



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

February 10, 2021

Thomas and Gita Roy  
9330 Southwind Dr.  
Zeeland, MI 49464

RE: License #:	AF700391966 Glory Care 9330 Southwind Dr. Zeeland, MI 49464
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Dear Mr. Roy and Mrs. Roy:

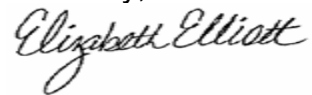
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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.

Please contact me with any questions. If I am not available and you need to speak to someone immediately, you may contact the local office at (616) 356-0100.

Sincerely,

A handwritten signature in cursive script that reads "Elizabeth Elliott".

Elizabeth Elliott, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 901-0585

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF700391966
<b>Licensee Name:</b>	Thomas Roy and Gita Roy
<b>Licensee Address:</b>	9330 Southwind Dr. Zeeland, MI 49464
<b>Licensee Telephone #:</b>	(646) 462-5232
<b>Licensee/Licensee Designee:</b>	N/A
<b>Administrator:</b>	N/A
<b>Name of Facility:</b>	Glory Care
<b>Facility Address:</b>	9330 Southwind Dr. Zeeland, MI 49464
<b>Facility Telephone #:</b>	(646) 462-5232
<b>Original Issuance Date:</b>	09/10/2018
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 02/05/2021

Date of Bureau of Fire Services Inspection if applicable: N/A

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 0  
No. of residents interviewed and/or observed 2  
No. of others interviewed 2 Role: Licensees, T&G Roy

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
At the time of the renewal inspection, resident medications were not being administered. A review of the medications was conducted.
- 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.  
During this inspection, a meal was not being prepared so an inspection of the meal prep area and food available at the facility was conducted.
- 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.  
This renewal was conducted virtually per licensee's request due to COVID-19 restrictions.
- 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 found to be in non-compliance with the following rules:	
<b>R 400.1405</b>	<b>Health of a licensee, responsible person, and member of the household.</b>
	(3) A licensee shall provide the department with written evidence that he or she and each responsible person in the home is free from communicable tuberculosis. Verification shall be within the 3-year period before employment and verification shall occur every 3 years thereafter.
<p>Finding: The Licensee's Thomas and Gita Roy and the responsible person, Juliet Troast need updated TB tests and results on file at the facility for Department review.</p> <p>Licensee's Response: Mr. Roy stated he will get updated TB tests with results and have them on file at the facility.</p>	
<b>R 400.1438</b>	<b>Emergency preparedness; evacuation plan; emergency transportation.</b>
	(4) Fire drills shall be conducted 4 times a year. Two of the 4 required fire drills shall be conducted during sleeping hours. A record of the fire drills shall be incorporated with the evacuation plan.
<p>Finding: The Licensee is conducting the proper amount of fire drills but did not have two documented fire drills during sleeping hours.</p> <p>Licensee's Response: Mr. Roy stated he is conducting fire drills when residents are napping in the afternoon but will incorporate nighttime fire drills when residents are sleeping or at rest for the night.</p>	

Exit Conference conducted with Mr. Roy on 02/05/2021, Mr. Roy will submit an acceptable corrective action plan.

#### IV. RECOMMENDATION

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



02/10/2021

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Elizabeth Elliott  
Licensing Consultant

Date