



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 15, 2025

Roseanne Waack
Grace Rae's Place, Inc.
30292 Grace Rae Ct.
New Hudson, MI 48165

RE: License #: AS630289048
Grace Rae's Place
30292 Grace Rae Ct.
New Hudson, MI 48165

Dear Roseanne Waack:

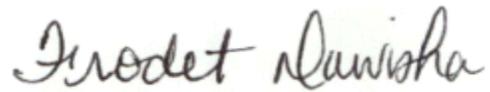
Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- You are to submit documentation of compliance.
- You are to submit a Statement of Correction.

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 (248) 972-9136.

Sincerely,

A handwritten signature in black ink that reads "Frodet Dawisha". The signature is written in a cursive, flowing style.

Frodet Dawisha, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 W. Grand Blvd., Ste 9-100
Detroit, MI 48202
(248) 303-6348

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

I. IDENTIFYING INFORMATION

| | |
|------------------------------------|---|
| License #: | AS630289048 |
| Licensee Name: | Grace Rae's Place, Inc. |
| Licensee Address: | 30292 Grace Rae Ct. New Hudson, MI 48165 |
| Licensee Telephone #: | (248) 486-9322 |
| Licensee/Licensee Designee: | Roseanne Waack |
| Administrator: | Marguerite Prieskorn |
| Name of Facility: | Grace Rae's Place |
| Facility Address: | 30292 Grace Rae Ct. New Hudson, MI 48165 |
| Facility Telephone #: | (248) 486-9322 |
| Original Issuance Date: | 06/05/2007 |
| Capacity: | 6 |
| Program Type: | ALZHEIMERS AGED |

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/15/2025

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: 07/15/2025

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 4

No. of others interviewed 1 Role: licensee designee

- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication record(s) reviewed? Yes No 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 No If no, explain.
- Fire safety equipment and practices observed? 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 If no, explain.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
N/A
- Number of excluded employees followed-up? N/A
- 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 400.14312 | Resident medications. |
| | (2) Medication shall be given, taken, or applied pursuant to label instructions. |

During the on-site inspection on 10/15/2025, I reviewed Resident A's medication logs and found the following errors:

- **Pregabalin 300MG Cap:** take one tablet by mouth twice daily for pain was only given in the AM and not per label instructions in the PM from 12/01/2024-12/31/2024.

| | |
|--------------------|---|
| R 400.14312 | Resident medications. |
| | (4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions: (b) Complete an individual medication log that contains all of the following information: (iii) Label instructions for use. (v) The initials of the person who administers the medication, which shall be entered at the time the medication is given. |

During the on-site inspection on 10/15/2025, I reviewed Resident A's medication logs and found the following errors:

- **Hydrocodone Norco 5-325** did not have label instructions written on the medication log for 01/2025.
- **Refresh Tears 0.5%:** place one drop into both eyes daily was given on 04/10/2025 but staff did not initial the medication log.

| | |
|--------------------|--|
| R 400.14312 | Resident medications. |
| | (4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions: (c) Record the reason for each administration of medication that is prescribed on an as needed basis. |

During the on-site inspection on 10/15/2025, I reviewed Resident A's medication logs and found the following errors:

- **Hydrocodone Norco 5-325** was given on 01/19/2025 and 01/20/2025 but staff did not record the reason for this as needed medication.
- **Furosemide 20MG Tab**: take one tablet by mouth for edema and may give second dose PRN/as needed for increased swelling was given on 02/07/2025-02/10/2025, 02/12/2025, 02/14/2025-02/17/2025, 02/19/2025, and 02/21/2025-02/28/2025 but staff did not record the reason for this as needed medication.
- **Lorazepam 0.5MG Tab**: take one tablet by mouth every four hours as needed was given on 08/06/2025, 08/13/2025, 08/16/2025, 08/17/2025, 08/21/2025, 08/22/2025, 08/24/2025, 08/25/2025, and 08/29/2025 but staff did not record the reason for this as needed medication.

| | |
|--------------------|--|
| R 400.14312 | Resident medications. |
| | (4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions: (e) Not adjust or modify a resident's prescription medication without instructions from a physician or a pharmacist who has knowledge of the medical needs of the resident. A licensee shall record, in writing, any instructions regarding a resident's prescription medication. |

During the on-site inspection on 10/15/2025, I reviewed Resident A's medication logs and found the following errors:

- **Acetaminophen 500MG Tab**: take two tablets by mouth once daily as needed for pain was modified from as needed medication to a once daily scheduled medication from 11/01/2024-11/30/2024 without recorded instructions from the hospice nurse.
- **Hydrocodone Norco 5-325MG** was modified from as needed medication to once daily scheduled from 01/244/2025-01/30/2025 without recorded instructions from the hospice nurse.
- **Loperamide 2MG Cap**: take one capsule by mouth once daily for diarrhea was modified to as needed in 04/2025 without recorded instructions from the hospice nurse.

| | |
|--------------------|--|
| R 400.14318 | Emergency preparedness; evacuation plan; emergency transportation. |
| | (5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review. |

During the on-site inspection on 10/15/2025, I reviewed the emergency and evacuation procedures and found the following missing fire drills:

- Sleep drill- first quarter 2024, third quarter 2024, first quarter 2025 and second quarter 2025
- Evening drill- second quarter 2024

| | |
|--------------------|--|
| 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. |

During the on-site inspection on 10/15/2025, the dryer located in the garage did not have a metal duct.

A corrective action plan was requested and approved on 10/15/2025. 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

An acceptable corrective action plan has been received. Renewal of the license is recommended.



10/15/2025

Frodet Dawisha
Licensing Consultant

Date