



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

January 9, 2025

Carol DelRaso  
Senior Living Hathaway Hills, LLC  
7927 Nemco Way, Ste 200  
Brighton, MI 48116

RE: License #: AH590406531  
**Hathaway Hills Assisted Living & Memory Care**  
**1515 Meijer Drive**  
**Greenville, MI 48838**

Dear Carol DelRaso:

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) 284-9730.

Sincerely,

*Kimberly Horst*

Kimberly Horst, Licensing Staff  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
Lansing, MI 48909

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH590406531
<b>Licensee Name:</b>	Senior Living Hathaway Hills, LLC
<b>Licensee Address:</b>	7927 Nemco Way, Ste 200 Brighton, MI 48116
<b>Licensee Telephone #:</b>	(810) 220-0200
<b>Authorized Representative:</b>	Carol DelRaso
<b>Administrator:</b>	Stephanie Vasquez
<b>Name of Facility:</b>	Hathaway Hills Assisted Living & Memory Care
<b>Facility Address:</b>	1515 Meijer Drive Greenville, MI 48838
<b>Facility Telephone #:</b>	(616) 225-1132
<b>Original Issuance Date:</b>	07/29/2021
<b>Capacity:</b>	50
<b>Program Type:</b>	ALZHEIMERS AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/08/2025

Date of Bureau of Fire Services Inspection if applicable:

Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference: 01/09/2025

No. of staff interviewed and/or observed 10

No. of residents interviewed and/or observed 12

No. of others interviewed 0 Role N/A

- 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. Resident funds not kept in trust.
- Meal preparation / service observed? Yes  No  If no, explain.
- Fire drills reviewed? Yes  No  If no, explain.  
Disaster plans reviewed and staff interviewed.
- 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:
- Number of excluded employees followed up? 5 N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:	
<b>R 325.1921</b>	<b>Governing bodies, administrators, and supervisors.</b>
	<p><b>(1) The owner, operator, and governing body of a home shall do all of the following:</b></p> <p><b>(b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.</b></p>
<b>For Reference: R 325.1901</b>	<b>Definitions.</b>
	<p><b>(p) "Protection" means the continual responsibility of the home to take reasonable action to ensure the health, safety, and well-being of a resident as indicated in the resident's service plan, including protection from physical harm, humiliation, intimidation, and social, moral, financial, and personal exploitation while on the premises, while under the supervision of the home or an agent or employee of the home, or when the resident's service plan states that the resident needs continuous supervision.</b></p>
<p>Review of Resident A's medication administration record (MAR) revealed Resident A was prescribed Lorazepam Tab 0.5mg with instruction to administer one tablet by mouth every four hours as needed for agitation. Review of Resident A's service plan lacked detailed information on how the resident demonstrates agitation and what behaviors require the administration of the medication or if staff can use nonpharmaceutical interventions.</p>	
<b>R 325.1922</b>	<b>Admission and retention of residents.</b>
	<p><b>(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</b></p>

	<p><b>the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005?</b>  (<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. 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.</p>
<p>Review of facility documentation revealed the facility did not complete the annual tuberculosis (TB) risk assessment.</p>	
<b>R 325.1954</b>	<b>Meal and food records.</b>
	<b>The home shall maintain a record of the meal census, to include residents, personnel, and visitors, and a record of the kind and amount of food used for the preceding 3-month period.</b>
<p>Review of facility documentation revealed the facility did not complete a meal census.</p>	
<b>R 325.1968</b>	<b>Toilet and bathing facilities.</b>
	<b>(4) A resident toilet room or bathroom shall not be used for storage or housekeeping functions.</b>
<p>Inspection of the memory care spa room revealed there were various pieces of furniture that was stored in this space.</p>	
<b>R 325.1976</b>	<b>Kitchen and dietary.</b>
	<b>(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.</b>
<p>Inspection of the common area refrigerator and memory care pantry revealed food items that were not secured close nor had appropriate dating on the food items.</p>	
<b>R 325.1976</b>	<b>Kitchen and dietary.</b>
	<b>(9) An individual portion of food which is served and not eaten shall be destroyed.</b>

Inspection of the common area refrigerator and memory care refrigerator revealed there was leftover food, various meals, soda pop, ice cream, that was not properly stored or destroyed.

**IV. RECOMMENDATION**

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

*Kimberly Host*

01/09/2025

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Licensing Consultant Date