



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 23, 2024

Steven Gerdeman
Serenity Homes - North, L.L.C.
747 Tamarack Ave NW
Grand Rapids, MI 49504

RE: License #: AL700382076
Serenity Homes - North
830 Hayes Street
Marne, MI 49435

Dear Mr. Gerdeman:

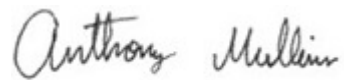
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 and special certification 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 (616) 356-0183.

Sincerely,



Anthony Mullins, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503

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

I. IDENTIFYING INFORMATION

License #:	AL700382076
Licensee Name:	Serenity Homes - North, L.L.C.
Licensee Address:	747 Tamarack Ave NW Grand Rapids, MI 49504
Licensee Telephone #:	(419) 494-4008
Licensee/Licensee Designee:	Steve Gerdeman
Administrator:	Steve Gerdeman
Name of Facility:	Serenity Homes - North
Facility Address:	830 Hayes Street Marne, MI 49435
Facility Telephone #:	(616) 677-6015
Original Issuance Date:	06/02/2016
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/19/2024

Date of Bureau of Fire Services Inspection if applicable: 03/11/2024

Date of Health Authority Inspection if applicable: 05/21/2024

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 7

No. of others interviewed Role:

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.
No medications scheduled to be passed during the onsite inspection.
- Medication(s) and medication record(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.
- Fire safety equipment and practices observed? Yes ☒ No ☐ If no, explain.
- E-scores reviewed? (Special Certification Only) Yes ☒ No ☐ N/A ☐
If no, explain.
- Water temperatures checked? Yes ☒ No ☐ If no, explain.
- Incident report follow-up? Yes ☐ No ☒ If no, explain.
N/A
- Corrective action plan compliance verified? Yes ☐ CAP date/s and rule/s:
N/A ☒
- Number of excluded employees followed-up? 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 400.15205

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

(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.

Staff members Briendon Stevens, Porsha Caradine, Karla Gonzalez, and Amber Palmer did not have updated TB test on file.

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, Resident B, Resident C, Resident D, Resident E, Resident F, Resident G, Resident H, and Resident I have outdated health care appraisals on file.

R 400.15301

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

(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.

Resident A, Resident B, Resident C, Resident D, Resident E, Resident F, Resident G, Resident H, and Resident I have outdated assessment plans on file.

R 400.15312

Resident medications.

(2) Medication shall be given, taken, or applied pursuant to label instructions.

Resident A did not receive the following medications from 09/1/24 through 9/4/24 due to the facility not receiving the medications from the pharmacy: Vitamin B-12, Plavix, Xyzal, Singulair, Januvia, Biktarvy, Buspar, Haldol, Seroquel, Vistaril, Zetia, Lipitor, Melatonin, Lamictal, Spirvia Respimat, and Pataday.

Resident B did not receive the following medications from 9/16/24 through 9/19/24 due to the facility not receiving the medications from the pharmacy: Vitamin B-12, Flomax, Senna-Plus, Oyster Shell Calcium, Eliquis, Buspar, and Remeron.

R 400.15407

Bathrooms.

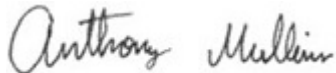
(1) Bathrooms and toilet facilities that do not have windows shall have forced ventilation to the outside. Bathroom windows that are used for ventilation shall open easily.

The bathroom off the main entry hallway does not have a window or forced ventilation to the outside.

On 9/23/24, I conducted an exit conference via phone with licensee designee, Steve Gerdeman. He was informed of the investigative findings and agreed to complete a corrective action plan no later than Wednesday, 9/25/24.

IV. RECOMMENDATION

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



09/23/2024

Anthony Mullins
Licensing Consultant

Date