

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

MARLON I. BROWN, DPA DIRECTOR

May 1, 2025

Kimberly Wozniak Valley Pines Senior Living 6117 Charlevoix Woods Ct. Grand Rapids, MI 49546-8505

RE: License #: AH410410352 Valley Pines Senior Living 6117 Charlevoix Woods Ct. Grand Rapids, MI 49546-8505

Dear Kimberly Wozniak:

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) 335-5985.

Sincerely,

KinveryHost

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

License #:	AH410410352
Licensee Name:	Cascade Care Operations LLC
Licensee Address:	1435 Coit Ave NE
	Grand Rapids, MI 49505
Licensee Telephone #:	(616) 308-6915
Authorized Representative:	Kimberly Wozniak
Administrator/Licensee Designee:	DaleTron Thompson
Name of Facility:	Valley Pines Senior Living
Facility Address:	6117 Charlevoix Woods Ct.
Facility Address.	Grand Rapids, MI 49546-8505
Facility Telephone #:	(616) 954-2366
Original Issuance Date:	05/24/2022
Capacity:	71
Program Type:	AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s):04/28/2025

Date of Bureau of Fire Services Inspection if applicable:

Inspection Type:	Interview and Observation Combination	Worksheet
Date of Exit Conference:	05/01/2025	
No. of staff interviewed an No. of residents interviewe No. of others interviewed	ed and/or observed	7 15
Medication pass / sim	ulated pass observed? Yes $igtimes$	No 🗌 If no, explain.
 explain. Resident funds and as Yes No X If no, Meal preparation / set Fire drills reviewed? Diaster plans reviewed 	dication records(s) reviewed? ssociated documents reviewed f explain. Resident funds not kep rvice observed? Yes 🛛 No 🗍 Yes 🗌 No 🖄 If no, explain. d and staff interviewed. hecked? Yes 🕅 No 🗍 If no, e	for at least one resident? t in trust. If no, explain.
2023A1010005: R 32 2023A1010023: R 32 2023A1010020: R 32 2023A1010076: R 32 2023A1010076: R 32 2023A101077: R 325 2023A1028007: R 32 2023A1028057: R 32	compliance verified? Yes (5.1931(2) dated 12/13/2022 5.1932(1) dated 04/10/2023 5.1921(1) dated 06/01/2023 5.1932(2) dated 11/09/2023 .1921(1) dated 02/08/2023 5.1931(2) dated 01/04/2023 5.1931(2) dated 09/01/2023	A ⊠ CAP date/s and rule/s:
 2025A1021029: R 323 	5.1931(2): dated 02/24/2025	

• Number of excluded employees followed up? 9 N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

	und to be in non-compliance with the following rules:
R 325.1921	Governing bodies, administrators, and supervisors.
	 (1) The owner, operator, and governing body of a home shall do all of the following: (b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.
For Reference: R 325.1901	Definitions.
	(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.
was prescribed Lor every four hours as detailed information behaviors require t	t A's medication administration record (MAR) revealed Resident A razepam 0.5mg with instruction to administer one tablet by mouth s needed for anxiety. Review of Resident A's service plan lack of n on how the resident demonstrates these behaviors and what he administration of the medication or if staff can use I interventions. Similar findings were noted with Resident D.
R 325.1921	Governing bodies, administrators, and supervisors.
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resident needs continuous supervision.

Review of multiple Narcotic Count books located on each medication cart revealed medication technicians were not completing the log at the beginning and end of each shift. By not completing the log, the facility is not ensuring the medications are properly accounted for.

R 325.1922	Admission and retention of residents.
	(1) A home shall have a written resident admission contract, program statement, admission and discharge policy, and a resident's service plan for each resident.

Review of Resident A, Resident C, Resident D, and Resident G's admission agreement revealed the admission agreement was for licensee CSM Cascade, LLC. Review of the licensee revealed the license is Cascade Care Operations LLC.

R 325.1932	Resident medications.
	(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.

Review of Resident C's April 2025 medication administration record (MAR) revealed Resident C was prescribed Metformin Tab. Review of Resident C's MAR revealed Resident C did not receive this medication on 04/05,04/11, 04/14, and 04/17. By not ensuring the facility had the medication, Resident C was not administered the medication as prescribed by the licensed health care professional.

R 325.1932	Resident medications.
	(3) If a home or the home's administrator or direct care staff member supervises the taking of medication by a resident then the home shall comply with all of the following provisions:
	(b) Complete an individual medication log that contains all of the following information:
	(v) The initials of the person who administered the medication,which shall be entered at the time the medication is given.

Review of Resident A's MAR revealed Resident A was prescribed Mapap 500mg with instructions to take one tablet by mouth six hours. The April 2025 MAR revealed staff members did not initial that this was administered on 04/11/2025 at 12:00am and 6:00am. Similar findings were noted with Resident C.

R 325.1954	Meal and food records.
	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.
Review of facilit	y documentation revealed the facility does not complete a meal
census.	
R 325.1976	Kitchen and dietary.
	(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.

Inspection of the facility refrigerator and freezer revealed multiple items that were not dated, including but not limited to vegetables, creamer, and chocolate chips.

IV. RECOMMENDATION

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

Kinveryttast

05/01/2025

Date

Licensing Consultant