

GRETCHEN WHITMER
GOVERNOR

## STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

June 27, 2025

William Gross Haven Adult Foster Care Limited 73600 Church Road Armada, MI 48005

RE: License #: AS500283894

**North Meadows** 

28400 Bordman Road

Richmond Township, MI 48062

#### Dear Mr. Gross:

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 (248) 972-9136.

Sincerely,

Kristine Cilluffo, Licensing Consultant

Kristine Cillylo

Bureau of Community and Health Systems

Cadillac Place

3026 West Grand Blvd Ste 9-100

Detroit, MI 48202

(248) 285-1703

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

#### I. IDENTIFYING INFORMATION

License #	A CE00202004
License #:	AS500283894
Licensee Name:	Haven Adult Foster Care Limited
Licensee Address:	73600 Church Road
2.001.000 / (a.a. 000)	Armada, MI 48005
	Airilada, ivii 40000
Licenses Telembers #	(500) 704 0000
Licensee Telephone #:	(586) 784-8890
Licensee/Licensee Designee:	William Gross
Administrator:	William Gross
Name of Facility:	North Meadows
itanic or ruenity.	140/11/ Weddows
Equility Address:	28400 Bordman Road
Facility Address:	
	Richmond Township, MI 48062
Facility Telephone #:	(586) 784-8890
Original Issuance Date:	08/29/2006
•	
Capacity:	6
oupuoity.	
Drawaya Typa	DUVCICALLY HANDICADDED
Program Type:	PHYSICALLY HANDICAPPED
	DEVELOPMENTALLY DISABLED
	MENTALLY ILL
	AGED
	ALZHEIMERS
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#### **II. METHODS OF INSPECTION**

Date of	f On-site Inspection(s):	06/24/2	025
Date of	f Bureau of Fire Services Inspection if appl	icable:	N/A
Date of	f Health Authority Inspection if applicable:	03/06/2	2025
No. of	staff interviewed and/or observed residents interviewed and/or observed others interviewed 1 Role: Licensee	e Design	2 6 nee
• Me	edication pass / simulated pass observed?	Yes 🗵	No ☐ If no, explain.
• Me	edication(s) and medication record(s) revie	wed? Y	′es ⊠ No □ If no, explain.
• Me	esident funds and associated documents reles $\square$ No $\square$ If no, explain. eal preparation / service observed? Yes $\square$ spection did not occur during a meal prepare drills reviewed? Yes $\square$ No $\square$ If no, express the expression of the service of the service of the expression of the service of the service of the expression of the service of the expression o	]No ⊠ ration.	_
• Fir	re safety equipment and practices observed	d? Yes	⊠ No □ If no, explain.
lf r	escores reviewed? (Special Certification On no, explain. Vater temperatures checked? Yes 🛛 No 🗆	• ,	
• Ind	cident report follow-up? Yes 🗵 No 🗌 If r	no, expla	ain.
	orrective action plan compliance verified? ` N/A ⊠ umber of excluded employees followed-up?		CAP date/s and rule/s: N/A ⊠
• Va	ariances? 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 400.14301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.		
	(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.		
Resident A did not	have a current health care appraisal. His last health care		
appraisal was com	appraisal was completed on 05/22/2024.		
R 400.14315	Handling of resident funds and valuables.		
	(6) Except for bank accounts, a licensee shall not accept resident funds of more than \$200.00 for any resident of the home after receiving payment of charges owed.		
Resident A and Resident B both had over \$200.00 in cash being held by the licensee in the home. Resident A had \$400.00 in cash and Resident B had \$300.00 in cash.			
R 400.14402	Food service.		
	(6) Household and cooking appliances shall be properly installed according to the manufacturer's recommended safety practices. Where metal hoods or canopies are provided, they shall be equipped with filters. The filters shall be maintained in an efficient condition and kept clean at all times. All food preparation surfaces and areas shall be kept clean and in good repair.		

•	e inspection, I observed that the vent fan in metal hood was not the filter needed cleaning.
R 400.14403	Maintenance of premises.
	(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.
•	e inspection, I observed that the area behind washer and dryer and sher and dryer needed cleaning.
R 400.14507	Means of egress generally.
	(5) A door that forms a part of a required means of egress shall be not less than 30 inches wide and shall be equipped with positive-latching, non-locking-against-egress hardware.
During the onsite against egress h	e inspection, I observed that the front door did not have non-locking

#### IV. RECOMMENDATION

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

Kristine Cillufo

Kristine Cillufo

Date
Licensing Consultant