



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

June 28, 2024

Leigh McLeod  
The Meadows at Canterbury-on-the-Lake  
5601 Hatchery Road  
Waterford, MI 48329

RE: License #: AH630380234  
The Meadows at Canterbury-on-the-Lake  
5601 Hatchery Road  
Waterford, MI 48329

Dear Leigh McLeod:

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.

Please review the enclosed documentation for accuracy and contact me with any questions. If I am not available, and you need to speak to someone immediately, please feel free to contact the local office at (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Aaron L. Clum".

Aaron Clum, Licensing Staff  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(517) 230-2778

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH630380234
<b>Licensee Name:</b>	Canterbury Health Care, Inc.
<b>Licensee Address:</b>	5601 Hatchery Road Waterford, MI 48329
<b>Licensee Telephone #:</b>	(248) 674-9292
<b>Authorized Representative:</b>	Leigh McLeod
<b>Administrator:</b>	Jennifer Moore
<b>Name of Facility:</b>	The Meadows at Canterbury-on-the-Lake
<b>Facility Address:</b>	5601 Hatchery Road Waterford, MI 48329
<b>Facility Telephone #:</b>	(248) 674-9292
<b>Original Issuance Date:</b>	01/05/2018
<b>Capacity:</b>	32
<b>Program Type:</b>	ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/27/2024

Date of Bureau of Fire Services Inspection if applicable: N/A

Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference: 6/27/2024

No. of staff interviewed and/or observed 8  
No. of residents interviewed and/or observed 18  
No. of others interviewed N/A Role

- Medication pass / simulated pass observed? Yes  No  If no, explain.
- Medication(s) and medication records(s) reviewed? Yes  No  If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes  No  If no, explain. Facility does not maintain resident funds
- Meal preparation / service observed? Yes  No  If no, explain.
- Fire drills reviewed? Yes  No  If no, explain.
- Water temperatures checked? Yes  No  If no, explain.
- Incident report follow-up? Yes  IR date/s: N/A
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s: SI#2023A0784021: 1931(2),1942(3)
- Number of excluded employees followed up? N/A N/A

**III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

<b>This facility was found to be in non-compliance with the following rule:</b>	
<b>R 325.1923</b>	<b>Employee's health.</b>
	<p><b>(2) A home shall provide initial tuberculosis screening at no cost for its employees. New employees shall be screened within 10 days of hire and before occupational exposure. The screening type and frequency of routine tuberculosis (TB) testing shall be determined by a risk assessment as described in the 2005 MMWR ?Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005? (<a href="http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf">http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf</a>), Appendices B and C, and any subsequent guidelines as published by the centers for disease control and prevention. Each home, and each location or venue of care, if a home provides care at multiple locations, shall complete a risk assessment annually. Homes that are low risk do not need to conduct annual TB testing for employees.</b></p>
<p>Upon review of employee files, associates 1 and 2 did not have documented evidence of a new employee TB screening. Upon request, the facility was unable to provide evidence of completed TB screenings for associates 1 and 2.</p>	

**IV. RECOMMENDATION**

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

*Aaron L. Clum*

6/28/2024

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Licensing Consultant Date