



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

December 30, 2019

Lisa Pritchard  
Arbor Woods Assisted Lvg  
2100 Springport Road  
Jackson, MI 49202

RE: License #: AH380313452  
Investigation #: 2020A1021022  
Arbor Woods Assisted Lvg

Dear Ms. Pritchard:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. 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 time frames 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 authorized representative and a date.

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 contact the local office at (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Kimberly Horst".

Kimberly Horst, Licensing Staff  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
Lansing, MI 48909

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
SPECIAL INVESTIGATION REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH380313452
<b>Investigation #:</b>	2020A1021022
<b>Complaint Receipt Date:</b>	12/26/2019
<b>Investigation Initiation Date:</b>	12/26/2019
<b>Report Due Date:</b>	02/25/2020
<b>Licensee Name:</b>	Ganton's Arbor Woods, LLC
<b>Licensee Address:</b>	2100 Springport Road Jackson, MI 49202
<b>Licensee Telephone #:</b>	(517) 787-4400
<b>Administrator/ Authorized Representative:</b>	Lisa Pritchard
<b>Name of Facility:</b>	Arbor Woods Assisted Lvg
<b>Facility Address:</b>	2100 Springport Road Jackson, MI 49202
<b>Facility Telephone #:</b>	(517) 787-4400
<b>Original Issuance Date:</b>	07/08/2011
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	05/31/2018
<b>Expiration Date:</b>	05/30/2019
<b>Capacity:</b>	59
<b>Program Type:</b>	AGED

## II. ALLEGATION(S)

	<b>Violation Established?</b>
The facility received a fire safety disapproval rating.	Yes
Additional Findings	No

## III. METHODOLOGY

12/26/2019	Special Investigation Intake 2020A1021022
12/26/2019	Special Investigation Initiated - Telephone Interviewed authorized representative Lisa Pritchard
12/30/2109	Exit Conference Exit Conference with authorized representative Lisa Pritchard

### **ALLEGATION:**

**The facility received a fire safety disapproval rating.**

### **INVESTIGATION:**

On 12/26/19, the licensing department received an annual fire inspection report from the Bureau of Fire Services. Fire safety inspector Cory Irvin completed an inspection at the facility on 12/20/19 issuing a "Disapproved" certification. The deficiencies were not satisfactorily corrected from the inspection on 5/3/19.

I reviewed the inspection reports dated 5/3/19 and 12/20/19. The report dated 5/3/19 notes the following:

"Maintenance room door needs to be self-closing; Resident laundry room door needs to be self-closing; Sprinkler escutcheon missing from rooms 149 and 153; No documented annual 90 minute test of emergency lighting; No documented annual fire door inspections; The following doors failed to close and positively latch as required: a. Double doors (fire doors) leading to northwest exit. b. Double doors (fire doors) in middle hall; Dining hall addition has no sprinkler coverage."

The report dated 12/20/19 notes the following:

"Resident laundry room door needs to be self-closing; Sprinkler escutcheon missing from rooms 149 and 153; No documented annual 90 minute test of emergency lighting; No documented annual fire door inspections; The following doors failed to

close and positively latch as required: a. Double doors (fire doors) leading to northwest exit. b. Double doors (fire doors) in middle hall; Dining hall addition has no sprinkler coverage.”

On 12/20/19, Mr. Irvin contacted me by telephone. Mr. Irvin reported he would be issuing a disapproval fire rating for the facility. Mr. Irvin reported he completed the initial fire safety inspection in May 2019 and the deficiencies have not been fixed as of December 2019.

On 12/26/19, I interviewed authorized representative Lisa Pritchard by telephone. Ms. Pritchard reported the maintenance room and laundry room is now self-closing. Ms. Pritchard reported the sprinkler escutcheon has been addressed. Ms. Pritchard reported the facility is now documenting 90-minute test of emergency lighting and annual fire door inspections. Ms. Pritchard reported all doors latch as required. Ms. Pritchard reported the only item that has not been fixed is the sprinkler system. Ms. Pritchard reported many years ago there was an addition at the facility and a sprinkler system was not installed. Ms. Pritchard reported the licensee and herself have met multiple times and it has been decided to replace the entire facility sprinkler system. Ms. Pritchard reported the contract was signed and the company should be in the facility in January to develop the plan and to install the system.

<b>APPLICABLE RULE</b>	
<b>R 325.1917</b>	<b>Compliance with other laws, codes, and ordinances.</b>
	<b>(2) A home shall comply with the department's health care facility fire safety rules being R 29.1801 to R 29.1861 of the Michigan Administrative Code.</b>
<b>ANALYSIS:</b>	The facility has not provided an acceptable plan of correction to the Bureau of Fire Services with a timeline identified for completion of the project. A “disapproved” rating is not consistent with this rule.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

On 12/30/19, I conducted an exit conference with authorized representative Lisa Pritchard. Ms. Pritchard agreed with the findings in this report.

#### **IV. RECOMMENDATION**

Contingent upon an acceptable corrective action plan, I recommend no change in the status of the license.

*Kimberly Horst*

12/27/19

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Kimberly Horst  
Licensing Staff

Date

Approved By:

*Russell Misiak*

12/27/19

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Russell B. Misiak  
Area Manager

Date