



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

October 25, 2023

Roseanne Waack  
Grace Rae's Place, Inc.  
30292 Grace Rae Ct.  
New Hudson, MI 48165

RE: License #: AS630289048  
**Grace Rae's Place**  
**30292 Grace Rae Ct.**  
**New Hudson, MI 48165**

Dear Ms. Waack:


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. To verify your implementation and compliance with this corrective action plan:

- You are to submit documentation of compliance.
- You are to submit a Statement of Correction.
- An on-site inspection will be conducted.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable.

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 (248) 975-5053.

Sincerely,

A handwritten signature in dark ink that reads "Frodet Dawisha". The signature is written in a cursive, flowing style.

Frodet Dawisha, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place, Ste 9-100  
Detroit, MI 48202  
(248) 303-6348

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS630289048
<b>Licensee Name:</b>	Grace Rae's Place, Inc.
<b>Licensee Address:</b>	30292 Grace Rae Ct. New Hudson, MI 48165
<b>Licensee Telephone #:</b>	(248) 486-9322
<b>Administrator/Licensee Designee:</b>	Roseanne Waack
<b>Name of Facility:</b>	Grace Rae's Place
<b>Facility Address:</b>	30292 Grace Rae Ct. New Hudson, MI 48165
<b>Facility Telephone #:</b>	(248) 486-9322
<b>Original Issuance Date:</b>	06/05/2007
<b>Capacity:</b>	6
<b>Program Type:</b>	ALZHEIMERS AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/24/2023

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

Date of Health Authority Inspection if applicable: 07/19/2023

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 6

No. of others interviewed 1 Role: licensee designee

- 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

This facility was found to be in non-compliance with the following rules:

<b>R 400.14312</b>	<b>Resident medications.</b>
	<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.</b>

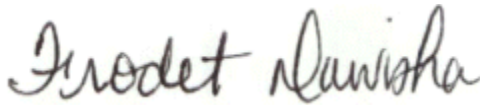
During the on-site inspection on 10/24/2023, I reviewed Resident A's medications and medication logs and found the following errors:

- **Trazadone 100MG** tablet was given on 06/21/2023 at 6PM, but staff did not initial the medication log.
- **Acetaminophen 500MG, Cyclobenzaprine 5MG, Diphenhydramine 25MG, and Hydralazine 50MG** tablet were given on 01/05/2023, 01/26/2023, and on 01/31/2023 at 6PM, but staff did not initial the medication log.

A corrective action plan was requested and approved on 10/24/2023. 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.



10/25/2023

---

Frodet Dawisha  
Licensing Consultant

Date