



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

October 5, 2021

Angela Goetz
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. Goetz:

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 or home for the aged authorized representative and a date.

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 (616) 356-0183.

Sincerely,

A handwritten signature in cursive script, appearing to read "Toya Zylstra".

Toya Zylstra, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 333-9702

**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/Licensee Designee: Angela Goetz, Designee

Administrator: Angela Goetz, Administrator

Name of Facility: Chandler Pines

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

Facility Telephone #: (616) 745-4675

Original Issuance Date: 04/22/2019

Capacity: 12

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
AGED
ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/30/2021

Date of Bureau of Fire Services Inspection if applicable: 04/13/2021

Date of Health Authority Inspection if applicable: 09/14/2021

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 7
No. of others interviewed N/A Role: [REDACTED]

- Medication pass / simulated pass observed? Yes No If no, explain. Medications passed prior to inspection.
- 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. Meal prepared prior to inspection.
- 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 determined to be in substantial compliance with rules and requirements.

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

R 400.14205 Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.

(6) A licensee shall annually review the health status of the administrator, direct care staff, other employees, and members of the household. Verification of annual reviews shall be maintained by the home and shall be available for department review.

Findings: The facility lacked Staff Susan Cole's annual health review.

Exit Conference: Licensee Designee Angela Goetz stated she was unsure where Staff Susan Cole's annual health review was located and agreed to submit an acceptable Corrective Action Plan.

R 400.14208 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.

Findings: The facility lacked verification of Staff Susan Cole's second reference check.

Exit Conference: Licensee Designee Angela Goetz stated she was unsure where Staff Susan Cole's second reference check verification was located and agreed to submit an acceptable Corrective Action Plan.

R 400.14306

Use of assistive devices.

(2) An assistive device shall be specified in a resident's written assessment plan and agreed upon by the resident or the resident's designated representative and the licensee.

Findings: Resident A, Resident B, Resident C, Resident D, and Resident E each utilize bed rails which are not documented within their respective Resident Assessment Plans.

Exit Conference: Licensee Designee Angela Goetz stated the use of residents' bed rails are documented in their respective Resident Assessment Plans. Ms. Goetz stated she would submit an acceptable Corrective Action Plan.

R 400.14310

Resident health care.

(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.

Findings: Facility staff did not record the June 2021 and July 2021 weights for Resident B.

Exit Conference: Licensee Designee Angela Goetz stated she was unsure if facility staff recorded the June 2021 and July 2021 weights for Resident B and agreed to submit an acceptable Corrective Action Plan.

R 400.14312

Resident medications.

(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being {333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.

Findings: Review of the facility Medication Administration Record indicates Resident C did not receive his Effer- K 10

mg tab on 09/18/2021 and 09/19/2021. The MAR does not indicate the reason Resident C did not receive the above stated medication.

Exit Conference: Licensee Designee Angela Goetz stated she was unsure if facility staff administered Resident C's Effer -K on 09/18/2021 and 09/19/2021 and agreed to submit an acceptable Corrective Action Plan.

IV. RECOMMENDATION

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



10/05/2021

Toya Zylstra
Licensing Consultant

Date