

GRETCHEN WHITMER
GOVERNOR

# STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

August 26, 2021

Gregory Tracy Rest Haven Home 1424 Union Avenue, NE Grand Rapids, MI 49505-5197

RE: License #: AH410236876

Rest Haven Home

1424 Union Avenue, NE

Grand Rapids, MI 49505-5197

Dear Mr. Tracy:

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, 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

Tauren Wohlfert

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 #:	AH410236876	
Licensee Name:	Rest Haven Homes, Inc.	
Licensee Address:	1424 Union Ave NE	
	Grand Rapids, MI 49505	
	(0.40) 0.00 0.040	
Licensee Telephone #:	(616) 363-6819	
Authorized Depresentative/	Cragory Troov	
Authorized Representative/ Administrator/:	Gregory Tracy	
Administratori.		
Name of Facility:	Rest Haven Home	
_		
Facility Address:	1424 Union Avenue, NE	
	Grand Rapids, MI 49505-5197	
Essilia Talashara #	(040) 000 0040	
Facility Telephone #:	(616) 363-6819	
Original Issuance Date:	12/01/1999	
Original Issuance Date.	12/01/1333	
Capacity:	86	
Program Type:	AGED	

# **II. METHODS OF INSPECTION**

Date of On-site Inspection	(s): 8/26/21	
Date of Bureau of Fire Ser	vices Inspection if applicable: 3	/2/21
Inspection Type:	☐Interview and Observation ☐Combination	⊠Worksheet
Date of Exit Conference:	8/26/21	
No. of staff interviewed and No. of residents interviewed No. of others interviewed		9 23
Medication pass / sim	ulated pass observed? Yes ⊠	No ☐ If no, explain.
explain.  • Resident funds and as Yes ⊠ No ☐ If no, €	dication records(s) reviewed? \ ssociated documents reviewed explain. vice observed? Yes \( \) No \( \)	for at least one resident?
Bureau of Fire Service	Yes ☐ No ☑ If no, explain. es reviews fire drills, disaster pla hecked? Yes ☑ No ☐ If no,	
•	p? Yes  IR date/s: N/A compliance verified? Yes  On the property of the proper	

### **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

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

R 325.1976	Kitchen and dietary.
	(5) The kitchen and dietary area, as well as all food being stored, prepared, served, or transported, shall be protected against potential contamination from dust, flies, insects, vermin, overhead sewer lines, and other sources.
ANALYSIS:	Inspection of a refrigerator in a resident common area and inspection of the reach in refrigerator in the main kitchen revealed there were food items uncovered and open to the elements. Inspection of the walk-in refrigerator and freezer in the main kitchen revealed there were food items on the floor.
CONCLUSION:	VIOLATION ESTABLISHED

### IV. RECOMMENDATION

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

Jauren Wohlfat

8/26/21

Date

Licensing Consultant