

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

May 27, 2025

Melanie White Eastport Village Care Home, LLC PO Box 264 Eastport, MI 49627

RE: License #: AL050384731

Eastport Village Care Home

5988 N M-88 HWY

Central Lake, MI 49622

Dear Ms. White:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan: An on-site inspection will be conducted.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable. 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) 356-0100.

Sincerely,

Adam Robarge, Licensing Consultant

Edan Polrage

Bureau of Community and Health Systems

701 S. Elmwood, Suite 11 Traverse City, MI 49684

(231) 350-0939

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

I. IDENTIFYING INFORMATION

License #: AL050384731

Licensee Name: Eastport Village Care Home, LLC

Licensee Address: 5988 N M-88 Hwy

Central Lake, MI 49622

Licensee Telephone #: (231) 631-1836

Licensee Designee: Melanie White, Designee

Administrator: Melanie White

Name of Facility: Eastport Village Care Home

Facility Address: 5988 N M-88 HWY

Central Lake, MI 49622

Facility Telephone #: (231) 631-1836

Original Issuance Date: 11/28/2016

Capacity: 20

Program Type: AGED

II. METHODS OF INSPECTION

Date	e of On-site Inspection(s):	05/27/2	2025
Date	e of Bureau of Fire Services Inspection if appl	icable:	11/19/2024
Date	e of Health Authority Inspection if applicable:		02/06/2025
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 1 Role: Licensee	e	3 9
•	Medication pass / simulated pass observed?	Yes 🗵	〗No □ If no, explain.
•	Medication(s) and medication record(s) revie	wed? \	∕es ⊠ No If no, explain.
•	Resident funds and associated documents re Yes No I If no, explain. Meal preparation / service observed? Yes		
•	Fire drills reviewed? Yes ⊠ No ☐ If no, ex	cplain.	
•	Fire safety equipment and practices observe	d? Yes	No □ If no, explain.
•	E-scores reviewed? (Special Certification On If no, explain. Water temperatures checked? Yes ⊠ No □	• /	
•	Incident report follow-up? Yes ☐ No ☒ If I	no, expl	ain.
•	Corrective action plan compliance verified? N/A ⊠ Number of excluded employees followed-up?		CAP date/s and rule/s:
•	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 400.15204 Direct care staff; qualifications and training.

- (3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in the following area:
 - (b) First aid.

One direct care staff did not have documentation of having demonstrated competence in performing First Aid.

R 400.15204 Direct care staff; qualifications and training.

- (3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in the following area:
 - (c) Cardiopulmonary resuscitation.

One direct care staff did not have documentation of having demonstrated competence in performing CPR.

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.

(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the physician's knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.

One employee did not have a statement signed by a licensed physician or his or her designee attesting to their physical health.

R 400.15312 Resident medications.

(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being S333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.

Medication located in the kitchen refrigerator was not locked at the time of the inspection.

A corrective action plan was requested and approved on 05/27/2025. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

IV. RECOMMENDATION

I recommend issuance of a two-year regular adult foster care license.

Adam Robarge Date
Licensing Consultant