



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

February 14, 2024

Brooke Bosman  
Armada Village MI Wellness LLC  
2260 West Main St  
Armada, MI 48005

RE: License #: AL500410361  
**The Orchards at Armada Village 2**  
**22580 Main St**  
**Armada, MI 48005**

Dear Ms. Bosman:

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 light gray ink, appearing to be 'EJ'.

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

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

**I. IDENTIFYING INFORMATION**

<b>LicenseLicense #:</b>	AL500410361
<b>Licensee Name:</b>	Armada Village MI Wellness LLC
<b>Licensee Address:</b>	2260 West Main St Armada, MI 48005
<b>Licensee Telephone #:</b>	(586) 784-3227
<b>Licensee/Licensee Designee:</b>	Brooke Bosman, Administrator Brooke Bosman, Designee
<b>Administrator:</b>	
<b>Name of Facility:</b>	The Orchards at Armada Village 2
<b>Facility Address:</b>	22580 Main St Armada, MI 48005
<b>Facility Telephone #:</b>	(586) 784-3227
<b>Original Issuance Date:</b>	06/16/2023
<b>Capacity:</b>	20
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/31/2024

Date of Bureau of Fire Services Inspection if applicable: 1/25/24

Date of Health Authority Inspection if applicable: 5/22/23

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 15

No. of others interviewed N/A Role:

- 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:

<b>R 400.15312</b>	<b>Resident medications.</b>
	<b>(2) Medication shall be given, taken, or applied pursuant to label instructions.</b>

During the onsite inspection on 01/31/24, I observed the following medication errors regarding Resident A's medications:

- The medication Furosemide Tablet 20MG did not match the Medication log.
- The medication PreserVision AREDS 2 Oral Capsule did not match the Medication log.
- The medication Albuterol Sulfate HFA Inhalation Aerosol Solution 108 did not match the Medication log.
- The medication Hydrocodone Acetaminophen 10-325MG did not match the Medication log.

### IV. RECOMMENDATION

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



02/14/2024

Eric Johnson  
Licensing Consultant

Date