



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

August 20, 2019

Carmel Slebodnik  
Oliver Woods Retirement Village LLC  
Suite 200  
3196 Kraft Ave SE  
Grand Rapids, MI 49512

RE: License #: AL780282845  
**Oliver Woods 3**  
**1330 W. Oliver St.**  
**Owosso, MI 48867**

Dear Ms. Slebodnik:


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) 284-9720.

Sincerely,

A handwritten signature in cursive script that reads "Julie Elkins".

Julie Elkins, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909

611 W. OTTAWA • P.O. BOX 30664 • LANSING, MICHIGAN 48909  
[www.michigan.gov/lara](http://www.michigan.gov/lara) • 517-335-1980

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

**I. IDENTIFYING INFORMATION**

|                                |  |
|--------------------------------|--|
| <b>License #:</b>              | AL780282845  |
| <b>Licensee Name:</b>          | Oliver Woods Retirement Village LLC                      |
| <b>Licensee Address:</b>       | Suite 200<br>3196 Kraft Ave SE<br>Grand Rapids, MI 49512 |
| <b>Licensee Telephone #:</b>   | (616) 464-1564   |
| <b>Licensee Designee:</b>      | Carmel Slebodnik   |
| <b>Administrator:</b>          | Litha Hatmaker-Adams                                     |
| <b>Name of Facility:</b>       | Oliver Woods 3   |
| <b>Facility Address:</b>       | 1330 W. Oliver St.<br>Owosso, MI 48867                   |
| <b>Facility Telephone #:</b>   | (989) 729-6060   |
| <b>Original Issuance Date:</b> | 10/26/2006   |
| <b>Capacity:</b>               | 20   |
| <b>Program Type:</b>           | PHYSICALLY HANDICAPPED<br>AGED                           |

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/16/2019

Date of Bureau of Fire Services Inspection if applicable: 05/14/2019

Date of Health Authority Inspection if applicable: N/A

Inspection Type: ☐ Interview and Observation ☒ Worksheet  
☐ Combination ☐ Full Fire Safety

No. of staff interviewed and/or observed 1  
No. of residents interviewed and/or observed 7  
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:  
205 (6), 9/11/2017 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 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.**

**(c) Cardiopulmonary resuscitation.**

Direct Care Worker Danielle Riley's employee's record did not contain documentation that she was competent in first aid and cardiopulmonary resuscitation.

**R 400.15205      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.**

At the time of the inspection, verification that the licensee annually reviews the health status of the administrator and direct care staff was not available for review.

**REPEAT VIOLATION ESTABLISHED [Reference LSR dated 08/16/2017, CAP 09/11/2017.]**

**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 rendered and goods furnished or made available by the home to the resident.**

Charges against Resident A and Resident B's account exceeded the agreed upon price documented in the Resident Care Agreement.

**R 400.15318      Emergency preparedness; evacuation plan; emergency transportation.**

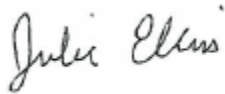
(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.

At the time of the inspection, documentation that that fire drills were conducted in 2019 during the second quarter daytime hours were not available for review.

At the time of the inspection, documentation that that fire drills were conducted in 2018 during the second quarter daytime and fourth quarter sleeping hours were not available for review.

**IV. RECOMMENDATION**

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



08/20/2019

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Julie Elkins  
Licensing Consultant

Date