

GRETCHEN WHITMER
GOVERNOR

# STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

June 7, 2019

Carmel Slebodnik Grace Haven Assisted Living, LLC Suite 200 3196 Kraft Ave SE Grand Rapids, MI 49512

RE: License #: AL190294006

**Grace Haven Assisted Living-Supportive Care** 

1507 Glastonbury Dr. St. Johns, MI 48879

Dear Ms. Slebodnik:

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 plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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 (517) 284-9720.

Sincerely,

Leslie Barner, Licensing Consultant Bureau of Community and Health Systems

611 W. Ottawa Street P.O. Box 30664 Lansing, MI 48909

(517) 256-2181

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

### I. IDENTIFYING INFORMATION

**License #:** AL190294006

Licensee Name: Grace Haven Assisted Living, LLC

Licensee Address: Suite 200

3196 Kraft Ave SE

Grand Rapids, MI 49512

**Licensee Telephone #:** (989) 224-1650

Licensee Designee: Carmel Slobodnik

Administrator: Amanda Mackenzie

Name of Facility: Grace Haven Assisted Living-Supportive Care

Facility Address: 1507 Glastonbury Dr.

St. Johns, MI 48879

**Facility Telephone #:** (989) 224-1650

Original Issuance Date: 08/26/2008

Capacity: 20

Program Type: AGED

**ALZHEIMERS** 

# **II. METHODS OF INSPECTION**

Date	e of On-site Inspection(	06/06/2019	
Date	e of Bureau of Fire Ser	05/30/2019	
Date of Health Authority Inspection if applicable:			Not applicable
Insp	ection Type:	☐ Interview and Observation☐ Combination	⊠ Worksheet □ Full Fire Safety
No. of staff interviewed and/or observed  No. of residents interviewed and/or observed  No. of others interviewed  2 Role: administration			
•	Medication pass / simu	ulated pass observed? Yes $oxtimes$	No 🗌 If no, explain.
•	Medication(s) and medication record(s) reviewed? Yes $\boxtimes$ No $\square$ If no, explain		
•	Resident funds and associated documents reviewed for at least one resident? Yes $\boxtimes$ No $\square$ If no, explain. Meal preparation / service observed? Yes $\boxtimes$ No $\square$ If no, explain.		
•	Fire drills reviewed? Yes ⊠ No □ If no, explain.		
•	Fire safety equipment and practices observed? Yes $\boxtimes$ No $\square$ If no, explain.		
•	E-scores reviewed? (Special Certification Only) Yes \( \subseteq \text{No} \subseteq \text{N/A} \text{ \index} \) If no, explain. Water temperatures checked? Yes \( \subseteq \text{ No} \subseteq \text{ If no, explain.} \)		
•	Incident report follow-up? Yes ⊠ No □ If no, explain.		
•	Corrective action plan N/A ⊠	compliance verified? Yes	CAP date/s and rule/s:
•	Number of excluded e	mployees followed-up?	N/A ⊠
•	Variances? Yes ☐ (p	olease explain) No 🗌 N/A 🔯	

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

R 400.15318

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.

Based on documentation available at the facility at the time of the onsite inspection emergency and evacuation procedures were not practiced during daytime and sleeping hours in the third quarter of 2017, and during daytime hours in the fourth quarter of 2018.

## IV. RECOMMENDATION

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

Leslie Barner Date Licensing Consultant