



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

April 21, 2025

Eric Kirby  
Rivertown Ridge  
3555 Copper River Ave. SW  
Wyoming, MI 49418

RE: License #: AH410393434  
**Rivertown Ridge**  
**3555 Copper River Ave. SW**  
**Wyoming, MI 49418**

Dear Eric Kirby:

Attached is the 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) 335-5985.

Sincerely,

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>                                    | AH410393434   |
|  |   |
| <b>Licensee Name:</b>                                | Traditions at Rivertown Park, LLC                   |
|  |   |
| <b>Licensee Address:</b>                             | 3330 Grand Ridge Drive NE<br>Grand Rapids, MI 49525 |
|  |   |
| <b>Licensee Telephone #:</b>                         | 616) 580-1098                                       |
|  |   |
| <b>Authorized Representative/<br/>Administrator:</b> | Eric Kirby  |
|  |   |
| <b>Name of Facility:</b>                             | Rivertown Ridge                                     |
|  |   |
| <b>Facility Address:</b>                             | 3555 Copper River Ave. SW<br>Wyoming, MI 49418      |
|  |   |
| <b>Facility Telephone #:</b>                         | (616) 580-1098                                      |
|  |   |
| <b>Original Issuance Date:</b>                       | 02/11/2020  |
|  |   |
| <b>Capacity:</b>                                     | 76  |
|  |   |
| <b>Program Type:</b>                                 | AGED<br>ALZHEIMERS                                  |
|  |   |
|  |   |

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/16/2025

Date of Bureau of Fire Services Inspection if applicable:

Inspection Type: ☐ Interview and Observation ☒ Worksheet  
☐ Combination

Date of Exit Conference: 04/21/2025

No. of staff interviewed and/or observed 20

No. of residents interviewed and/or observed 15

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:  
2025A1021030: CAP dated 02/10/2025: R 325.1922(7)
- 2025A1021043: CAP dated 05/07/2024: R 325.1932(2), R 325.1921(1)
- 2024A1021004: CAP dated 12/07/2023: R 325.1931
- Number of excluded employees followed up? 2 N/A ☐

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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|--|---|
| <b>This facility was found to be in non-compliance with the following rules:</b>   |   |
| <b>R 325.1921</b>  | <b>Governing bodies, administrators, and supervisors.</b>   |
|  | <p>(1) The owner, operator, and governing body of a home shall do all of the following:</p> <p>(b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.</p>  |
| <b>For Reference:<br/>R 325.1901</b>   | <b>Definitions.</b>   |
|  | <p>(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.</p>   |
| <p>Review of Resident F's medication administration record (MAR) revealed Resident F was prescribed Lorazepam Tab 0.5mg with instruction to give one tablet orally every 12 hours as needed for anxiety/agitation. Review of Resident F's service plan lacked detailed information on how the resident demonstrates anxiety/agitation and what behaviors require the administration of the medication or if staff can use nonpharmaceutical interventions.</p> |   |
| <b>R 325.1923</b>  | <b>Employee's health.</b>   |
|  | <p>(2) A home shall provide initial tuberculosis screening at no cost for its employees. New employees shall be screened within 10 days of hire and before occupational exposure. 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? (<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. Each home, and each location or venue of care, if a home provides care at multiple locations, shall complete a risk assessment</p> |

|  |  |
|--|--|
|  | <b>annually. Homes that are low risk do not need to conduct annual TB testing for employees.</b>   |
| Review of staff person 3 (SP3)'s employee record revealed SP3 was hired on 01/26/2024 and received a tuberculosis (TB) test on 02/10/2024 which is not in compliance with this rule.   |  |
| <b>R 325.1932</b>  | <b>Resident medications.</b>   |
|  | <b>(1)A service plan must identify prescribed medication to be self-administered or managed by the home.</b>   |
| Review of Resident E's service plan revealed the service plan omitted information on if Resident E's medications are self-administered or administered by the facility.  |  |
| <b>R 325.1932</b>  | <b>Resident medications.</b>   |
|  | <b>(2) Prescribed medication managed by the home shall be given, taken, or applied pursuant to labeling instructions, orders and by the prescribing licensed health care professional.</b>   |
| Review of Resident C's medication administration record (MAR) revealed Resident C was prescribed Senna Tab with instruction to administer one tablet orally two times a day for constipation. Review of Resident C's MAR revealed Resident C did not receive this medication on 03/17, 03/19, 03/20, 03/21, 03/22, and 03/23 due to medication was not delivered from pharmacy. By not ensuring Resident C had medications available, Resident C did not receive medications as prescribed. Similar findings were noted with Resident F. |  |
| <b>R 325.1932</b>  | <b>Resident medications.</b>   |
|  | <b>(3) Staff who supervise the administration of medication for residents who do not self-administer shall comply with all of the following:<br/>(v) The initials of the person who administered the medication, which shall be entered at the time the medication is given.</b> |

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|--|---|
| Review of Resident A's service plan revealed Resident A was prescribed Levothyroxin Tab 100mg with instruction to administer one tablet orally one time a day. Review of Resident A's April 2025 MAR revealed staff did not initial that this medication was administered on 03/04/2025, 03/07/2025, and 03/19/2025. Similar findings were noted with Resident C and Resident F. |   |
| <b>R 325.1976</b>  | <b>Kitchen and dietary.</b>   |
|  | <b>(6) Food and drink used in the home shall be clean and wholesome and shall be manufactured, handled, stored, prepared, transported, and served so as to be safe for human consumption.</b> |
| Inspection of the facility kitchen revealed that the walk-in freezer contained items that were opened, unsealed, and were not dated (including but not limited to ham, pepperoni, and chicken).  |   |

#### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, I recommend no change in the status of the license.

*Kimberly Host*

04/21/2025

Date

Licensing Consultant