



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

October 5, 2017

Jennifer Alexander
Arrowhead Manor, LLC
5269 Navajo Trail
Pinckney, MI 48169

RE: License #: AS470386846
Arrowhead Manor, LLC
5269 Navajo Trail
Pinckney, MI 48169

Dear Ms. Alexander:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. 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 (313) 456-0380.

Sincerely,

A handwritten signature in cursive script that reads "Candace L. Pilarski".

Candace Pilarski, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 284-8967

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

I. IDENTIFYING INFORMATION

License #: AS470386846

Licensee Name: Arrowhead Manor, LLC

Licensee Address: 5269 Navajo Trail
Pinckney, MI 48169

Licensee Telephone #: (810) 569-4909

Licensee/Licensee Designee: Jennifer Alexander, Designee

Administrator: Ann Farnsworth

Name of Facility: Arrowhead Manor, LLC

Facility Address: 5269 Navajo Trail
Pinckney, MI 48169

Facility Telephone #: (810) 355-1536

Original Issuance Date: 04/11/2017

Capacity: 6

Program Type: AGED
ALZHEIMERS
PHYSICALLY HANDICAPPED
TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/02/2017

Date of Bureau of Fire Services Inspection if applicable: NA

Date of Health Authority Inspection if applicable: 4/3/2017

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 6

No. of others interviewed 0 Role: [REDACTED]

- 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 determined 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.

(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.

At the time of the inspection, one of two resident records did not have an updated assessment plan. A new assessment plan will be completed and all resident files will be checked for updated assessment plans. Assessment plans will be updated for all residents at least annually.

R 400.14408 Bedrooms generally.

(4) Interior doorways of bedrooms that are occupied by residents shall be equipped with a side-hinged, permanently mounted door that is equipped with positive-latching, non-locking-against-egress hardware.

At the time of the inspection, one of six bedroom doors did not stay positively latched when closed. Door jamb latch or door will be repaired so that it stays positively latched when closed.

IV. RECOMMENDATION

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



Candace Pilarski
Licensing Consultant

10/4/2017
Date