



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 12, 2021

Allison Kortz
Woodlawn Meadows, LLC
Suite 200
3196 Kraft Ave SE
Grand Rapids, MI 49512

RE: License #: AL080242139
Woodlawn Meadows Specialized Care
1725 N. East St.
Hastings, MI 49058

Dear Ms. Kortz:

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) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Leslie Herrguth".

Leslie Herrguth, 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 #:	AL080242139
Licensee Name:	Woodlawn Meadows, LLC
Licensee Address:	1821 N. East Street Hastings, MI 49058
Licensee Telephone #:	(269) 948-4921
Licensee Designee:	Carmel Slebodnik
Administrator:	Allison Kortz
Name of Facility:	Woodlawn Meadows Specialized Care
Facility Address:	1725 N. East St. Hastings, MI 49058
Facility Telephone #:	(269) 948-4921
Original Issuance Date:	05/23/2002
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/10/2021

Date of Bureau of Fire Services Inspection if applicable: 12/24/2020

Date of Health Authority Inspection if applicable: Not applicable

Inspection Type: ☐ Interview and Observation ☒ Worksheet
☐ Combination ☐ Full Fire Safety

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 17

No. of others interviewed 1 Role: administrator

- Medication pass / simulated pass observed? Yes ☒ No ☐ If no, explain.
- Medication(s) and medication record(s) reviewed? Yes ☒ No ☐ If no, explain.
- Resident funds and associated documents reviewed for at least one resident?
Yes ☒ No ☐ If no, explain.
- Meal preparation / service observed? Yes ☐ No ☒ If no, explain.
Inspection did not occur at meal time. The food at the facility appeared safe and free from spoilage and contamination, the food service equipment was in good repair, and the facility appeared equipped to prepare and serve adequate meals.
- Fire drills reviewed? Yes ☒ No ☐ If no, explain.
- Fire safety equipment and practices observed? Yes ☒ No ☐ If no, explain.
- E-scores reviewed? (Special Certification Only) Yes ☐ No ☐ N/A ☒
If no, explain.
- Water temperatures checked? Yes ☒ No ☐ If no, explain.
- Incident report follow-up? Yes ☒ No ☐ If no, explain.
- Corrective action plan compliance verified? Yes ☐ CAP date/s and rule/s:
N/A ☒
- Number of excluded employees followed-up? N/A ☒
- Variances? Yes ☒ (please explain) No ☐ N/A ☐
Variance for rule 315 (3) granted 3/11/19.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

R 400.15312 Resident medications.

(2) Medication shall be given, taken, or applied pursuant to label instructions.

Two (2) of seven (7) resident records reviewed contained documentation that Resident A and Resident E did not receive their medication as prescribed because the medication was not at the facility.

R 400.15312 Resident medications.

(4)(f) Contact the appropriate health care professional if a medication error occurs or when a resident refuses prescribed medication or procedures and follow and record the instructions given.

Six (6) of seven (7) resident records reviewed contained documentation that Residents A, B, D, E, F, and G refused to take prescribed medications on multiple occasions and the residents' health care professionals were not contacted based on the written documentation and interviews conducted at the inspection.

R 400.15315 Handling of resident funds and valuables.

(12) Charges against the resident's account shall not exceed the agreed price for the services rendered and goods furnished or made available by the home to the resident.

Resident C's current resident care agreement stated the monthly fee for her care is \$5,750, however her current invoice indicates she is being charged \$6250 per month for her care.

IV. RECOMMENDATION

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



08/12/2021

Leslie Herrguth
Licensing Consultant

Date