



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

January 17, 2023

Lindsey Haley
River Ridge Retirement. Village LLC
Suite 200
3196 Kraft Ave SE
Grand Rapids, MI 49512

RE: License #: **AL800380022**
River Ridge Retirement Village Specialized Care
706 Kentucky Avenue
South Haven, MI 49090

Dear Ms. Haley:

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,

Kristy Duda, Licensing Consultant
Bureau of Community and Health Systems
350 Ottawa, N.W. Grand Rapids, MI 49503

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

I. IDENTIFYING INFORMATION

License #: AL800380022

Licensee Name: River Ridge Retirement. Village LLC

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

Licensee Telephone #: (616) 464-1564

Licensee/Licensee Designee: Lindsey Haley

Administrator: Shannon VanHouten

Name of Facility: River Ridge Retirement Village Specialized Care

Facility Address: 706 Kentucky Avenue
South Haven, MI 49090

Facility Telephone #: (269) 639-7310

Original Issuance Date: 07/06/2016

Capacity: 20

Program Type: ALZHEIMERS
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/12/2023

Date of Bureau of Fire Services Inspection if applicable: 11/01/2022

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 5
No. of residents interviewed and/or observed 10
No. of others interviewed N/A Role: N/A

- 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 occurred between meal times.
- 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.
Water temperature was measured to be 112 degrees Fahrenheit.
- Incident report follow-up? Yes No If no, explain.
There were not any incident reports submitted requiring follow-up.
- 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 400.15301

Resident admission criteria; resident assessment plan

(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.

Three out of seven resident assessment plans reviewed did not have the licensee and/or designated representative's signatures.

IV. RECOMMENDATION

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



1/17/2023

Kristy Duda
Licensing Consultant

Date