



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

July 24, 2018

Shannon Vanhouten
Grand Village Assisted Living LLC
3939 44th Street SW
Grandville, MI 49418

RE: License #: AH410384010
Grand Village Assisted Living LLC
3939 44th Street SW
Grandville, MI 49418

Dear Ms. Vanhouten:

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, a regular license will be issued. 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,

A handwritten signature in blue ink that reads "Lauren Wohlfert".

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

License #:	AH410384010
Licensee Name:	Grand Village Assisted Living, LLC
Licensee Address:	3939 44th Street Grandville, MI 49418
Licensee Telephone #:	(616) 719-5895
Authorized Representative:	Shannon Vanhouten
Administrator:	Beth Terborg
Name of Facility:	Grand Village Assisted Living LLC
Facility Address:	3939 44th Street SW Grandville, MI 49418
Facility Telephone #:	(616) 719-5895
Original Issuance Date:	01/30/2018
Capacity:	72
Program Type:	AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/24/2018

Date of Bureau of Fire Services Inspection if applicable: 1/16/18

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 7/24/2018

No. of staff interviewed and/or observed 10

No. of residents interviewed and/or observed 17

No. of others interviewed 0 Role

- 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 is responsible for reviewing fire drills, but facility disaster planning procedures were reviewed
- 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: N/A
- Number of excluded employees followed up? 3 N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

R 325.1921	Governing bodies, administrators, and supervisors.
	<p>(1) The owner, operator, and governing body of a home shall do all of the following:</p> <p>(b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.</p>
ANALYSIS:	Resident A had hand rail assistive devices attached to his bed frame. Review of Resident A's service plan revealed the devices were not outlined in his service plan. Staff instruction regarding the devices, how they are to be used, and when they are to be checked for tightness and gaps, was not in the plan.
CONCLUSION:	VIOLATION ESTABLISHED

R 325.1953	Menus.
	<p>(1) A home shall prepare and post the menu for regular and therapeutic or special diets for the current week. Changes shall be written on the planned menu to show the menu as actually served.</p>
ANALYSIS:	Review of the posted menus in the facility revealed special or therapeutic diets for the current week were not posted.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

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

Lauren Wohlfart

7/24/18

Licensing Consultant

Date