

GRETCHEN WHITMER
GOVERNOR

## STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

**September 17, 2021** 

Paul Wyman Retirement Living Management of Greenville 1845 Birmingham SE Lowell, MI 49331

RE: License #: AL590337155

Green Acres-Supportive Care 1603 Winter Creek Court Greenville, MI 48838

Dear Mr. Wyman:

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 licensee or licensee designee.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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) 284-9730.

Sincerely,

Gennifer Browning

Jennifer Browning, Licensing Consultant Bureau of Community and Health Systems (989) 444-9614

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

### I. IDENTIFYING INFORMATION

**License #:** AL590337155

Licensee Name: Retirement Living Management of Greenville

**Licensee Address:** 1845 Birmingham SE

Lowell, MI 49331

**Licensee Telephone #:** (616) 897-8000

Licensee Designee: Paul Wyman

Administrator: Julie Poole

Name of Facility: Green Acres-Supportive Care

Facility Address: 1603 Winter Creek Court

Greenville, MI 48838

**Facility Telephone #:** (616) 754-8850

Original Issuance Date: 04/26/2013

Capacity: 20

Program Type: AGED

**ALZHEIMERS** 

## **II. METHODS OF INSPECTION**

Date	ate of On-site Inspection(s):			09/16/2021	
Date	of Bureau of Fire Serv	vices Inspection if app	licable:	3/16/2021	
Date	e of Health Authority Ins	spection if applicable:		NA	
Insp	ection Type:	☐ Interview and Obe	servation	⊠ Worksheet □ Full Fire Safety	
No.	of staff interviewed and of residents interviewed of others interviewed			8 17	
•	Medication pass / simu	ılated pass observed?	Yes 🖂	No 🗌 If no, explain.	
•	Medication(s) and med	dication record(s) revie	ewed? Y	es 🗵 No 🗌 If no, explain	
	Resident funds and associated documents reviewed for at least one resident? Yes $\boxtimes$ No $\square$ If no, explain.  Meal preparation / service observed? Yes $\boxtimes$ No $\square$ 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 \( \subseteq \text{No} \subseteq \text{N/A} \text{ \index} \) If no, explain. Water temperatures checked? Yes \( \subseteq \text{ No} \subseteq \text{ If no, explain.} \)				
•	Incident report follow-up? Yes ⊠ No □ If no, explain.				
	Corrective action plan al303(2) 10/7/2019 N Number of excluded er	J/A □		CAP date/s and rule/s: N/A ⊠	
•	Variances? Yes ☐ (pl	lease explain) No 🗌	N/A 🖂		

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

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

R 400.15204 Direct care staff; qualifications and training.

(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas:

(b) First aid.

The employee record for Ms. Lake did not include a current CPR and First Aid training and her last certification expired April 2021.

R 400.15208 Direct care staff and employee records.

- (1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:
  - (f) Verification of reference checks.

There was no documentation in the employee record that two reference checks were completed for Ms. Eves.

R 400.15312 Resident medications.

(2) Medication shall be given, taken, or applied pursuant to label instructions.

According to Resident A's medication administration record, he is prescribed Imodium / Loperamide 2 mg as a PRN. The medication carts for the facility did not have this medication available.

#### IV. RECOMMENDATION

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

Gennifer Browning	_9/17/2021_	
Jennifer Browning	Date	
Licensing Consultant		