

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

May 3, 2024

Rayann Burge RSR Creek LLC 5485 Smiths Creek Kimball, MI 48074

> RE: License #: AS740408305 Sandalwood Creek II 5485 Smiths Creek Kimball TWP, MI 48074

Dear Rayann Burge:

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:

• An on-site inspection will be conducted.

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) 643-7960.

Sincerely,

abria McGonan

Sabrina McGowan, Licensing Consultant Bureau of Community and Health Systems 611 W. Ottawa Street P.O. Box 30664 Lansing, MI 48909 (810) 835-1019

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

## I. IDENTIFYING INFORMATION

License #:	AS740408305
Licensee Name:	RSR Creek LLC
Licensee Address:	5485 Smiths Creek Kimball TWP, MI  48074
Licensee Telephone #:	(810) 204-0577
Licensee/Licensee Designee:	Rayann Burge
Administrator:	Rayann Burge
Name of Facility:	Sandalwood Creek II
Facility Address:	5485 Smiths Creek Kimball TWP, MI 48074
Facility Telephone #:	(810) 367-7192
Original Issuance Date:	11/16/2021
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED AGED ALZHEIMERS

## **II. METHODS OF INSPECTION**

Date of On-site Inspection(s):	05/01/2024	
Date of Bureau of Fire Services Inspection if app	licable: N/A	
Date of Health Authority Inspection if applicable:	01/26/2024	
No. of staff interviewed and/or observedNo. of residents interviewed and/or observedNo. of others interviewed1Role:License	1 2 e designee	
Medication pass / simulated pass observed?	? Yes 🖂 No 🗌 If no, explain.	
Medication(s) and medication record(s) revie	ewed? Yes 🛛 No 🗌 If no, explain.	
<ul> <li>Resident funds and associated documents reviewed for at least one resident? Yes X No I If no, explain.</li> <li>Meal preparation / service observed? Yes X No I If no, explain.</li> </ul>		
<ul> <li>Fire drills reviewed? Yes ⊠ No □ If no, e</li> </ul>	xplain.	
• Fire safety equipment and practices observe	ed? Yes 🖂 No 🗌 If no, explain.	
<ul> <li>E-scores reviewed? (Special Certification Only) Yes No N/A If no, explain.</li> <li>Water temperatures checked? Yes No If no, explain.</li> </ul>		
<ul> <li>Incident report follow-up? Yes No X If No IR's to review.</li> <li>Corrective action plan compliance verified? 03/06/2024-R312(2), R403(12). N/A X</li> <li>Number of excluded employees followed-up</li> </ul>	Yes $\boxtimes$ CAP date/s and rule/s:	
• 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 400.14203	Licensee and administrator training requirements.
	(1) A licensee and an administrator shall complete the following educational requirements specified in subdivision (a) or (b) of this subrule, or a combination thereof, on an annual basis:
	(a) Participate in, and successfully complete, 16 hours of training designated or approved by the department that is relevant to the licensee's admission policy and program statement.
	Licensee/administrator had not obtained the required training hours for 2024.
R 400.14402	Food service.
	(1) All food shall be from sources that are approved or considered satisfactory by the department and shall be safe for human consumption, clean, wholesome and free from spoilage, adulteration, and misbranding.
	An expired canned good was found in the pantry.
R 400.14402	Food service.
	(4) All food service equipment and utensils shall be constructed of material that is nontoxic, easily cleaned, and maintained in good repair. All food services equipment and eating and drinking utensils shall be thoroughly cleaned after each use.
	Frigidaire in the home needed cleaning.
R 400.14403	Maintenance of premises.
	(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

Bathroom door frame has wear and tear damage.

A corrective action plan was requested and approved on 05/02/2024. 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.

Sabria McGonan May 3, 2024

Sabrina McGowan Licensing Consultant Date