



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 6, 2022

Stacey Waugh
Hope/Spectrum Health CCG
2775 East Lansing
East Lansing, MI 48823

RE: License #: AL330083930
Cedarwood Residential Services
2711 East Lansing Drive
East Lansing, MI 48823

Dear Ms. Waugh:

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, and approval from the Bureau of Fire Services 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

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

I. IDENTIFYING INFORMATION

License #: AL330083930

Licensee Name: Hope/Spectrum Health CCG

Licensee Address: 3375 South Division
Grand Rapids, MI 49501

Licensee Telephone #: (517) 332-1616

Licensee Designee: Stacey Waugh

Administrator: Stacey Waugh

Name of Facility: Cedarwood Residential Services

Facility Address: 2711 East Lansing Drive
East Lansing, MI 48823

Facility Telephone #: (517) 862-8605

Original Issuance Date: 03/30/1999

Capacity: 14

Program Type: PHYSICALLY HANDICAPPED
TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/04/2022

Date of Bureau of Fire Services Inspection if applicable: 03/03/2022 – temporary rating until 03/31/2022

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 8

No. of others interviewed 2 Role: administrative staff

- 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.
Inspection did not occur at meal time. The food at the facility appeared safe and free from spoilage and contamination, the food service equipment was in good repair, and the facility appeared equipped to prepare and serve adequate meals.
- 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 found to be in non-compliance with the following rules:

R 400.15306 Use of assistive devices.

(3) Therapeutic supports shall be authorized, in writing, by a licensed physician. The authorization shall state the reason for the therapeutic support and the term of the authorization.

Residents A's resident record indicated staff members use a gait belt to assist Resident A with ambulation but there was no written authorization for the device.

R 400.15312 Resident medications.

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

Resident B did not receive his prescribed medication pursuant to label instructions on multiple occasions according to the written medication administration records due to the medication being "out of stock."

R 400.15312 Resident medications.

(4)(f) Contact the appropriate health care professional if a medication error occurs or when a resident refuses prescribed medication or procedures and follow and record the instructions given.

Resident C refused medication on multiple occasions according to the written medication administration records and Resident C's healthcare provider was not contacted.

R 400.15315 Handling of resident funds and valuables.

(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A

department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

The licensee is not using Funds Form II to track residents' payments for adult foster care services.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, and full approval from the Bureau of Fire Services, renewal of the license is recommended.



03/06/2022

Date

Licensing Consultant