



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

September 23, 2021

Patricia Hindman  
Cherry Blossom Manor Inc.  
Suite B  
611 E Main Street  
Hart, MI 49420

RE: License #: AH640236763  
Cherry Blossom Manor Inc.  
611 E Main Street Suite B  
Hart, MI 49420

Dear Ms. Hindman:

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 (517) 284-9730.

Sincerely,

A handwritten signature in blue ink that reads "Lauren Wohlfert".

Lauren Wohlfert, Licensing Staff  
Bureau of Community and Health Systems  
350 Ottawa NW 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**

<b>License #:</b>	AH640236763
<b>Licensee Name:</b>	Cherry Blossom Manor Inc.
<b>Licensee Address:</b>	611 E Main St. Ste. B Hart, MI 49420
<b>Licensee Telephone #:</b>	(231) 873-5377
<b>Authorized Representative/ Administrator:</b>	Patricia Hindman
<b>Name of Facility:</b>	Cherry Blossom Manor Inc.
<b>Facility Address:</b>	Suite B 611 E Main Street Hart, MI 49420
<b>Facility Telephone #:</b>	(231) 873-5377
<b>Original Issuance Date:</b>	09/01/1999
<b>Capacity:</b>	39
<b>Program Type:</b>	AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 9/22/21

Date of Bureau of Fire Services Inspection if applicable: 12/1/20

Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference: 9/22/21

No. of staff interviewed and/or observed 5  
No. of residents interviewed and/or observed 11  
No. of others interviewed 1 Role Relative

- Medication pass / simulated pass observed? Yes  No  If no, explain.
- Medication(s) and medication records(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.  
Bureau of Fire Services reviews fire drills, disaster plans were reviewed with staff
- Water temperatures checked? Yes  No  If no, explain.
- Incident report follow-up? Yes  IR date/s: N/A
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s: N/A
- Number of excluded employees followed up? N/A

**III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

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

<b>R 325.1922</b>	<b>Admission and retention of residents.</b>
	(7) An individual admitted to residence in the home shall have evidence of initial tuberculosis screening on record in the home that was performed within 12 months before admission. Initial screening may consist of an intradermal skin test, a blood test, a chest x-ray, or other methods recommended by the public health authority. The screening type and frequency of routine tuberculosis (TB) testing shall be determined by a risk assessment as described in the 2005 MMWR “Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005” ( <a href="http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf">http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf</a> ), Appendices B and C, and any subsequent guidelines as published by the centers for disease control and prevention. A home, and each location or venue of care, if a home provides care at multiple locations, shall complete a risk assessment annually. Homes that are low risk do not have to conduct annual TB testing for residents.
<b>ANALYSIS:</b>	Review of the facility’s TB documents revealed an annual TB risk assessment was not completed.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**IV. RECOMMENDATION**

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



9/22/218

\_\_\_\_\_ Date

Licensing Consultant