



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

October 6, 2022

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

RE: License #: AL780314126  
**Oliver Woods #4**  
**1310 W. Oliver Street**  
**Owosso, MI 48867**

Dear Ms. Shumaker:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report.

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 (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Candace Coburn".

Candace Coburn, Licensing Consultant  
Bureau of Community and Health Systems

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

**I. IDENTIFYING INFORMATION**

**License #:** AL780314126

**Licensee Name:** Oliver Woods Retirement Village LLC

**Licensee Address:** Suite 200  
3196 Kraft Ave SE  
Grand Rapids, MI 49512

**Licensee Telephone #:** (810) 334-8809

**Licensee/Licensee Designee:** Brandy Shumaker, Designee

**Administrator:**

**Name of Facility:** Oliver Woods #4

**Facility Address:** 1310 W. Oliver Street  
Owosso, MI 48867

**Facility Telephone #:** (989) 729-6060

**Original Issuance Date:** 04/02/2012

**Capacity:** 20

**Program Type:** PHYSICALLY HANDICAPPED  
ALZHEIMERS  
AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 9/23/2022

Date of Bureau of Fire Services Inspection if applicable: 2/22/2022

Date of Health Authority Inspection if applicable: 9/23/2022 by consultant.

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 6

No. of others interviewed 0 Role: [REDACTED]

- 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:  
N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes  (please explain) No  N/A

**III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

<b>R 400.15312</b>	<b>Resident medications.</b>  (4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:  (b) Complete an individual medication log that contains all of the following information:  (v)The initials of the person who administers the medication, which shall be entered at the time the medication is given.
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At the time of the inspection, one of three medical administration records reviewed did not have staff initials they passed a prescribed medication.

<b>R 400.15318</b>	<b>Emergency preparedness; evacuation plan; emergency transportation.</b>  (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.
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At the time of the inspection, the first two quarters of 2022 did not have documentation of a sleeping fire drill being conducted.

A corrective action plan was requested and approved on 09/23/2022. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

**IV. RECOMMENDATION**

An acceptable corrective action plan has been received. Renewal of the license is recommended.



10/6/2022

\_\_\_\_\_  
Candace Coburn

\_\_\_\_\_  
Date

Licensing Consultant