



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 4, 2024

Gregory Tracy
Rest Haven Home
1424 Union Avenue, NE
Grand Rapids, MI 49505-5197

RE: License #: AH410236876
Rest Haven Home
1424 Union Avenue, NE
Grand Rapids, MI 49505-5197

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 home for the aged 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
(616) 260-7781
enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH410236876
Licensee Name:	Rest Haven Homes, Inc.
Licensee Address:	1424 Union Ave NE Grand Rapids, MI 49505
Licensee Telephone #:	(616) 363-6819
Authorized Representative/ Administrator:	Gregory Tracy
Name of Facility:	Rest Haven Home
Facility Address:	1424 Union Avenue, NE Grand Rapids, MI 49505-5197
Facility Telephone #:	(616) 363-6819
Original Issuance Date:	12/01/1999
Capacity:	110
Program Type:	ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/04/2024

Date of Bureau of Fire Services Inspection if applicable: 01/19/2024

Inspection Type: ☐ Interview and Observation ☒ Worksheet
☐ Combination

Date of Exit Conference: 09/04/2024

No. of staff interviewed and/or observed 10
No. of residents interviewed and/or observed 35
No. of others interviewed 0 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.
- Meal preparation / service observed? Yes ☒ No ☐ If no, explain.
- Fire drills reviewed? Yes ☐ No ☒ If no, explain.
Bureau of Fire Services (BFS) reviews fire drills
- 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: N/A
- Number of excluded employees followed up? 1 N/A ☐

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

R 325.1922	Admission and retention of residents.
	(7) An individual admitted to residence in the home shall have evidence of tuberculosis screening on record in the home that was performed within 12 months before admission. Initial screening may consist of an intradermal skin test, a blood test, a chest x-ray, or other methods recommended by the public health authority. 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? (http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf) , Appendices B and C, and any subsequent guidelines as published by the centers for disease control and prevention. A 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 have to conduct annual TB testing for residents.
ANALYSIS:	Review of the facility's TB documents revealed an annual TB risk assessment was not completed; therefore, the facility's TB risk level was not determined.
CONCLUSION:	VIOLATION ESTABLISHED

R 325.1932	Resident medications.
	(1) A service plan must identify prescribed medication to be self-administered or managed by the home.
ANALYSIS:	Review of resident service plans revealed there were no statements regarding whether the residents' medications were managed by staff in the facility or if they were self-administered by the resident. As a result, it was unknown who was responsible for managing the residents' medications.

CONCLUSION:	VIOLATION ESTABLISHED
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R 325.1976	Kitchen and dietary.
	(5) The kitchen and dietary area, as well as all food being stored, prepared, served, or transported, shall be protected against potential contamination from dust, flies, insects, vermin, overhead sewer lines, and other sources.
ANALYSIS:	Inspection of the walk-in refrigerator in the kitchen revealed there were two carts of dessert items that were not covered or protected against potential contamination. I also observed several items in the reach in refrigerator were not labeled or dated.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

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



09/04/2024

Date

Licensing Consultant