

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA ACTING DIRECTOR

January 30, 2024

Carol Del Raso Grandhaven Living Center LLC Suite 200 3196 Kraft Avenue SE Grand Rapids, MI 49512

RE: License #: AL330378741

Grandhaven Living Center 3 (Harbor)

3145 West Mt. Hope Lansing, MI 48911

Dear Ms. Del Raso:

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,

Julie Elkins, Licensing Consultant

Bureau of Community and Health Systems

611 W. Ottawa Street

P.O. Box 30664

Julia Ellens

Lansing, MI 48909

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

I. IDENTIFYING INFORMATION

License #: AL330378741

Licensee Name: Grandhaven Living Center LLC

Licensee Address: Suite 200

3196 Kraft Avenue SE Grand Rapids, MI 49512

Licensee Telephone #: (517) 420-3898

Licensee Designee: Carol Del Raso

Administrator: Carol Del Raso

Name of Facility: Grandhaven Living Center 3 (Harbor)

Facility Address: 3145 West Mt. Hope

Lansing, MI 48911

Facility Telephone #: (517) 485-5966

Original Issuance Date: 08/07/2017

Capacity: 20

Program Type: AGED

II. METHODS OF INSPECTION

Date	e of On-site Inspections:	01/25/2024	
Date	e of Bureau of Fire Services Inspection if applicable:	02/15/2023	
Date	e of Health Authority Inspection if applicable:	N/A	
No.	of staff interviewed and/or observed of residents interviewed and/or observed 14 of others interviewed 2 Role: family members		
•	Medication pass / simulated pass observed? Yes \boxtimes No \square 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 \boxtimes No \square If no, explain. Meal preparation / service observed? Yes \boxtimes No \square If no, explain.		
•	Fire drills reviewed? Yes ⊠ No □ If no, explain.		
•	Fire safety equipment and practices observed? Yes ⊠ No □ If n	o, explain.	
•	E-scores reviewed? (Special Certification Only) Yes \(\subseteq \text{No} \subseteq \text{N/A}\) If no, explain. Water temperatures checked? Yes \(\subseteq \text{No} \subseteq \text{If no, explain.} \)	$A \boxtimes$	
•	Incident report follow-up? Yes ⊠ No □ If no, explain.		
•	Corrective action plan compliance verified? Yes CAP date/s an 12/8/2022, 310 (1), 312 (2), 1/13/2023 312 (2), 4/3/2023, 303 (2), 3 (1), 312 (1), 204 (3), 6/7/2023, 301 (4), 301 (10), 310 (4), 310 (1), 9/(1) and 312 (2). N/A	12 (3), 208	
•	Number of excluded employees followed-up? N/A ⊠		
•	Variances? Yes (nlease explain) No (N/A 🛇		

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

MCL 400.734b

Employing or contracting with certain individuals providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; determination of existence of national criminal history; failure to conduct criminal history check; automated fingerprint identification system database; electronic web-based system; costs; definitions.

(2) Except as otherwise provided in this subsection or subsection (6), an adult foster care facility shall notemploy or independently contract with an individual who has direct access to residents until the adult fostercare facility or staffing agency has conducted a criminal history check in compliance with this section or has received criminal history record information in compliance with subsections (3) and (11). This subsection and subsection (1) do not apply to an individual who is employed by or under contract to an adult foster care facility before April 1, 2006. On or before April 1, 2011, an individual who is exempt under this subsection and who has not been the subject of a criminal history check conducted in compliance with this section shall provide the department of state police a set of fingerprints and the department of state police shall input those fingerprints into the automated fingerprint identification system database established under subsection (14). An individual who is exempt under this subsection is not limited to working within the adult foster care facility with which he or she is employed by or under independent contract with on April 1, 2006 but may transfer to another adult foster care facility, mental health facility, or covered health facility. If an individual who is exempt under this subsection is subsequently convicted of a crime or offense described under subsection (1)(a) to (g) or found to be the subject of a substantiated finding described under subsection (1)(i) or an order or disposition described under subsection (1)(h), or is found to have been convicted of a relevant crime described under 42 USC 1320a-7(a), he or

she is no longer exempt and shall be terminated from employment or denied employment.

At the time of inspection there was no documentation available to review that documented that direct care worker Nicole Hayward had been fingerprinted though the Michigan Workforce Background Check.

R 400.15204 Direct care staff; qualifications and training.

- (3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas:
 - (b) First aid.
 - (c) Cardiopulmonary resuscitation.

At the time of inspection there was no documentation available to review that documented that direct care worker Grace Amsterdam was trained in first aid and Cardiopulmonary resuscitation.

R 400.15301

Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

Resident A was admitted to the facility on 09/29/2023. At the time of inspection there was not a written health care appraisal completed within the 90-day period before admission to the home or within 30 days after admission available for review.

IV. RECOMMENDATION

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

01/30/2024

Julie Elkins

Date

Licensing Consultant

Julie Ellers