

GRETCHEN WHITMER **GOVERNOR**

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA **DIRECTOR**

July 22, 2024

Rebecca Worthington Grace Valley, LLC 15198 County Road Gobles, MI 49055

RE: License #: AS390416253

Grace Valley 3530 Douglas Ave Kalamazoo, MI 49004

Dear Rebecca Worthington:

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:

You are to submit documentation of compliance.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable.

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,

Ondrea Johnson, Licensing Consultant

ndreg Ophra

Bureau of Community and Health Systems

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

I. IDENTIFYING INFORMATION

License #: AS390416253

Licensee Name: Grace Valley, LLC

Licensee Address: 15198 County Road

Gobles, MI 49055

Licensee Telephone #: (269) 547-8026

Licensee/Licensee Designee: Rebecca Worthington

Administrator: Rebecca Worthington

Name of Facility: Grace Valley

Facility Address: 3530 Douglas Ave

Kalamazoo, MI 49004

Facility Telephone #: (269) 254-8944

Original Issuance Date: 01/03/2024

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED

ALZHEIMERS

AGED

II. METHODS OF INSPECTION

Date	e of On-site Inspection(s):	07/18/2	024
Date of Bureau of Fire Services Inspection if applicable: N/A			
Date of Health Authority Inspection if applicable: 1/3/24			
No.	of staff interviewed and/or observed of residents interviewed and/or observor of others interviewed 0 Role: 0		2 4
•	Medication pass / simulated pass obs	erved? Yes ⊠	No ☐ If no, explain.
•	Medication(s) and medication record(s) reviewed? Y	′es ⊠ 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 □	f no, explain.	
•	Fire safety equipment and practices of	bserved? Yes	⊠ No □ If no, explain.
•	E-scores reviewed? (Special Certifica If no, explain. Water temperatures checked? Yes	•	
•	Incident report follow-up? Yes ⊠ No	If no, expla	ain.
•	Corrective action plan compliance ver N/A ⊠ Number of excluded employees follow	_	CAP date/s and rule/s: 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:

R 400.14205

Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.

(6) A licensee shall annually review the health status of the administrator, direct care staff, other employees, and members of the household. Verification of annual reviews shall be maintained by the home and shall be available for department review.

FINDINGS: No updated health status for direct care staff member Laura Edward for the department to review.

R 400.14301

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.

FINDINGS: No health care appraisal for Resident A for the department to review.

R 400.14312 Resident medications.

- (4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:
- (b) Complete an individual medication log that contains all of the following information:
- (i) The medication.
- (ii) The dosage.
- (iii) Label instructions for use.
- (iv) Time to be administrated.

(v) he initials of the person who administers the medication, which shall be entered at the time the medication is given.

FINDINGS: PRN medications not completed on medication log

R 400.14318 Emergency preparedness; evacuation plan; emergency transportation.

(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.

FINDINGS: Fire drills not recorded at least once per quarter and during daytime, evening and sleeping hours.

A corrective action plan was requested and approved on 07/18/2024. 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.

Ondrea Johnson

Licensing Consultant

ndreg Ophra

7/22/2024

Date