bureau of Fire Services reviews fire drills, disaster plans were reviewed with staf</li> <li>Water temperatures checked? Yes ☒ No ☐ If no, explain.</li> </ul>		
<ul> <li>Corrective action plan</li> </ul>	up? Yes  IR date/s: N/An compliance verified? Yes  Report (SIR) number 2020A101	
<ul> <li>Number of excluded e</li> </ul>	mployees followed up? 1 N/A	

#### **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

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

R 325.1976	Kitchen and dietary.  (8) A reliable thermometer shall be provided for each refrigerator and freezer.
ANALYSIS:	Inspection of several mini refrigerators and freezers in resident rooms revealed the required thermometers to ensure food was stored at the proper temperatures were not present. I was unable to verify the temperature food was stored at in resident rooms as a result.
CONCLUSION:	VIOLATION ESTABLISHED

### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.

Jauren Wahlfat
6/10/21

Date
Licensing Consultant