



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

June 17, 2021

Rochelle Lyons  
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. Lyons:

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

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**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:** Rochelle Lyons

**Administrator:** Rochelle Lyons

**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:** ALZHEIMERS  
AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/10/2021

Date of Bureau of Fire Services Inspection if applicable: 08/17/2020

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 2  
No. of residents interviewed and/or observed 10  
No. of others interviewed 2 Role: administration

- 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: 6/14/19 for rule 318 (5) N/A
- Number of excluded employees followed-up? 2 N/A
- Variances? Yes  (please explain) No  N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

**R 400.15204            Direct care staff; qualifications and training.**

**(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas:**

**(b) First aid.**

**(c) Cardiopulmonary resuscitation.**

One (1) of four (4) employee records reviewed did not contain verification that the employee was trained deemed competent in first aid/CPR within the last two years for staff member #1.

**R 400.15208            Direct care staff and employee records.**

**(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:**

**(f) Verification of reference checks.**

Two (2) of four (4) employee records reviewed did not contain verification that references were checked.

**R 400.15301            Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

**(9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency, if applicable, at least annually or more often if necessary.**

One (1) of four (4) resident records reviewed did not contain verification that the resident care agreement was reviewed within the last year for Resident C.

**R 400.15315**

**Handling of resident funds and valuables.**

**(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.**

Four (4) of four (4) employee records reviewed did not contain Funds Form II tracking residents' payments for adult foster care services for Residents A, B, C, and D.

**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 written documentation provided at the onsite inspection emergency and evacuation procedures were not practiced during daytime, evening, and sleeping hours during every quarter. The following drills were missing:

- Quarters one (2) through four (4) for 2019 were missing documentation of drills completed during daytime, evening, and sleeping hours.
- Quarter one (2) through three (3) for 2020 were missing documentation of drills completed during daytime, evening, and sleeping hours
- Quarter four (4) for 2020 was missing drills during evening and sleeping hours.
- Quarter one (1) for 2021 was missing drills during evening and sleeping hours

#### IV. RECOMMENDATION

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



06/17/2021

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Leslie Herrguth  
Licensing Consultant

Date