



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

January 15, 2021

Rochelle Lyons
Grandhaven Living Center LLC
Suite 200
3196 Kraft Avenue SE
Grand Rapids, MI 49512

RE: License #: AL330237775
Grandhaven Living Center 1
3145 W Mt Hope Avenue
Lansing, MI 48911

Dear Ms. Lyons:

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 (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Leslie Herrguth".

Leslie Herrguth, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 256-2181

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

I. IDENTIFYING INFORMATION

License #:	AL330237775
Licensee Name:	Grandhaven Living Center LLC
Licensee Address:	Suite 200 3196 Kraft Avenue SE Grand Rapids, MI 49512
Licensee Telephone #:	(616) 464-1564
Licensee Designee:	Rochelle Lyons
Administrator:	A'Lynne Dukes
Name of Facility:	Grandhaven Living Center 1
Facility Address:	3145 W Mt Hope Avenue Lansing, MI 48911
Facility Telephone #:	(517) 485-5966
Original Issuance Date:	02/12/2002
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/14/2021

Date of Bureau of Fire Services Inspection if applicable: 12/21/2020

Date of Health Authority Inspection if applicable: Not applicable

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 2
No. of residents interviewed and/or observed 15
No. of others interviewed 1 Role: administrator

- Medication pass / simulated pass observed? Yes No If no, explain.
- 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: 9/30/19 for rules 301 (4) and 301 (6) and 1/23/19 for rules 208 (1) (c) and 208 (1) (f) N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A Variance for rule 315 (3) requiring use of the department Resident Funds Form II granted 08/16/07.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

R 400.15301 **Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.

Five of six resident records reviewed did not contain a written assessment plan that was completed with the resident or the resident's designated representative within the last year, all were most recently completed in 2018 or 2019.

REPEAT VIOLATION from special investigation number 2019A0466036 dated September 5, 2019 and corrective action plan dated September 30, 2019 wherein the licensee designee indicated the facility director of resident care and administrator would be responsible for updating the written assessment plans at least annually.

R 400.15301 **Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

(9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency, if applicable, at least annually or more often if necessary.

At the time of the onsite inspection, five of six resident records reviewed did not contain a written resident care agreement that was reviewed with the resident or the resident's designated representative within the last year, all were most recently completed in 2018 or 2019. After the onsite inspection on January 14, 2020 the administrator provided updated resident care agreements for two residents.

R 400.15315

Handling of resident funds and valuables

(12) Charges against the resident's account shall not exceed the agreed price for the services and goods furnished or made available by the home to the resident.

Five of six resident records reviewed contained written documentation that charges against the residents' account exceeded the agreed price for the services and goods furnished or made available by the home to the resident in comparison to the most recent resident care agreement.

R 400.15403

Maintenance of premises.

(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.

There was a hole in the wall that needs repair in bedroom #215.

There was indication of a current/former water leak in the ceiling or wall in bedroom #208 that created a hole in the ceiling and the paint on the wall to bubble. The leak and the damage to the ceiling and wall need repair.

IV. RECOMMENDATION

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



01/15/21

Leslie Herrguth
Licensing Consultant

Date