



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

April 25, 2018

Shawn Phillips  
Emerald Meadows  
6117 Charlevoix Woods Ct.  
Grand Rapids, MI 49546-8505

RE: License #: AH410343036  
Emerald Meadows  
6117 Charlevoix Woods Ct.  
Grand Rapids, MI 49546-8505

Dear Mr. Phillips:

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 action plan, as well as an acceptable annual fire safety certification, your license will be renewed. 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 (616) 356-0100.

Sincerely,

Lauren Wohlfert, Licensing Staff  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 260-7781

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH410343036
<b>Licensee Name:</b>	Providence Operations, LLC
<b>Licensee Address:</b>	18601 North Creek Drive Tinley Park, IL 60477
<b>Licensee Telephone #:</b>	(708) 342-8100
<b>Authorized Representative/Administrator:</b>	Shawn Phillips
<b>Name of Facility:</b>	Emerald Meadows
<b>Facility Address:</b>	6117 Charlevoix Woods Ct. Grand Rapids, MI 49546-8505
<b>Facility Telephone #:</b>	(616) 954-2366
<b>Original Issuance Date:</b>	08/26/2013
<b>Capacity:</b>	60
<b>Program Type:</b>	ALZHEIMERS AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/25/2018

Date of Bureau of Fire Services Inspection if applicable: Last approved fire inspection was 3/29/16

Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference: 4/25/18

No. of staff interviewed and/or observed 10

No. of residents interviewed and/or observed 38

No. of others interviewed 1 Role Relative

- Medication pass / simulated pass observed? Yes  No  If no, explain.
- Medication(s) and medication records(s) reviewed? Yes  No  If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes  No  If no, explain. No resident funds held in trust
- Meal preparation / service observed? Yes  No  If no, explain.
- Fire drills reviewed? Yes  No  If no, explain.  
Bureau of Fire Services (BFS) reviews fire drills
- Water temperatures checked? Yes  No  If no, explain.
- Incident report follow-up? Yes  IR date/s: N/A
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
CAPs dated 6/1/17 and 6/15/17 rules 1922(5), 1924(1), 1924(3), 1931(2), 1931(5), 1932(1), 1932(2), 1944(1)(d), 1952(1), 1979(1)
- Number of excluded employees followed up? 2 N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

<b>R 325.1922</b>	<b>Admission and retention of residents.</b>
	<b>(2) The admission policy shall specify all of the following:</b>  <b>(c) That the individual seeking admission and his or her authorized representative, if any, shall participate in the development of the individual's service plan.</b>
<b>ANALYSIS:</b>	Review of initial resident service plans revealed they were not signed by the resident or their authorized representative, if any. The facility had no way to demonstrate the resident or his or her authorized representative participated in the development of the service plan.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

<b>R 325.1976</b>	<b>Kitchen and dietary.</b>
	<b>(8) A reliable thermometer shall be provided for each refrigerator and freezer.</b>
<b>ANALYSIS:</b>	Inspection of the mini refrigerators in resident rooms revealed there were not thermometers present. As a result, it is unknown whether or not the food and beverages were being stored at the required 40 degrees Fahrenheit.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan and an acceptable annual fire safety certification, renewal of the license is recommended.

*Lauren Wohlfart*

4/25/18

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Licensing Consultant

\_\_\_\_\_  
Date

