

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

January 10, 2025

Randall Gasser Woodhaven Retirement Community 29667 Wentworth Ave. Livonia, MI 48154

RE: License #:	AS090380411
	Woodhaven at Bay City
	3740 Two Mile Road
	Bay City, MI 48706

Dear Randall Gasser:

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 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 (517) 643-7960.

Sincerely,

Kamile Upd

Shamidah Wyden, Licensing Consultant Bureau of Community and Health Systems 411 Genesee P.O. Box 5070 Saginaw, MI 48607 989-395-6853

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

I. IDENTIFYING INFORMATION

License #:	AS090380411			
Licensee Name:	Woodhaven Retirement Community			
Licensee Address:	29667 Wentworth Ave.			
	Livonia, MI 48154			
1 1 1 1 1 1 1 1 1 1	(70.4) 700 0000			
Licensee Telephone #:	(734) 730-2360			
Licensee Designee:	Randall Gasser			
Licensee Designee.				
Administrator:	Randall Gasser			
Name of Facility:	Woodhaven at Bay City			
Facility Address:	3740 Two Mile Road			
	Bay City, MI 48706			
Facility Talankana #	(704) 004 0000			
Facility Telephone #:	(734) 261-9000			
Original Issuance Date:	07/19/2016			
	01710/2010			
Capacity:	6			
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Program Type:	PHYSICALLY HANDICAPPED			
	AGED			

II. METHODS OF INSPECTION

Dat	Date of On-site Inspection(s):		01/09/2025		
Date of Bureau of Fire Services Inspection if applicable: N/A					
Dat	Date of Health Authority Inspection if applicable: N/A				
No. of staff interviewed and/or observed2No. of residents interviewed and/or observed4No. of others interviewedRole:					
•	Medication pass / simulated pass observed?	Yes 🖂	No 🗌 If no, explain.		
•	Medication(s) and medication record(s) reviewed? Yes \boxtimes No \square 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 \boxtimes No \square If no, e	xplain.			
•	Fire safety equipment and practices observe	ed? 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 X If There were no recent incident reports requir Corrective action plan compliance verified? CAP date: 01/13/2023 R301(4), R312(4)(b), R401(5), R301(6)(j), R315(8), R204(3)(b), R Number of excluded employees followed-up	ing follow Yes ⊠ R208(1)(303 (2), I	/-up. CAP date/s and rule/s: (f), R204(3)(b), R301(6)(i),		
•	Variances? Yes 🗌 (please explain) No 🗌	N/A 🖂			

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was for	ound to be in non-compliance with the following rules:			
R 400.14301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.			
	(9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency, if applicable, at least annually or more often if necessary.			
Resident B's resident care agre	bection, there was no verification indicating that Resident A and dent care agreements were reviewed annually. Resident A's eement was last dated 01/30/2019, and Resident B's resident care ast dated 10/24/2022.			
R 400.14316	Resident records.			
	 (1) A licensee shall complete, and maintain in the home, a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information: (a) Identifying information, including, at a minimum, all of the following:			
At the time of insp preferences docu	pection, Resident B's file did not have any funeral provisions and mented.			
R 400.14510	Heating equipment generally.			
	(2) A furnace, water heater, heating appliances, pipes, wood-burning stoves and furnaces, and other flame- or heat-producing equipment shall be installed in a fixed or permanent manner and in accordance with a manufacturer's instructions and shall be maintained in a safe condition.			
At the time of insp	bection, the facility's dryer was not equipped with a solid metal vent.			

IV. RECOMMENDATION

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

Kamile appl

01/10/2025

Shamidah Wyden Licensing Consultant

Date