

GRETCHEN WHITMER
GOVERNOR

## STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

November 16, 2021

Roseline Rowan Medhealth Suppliers & Providers, Inc. 706 Britten Ave Lansing, MI 48910

RE: License #: AS230294121

Evergreen Place II 4048 Windward Dr. Lansing, MI 48911

#### Dear Ms. Rowan:

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,

We Khaberry, LMSW

Nile Khabeiry, Licensing Consultant Bureau of Community and Health Systems 611 W. Ottawa Street P.O. Box 30664 Lansing, MI 48909

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

### I. IDENTIFYING INFORMATION

**License #:** AS230294121

**Licensee Name:** Medhealth Suppliers & Providers, Inc.

**Licensee Address:** 706 Britten Ave

Lansing, MI 48910

**Licensee Telephone #:** (517) 712-8585

Licensee/Licensee Designee: Roseline Rowan, Designee

**Administrator:** Roseline Rowan, Administrator

Name of Facility: Evergreen Place II

**Facility Address:** 4048 Windward Dr.

Lansing, MI 48911

**Facility Telephone #:** (517) 580-4990

Original Issuance Date: 04/28/2008

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED

DEVELOPMENTALLY DISABLED

MENTALLY ILL ALZHEIMERS

**AGED** 

## II. METHODS OF INSPECTION

| Date   | e of On-site Inspection(s): 9/17/2021 and 11/15/2021   |  |  |
|--|--|--|--|
| Date of Bureau of Fire Services Inspection if applicable:  |  |  |  |
| Date of Health Authority Inspection if applicable:   |  |  |  |
| Insp   | ection Type:   |  |  |
| No. of staff interviewed and/or observed  No. of residents interviewed and/or observed  No. of others interviewed  Role: |  |  |  |
| •  | Medication pass / simulated pass observed? Yes $\boxtimes$ No $\square$ 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  No NA NA 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 ☐   |  |  |

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

## R 400.14403 Maintenance of premises.

Rule 403. (1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

The door frame leading into the furnace room needs to be secured to the wall.

## IV. RECOMMENDATION

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

| We Khaberry, LMSW    | 11/16/2021 |
|----------------------|------------|
| Nile Khabeiry        | Date       |
| Licensing Consultant |            |