



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

November 18, 2021

Timothy Adams  
7280 Belding Rd. NE  
Rockford, MI 49341

RE: License #:	AM610009232 Cedar Creek Personal Care Home I 8840 Cedar Creek Drive Holton, MI 49425
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Dear Mr. Adams:

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. If I am not available and you need to speak to someone immediately, you may contact the local office at (616) 356-0100.

Sincerely,

*Elizabeth Elliott*

Elizabeth Elliott, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 901-0585

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM610009232
<b>Licensee Name:</b>	Timothy Adams
<b>Licensee Address:</b>	7280 Belding Rd. NE Rockford, MI 49341
<b>Licensee Telephone #:</b>	(616) 459-9331
<b>Licensee/Licensee Designee:</b>	Timothy Adams
<b>Administrator:</b>	Timothy Adams
<b>Name of Facility:</b>	Cedar Creek Personal Care Home I
<b>Facility Address:</b>	8840 Cedar Creek Drive Holton, MI 49425
<b>Facility Telephone #:</b>	(231) 821-0281
<b>Original Issuance Date:</b>	01/07/1991
<b>Capacity:</b>	12
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED ALZHEIMERS

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 11/15/2021

Date of Bureau of Fire Services Inspection if applicable: 01/21/2021

Date of Health Authority Inspection if applicable: 07/22/2021

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 11  
No. of others interviewed 1 Role: Sheila Patterson, Home Mgr.

- 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.
- 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

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:	
<b>R 400.14306</b>	<b>Use of assistive devices.</b>
	(2) An assistive device shall be specified in a resident's written assessment plan and agreed upon by the resident or the resident's designated representative and the licensee.
<p>Finding: Residents have bedrails on their beds. Resident A has ¼ bedrails on his bed.</p> <p>Response: Home Manager, Sheila Patterson stated she will include all resident bedrails in the resident assessment plans.</p>	
<b>R 400.14306</b>	<b>Use of assistive devices.</b>
	(3) Therapeutic supports shall be authorized, in writing, by a licensed physician. The authorization shall state the reason for the therapeutic support and the term of the authorization.
<p>Finding: Residents have bedrails on their beds, Resident A has ¼ bedrails on his bed and all should be authorized by physician.</p> <p>Response: Ms. Patterson stated she will have the physician approve and provide authorization of the bedrails and include it in the resident file and on the assessment plan.</p>	
<b>R 400.14401</b>	<b>Environmental health.</b>
	(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.

Finding: The water tested at the facility was 98.4 degrees Fahrenheit.	
Response: Ms. Patterson stated she will turn the hot water heater up to meet the temperature range of 105-120 degrees Fahrenheit.	
<b>R 400.14403</b>	<b>Maintenance of premises.</b>
	(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.
Finding: Resident closet doors are off track and/or broken.	
Response: Ms. Patterson stated she will request maintenance fix the closet doors.	

#### IV. RECOMMENDATION

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



11/18/2021

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Elizabeth Elliott  
Licensing Consultant

Date