



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

December 19, 2023

Rita Kumar
Riverdale Assisted Living and Memory Care LLC
Suite 300
28592 Orchard Lake Rd.
Farmington Hills, MI 48334

RE: License #: AL500402308
Riverdale Assisted Living & Memory Care
44315 N. Gratiot
Clinton Twp., MI 48036

Dear Ms. Kumar:

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 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 (248) 975-5053.

Sincerely,

A handwritten signature in black ink, appearing to read 'EJ', is positioned above the typed name.

Eric Johnson, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place, Ste 9-100
3026 W Grand Blvd.
Detroit, MI 48202

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL500402308
Licensee Name:	Riverdale Assisted Living and Memory Care LLC
Licensee Address:	Suite 300 28592 Orchard Lake Rd. Farmington Hills, MI 48334
Licensee Telephone #:	(586) 493-7300
Licensee/Licensee Designee:	Rita Kumar,
Administrator:	Laurie Russell
Name of Facility:	Riverdale Assisted Living & Memory Care
Facility Address:	44315 N. Gratiot Clinton Twp., MI 48036
Facility Telephone #:	(586) 493-7300
Original Issuance Date:	05/31/2023
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/06/2023

Date of Bureau of Fire Services Inspection if applicable: 04/25/23

Date of Health Authority Inspection if applicable: 3/10/23

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 7

No. of others interviewed N/A 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.
none needed
- 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 400.15312	Resident medications.
	(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: (i) The medication. (ii) The dosage. (iii) Label instructions for use. (iv) Time to be administered. (v) The initials of the person who administers the medication, which shall be entered at the time the medication is given. (vi) A resident's refusal to accept prescribed medication or procedures.

During the onsite inspection on 11/06/23, I completed a medication review and found the following errors:

-Resident A's medication log did not contain the correct instructions for the medication Lorazepam Tab 0.5MG.

-Resident A's medication log was not initialed for the medication Lorazepam Tab 0.5MG on 10/24, 10/26, 10/27, 10/29.

-Resident A's medication log was not initialed for the medication Verapamil Tab 80MG on 10/02.

-Resident A's medication log was not initialed for the medication Vitamin B-12 on 10/02.

-Resident A's medication log was not initialed for the medication Vitamin D3 on 10/02.

-Resident B's medication log was not initialed for the medication amlodipine tab 5mg on 10/02.

-Resident B's medication log was not initialed for the medication Ferosul Tab 325MG on 10/02.

-Resident B's medication log was not initialed for the medication Hydralazine HCL 25mg on 10/02, 10/4, 10/11, 10/26, 10/27, 10/29.

-Resident B's medication log was not initialed for the medication Hydrochlorot Tab 25mg on 10/02.

-Resident B's medication log was not initialed for the medication Loratadine 10MG on 10/02.

-Resident B's medication log was not initialed for the medication Memantine ER 7mg on 10/02.

-Resident B's medication log was not initialed for the medication Pantoprazole Tab 40mg on 10/02.

IV. RECOMMENDATION

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



12/19/23

Eric Johnson
Licensing Consultant

Date