

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA ACTING DIRECTOR

March 5, 2024

Beth Covault Samaritas Senior Living Grand Rapids Woods 1900-32nd Street, SE Grand Rapids, MI 49508-1583

RE: License #: AH410236832

Samaritas Senior Living Grand Rapids Woods

1900-32nd Street, SE

Grand Rapids, MI 49508-1583

Dear Licensee:

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 authorized representative and a date.

Upon receipt of an acceptable corrective action plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (517) 241-1970.

Sincerely,

Lauren Wohlfert, Licensing Staff

Bureau of Community and Health Systems

350 Ottawa NW Unit 13, 7th Floor

Grand Rapids, MI 49503

Lauren Wohlfert

(616) 260-7781

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH410236832	
License #.	711111020002	
Licensee Name:	Samaritas	
Licensee Address:	Suite A	
	2080 Union Ave. SE	
	Grand Rapids, MI 49507	
1	(004) 777 7004	
Licensee Telephone #:	(231) 777-7061	
	Ann Moldrum Dooignoo	
	Ann Meldrum, Designee	
Administrator:	Michelle DuBridge	
Administrator:	Wildriche Bublidge	
Authorized Representative:	Beth Covault	
Name of Facility:	Samaritas Senior Living Grand Rapids Woods	
_		
Facility Address:	1900-32nd Street, SE	
	Grand Rapids, MI 49508-1583	
Facility Telephone #:	(616) 452-4470	
	2011511001	
Original Issuance Date:	02/15/1994	
Consoitu	61	
Capacity:	UI	
Program Type:	AGED	
i rogiain Type.	ALZHEIMERS	

II. METHODS OF INSPECTION

Date of On-site Inspection	(s): 03/05/2024	
Date of Bureau of Fire Ser	vices Inspection if applicable: 0	6/20/2023
Inspection Type:	☐Interview and Observation ☐Combination	⊠Worksheet
Date of Exit Conference:	03/05/2024	
No. of staff interviewed an No. of residents interviewed No. of others interviewed	ed and/or observed	9 18
Medication pass / sim	ulated pass observed? Yes ⊠	No ☐ If no, explain.
explain. ■ Resident funds and as Yes No I If no, o	dication records(s) reviewed? `ssociated documents reviewed explain. vice observed? Yes 🖂 No 🗌	for at least one resident?
Bureau of Fire Service with staff	Yes ☐ No ☑ If no, explain. es (BFS) reviews fire drills, disa hecked? Yes ☑ No ☐ If no,	·
Corrective action plan	p? Yes ☐ IR date/s: N/A compliance verified? Yes ☐ o mployees followed up? 1 N/A ☐	\overline{CAP} date/s and rule/s: N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

R 325.1921	Governing bodies, administrators, and supervisors.
	(1) The owner, operator, and governing body of a home shall do all of the following:
	(b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.
ANALYSIS:	Inspection of Resident A's room revealed staff left her morning medications on her bedside table and left her room. Staff did not stay in Resident A's room to watch and ensure she ingested her medications. I observed multiple pills in a small cup that were left in Resident A's room that she did not ingest. Resident A reported there were more pills present than what she usually takes. Resident A said she did not know what the pills were. This is not consistent with an organized program of protection.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

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

James Wohlfert	03/05/2024
Licensing Consultant	Date