



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

April 11, 2019

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 home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective action plan, an approved annual fire safety certification, and the renewal fee, 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,



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

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/11/2019

Date of Bureau of Fire Services Inspection if applicable: 2/5/19

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 4/11/19

No. of staff interviewed and/or observed 10

No. of residents interviewed and/or observed 28

No. of others interviewed 0 Role No relatives or outside agency staff present during the renewal inspection

- 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 reviews fire drills, disaster plans 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: CAP dated 4/30/18 rules 1922(2)(c), 1976(8), CAP dated 4/11/18 rule 1932(3), and CAP dated 1/9/18 rules 1921(1)(b) and 1932(3)
- Number of excluded employees followed up? 5 N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

R 325.1932	Resident medications.
	<p>(3) If a home or the home's administrator or direct care staff member supervises the taking of medication by a resident, then the home shall comply with all of the following provisions:</p> <p style="padding-left: 40px;">(b) Complete an individual medication log that contains all of the following information:</p> <p style="padding-left: 80px;">(v) The initials of the person who administered the medication, which shall be entered at the time the medication is given.</p>
ANALYSIS:	Review of resident medication administration records (MARs) revealed several were missing staff initials. There was no evidence to suggest the medication was not administered, however staff did not properly initial the MARs.
CONCLUSION:	REPEAT VIOLATION ESTABLISHED Special Investigation Report (SIR) 2018A1010027 dated 4/5/18 and SIR 2018A1010006 dated 1/2/18

IV. RECOMMENDATION

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



4/11/19

Date

Licensing Consultant