

GRETCHEN WHITMER
GOVERNOR

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

ORLENE HAWKS DIRECTOR

March 23, 2022

Randall Gasser Woodhaven Retirement Community 29667 Wentworth Ave. Livonia, MI 48154

RE: License #: AH820236926

Woodhaven Retirement Community 29667 Wentworth Ave.

Livonia, MI 48154

Dear Mr. Gasser:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license is renewed, effective 2/18/2022 – 2/17/2023. It is valid only at your present address and is nontransferable.

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 (517) 284-9730.

Sincerely,

Brender Howard, Licensing Staff

Hander J. Hound

Bureau of Community and Health Systems

611 W. Ottawa Street

P.O. Box 30664

Lansing, MI 48909

(313) 268-1788

enclosure

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

#### I. IDENTIFYING INFORMATION

**License #:** AH820236926

Licensee Name: Woodhaven Retirement Community

**Licensee Address:** 29667 Wentworth Ave.

Livonia, MI 48154

**Licensee Telephone #:** (734) 730-2360

Authorized Randall Gasser

Representative/Administrator:

Name of Facility: Woodhaven Retirement Community

**Facility Address:** 29667 Wentworth Ave.

Livonia, MI 48154

**Facility Telephone #:** (734) 261-9000

Original Issuance Date: 10/01/2000

Capacity: 105

Program Type: AGED

**ALZHEIMERS** 

### **II. METHODS OF INSPECTION**

Date of On-site Inspection	(s): 03/2	22/2022	
Date of Bureau of Fire Services Inspection if app		le: 11/02/2021	
Inspection Type:	☐Interview and Observat ☐Combination	ion ⊠Worksheet	
Date of Exit Conference: 03/22/2022			
No. of staff interviewed and/or observed  No. of residents interviewed and/or observed  No. of others interviewed  Role Residents' family members			
Medication pass / simulated pass observed? Yes ⊠ No □ If no, explain.			
<ul> <li>Medication(s) and medication records(s) reviewed? Yes ⋈ No ☐ If no, explain.</li> <li>Resident funds and associated documents reviewed for at least one resident? Yes ⋈ No ☐ If no, explain.</li> <li>Meal preparation / service observed? Yes ⋈ No ☐ If no, explain.</li> </ul>			
<ul> <li>Fire drills reviewed? Yes ☐ No ☒ If no, explain. Interviewed staff on the policies and procedures.</li> <li>Water temperatures checked? Yes ☒ No ☐ If no, explain.</li> </ul>			
<ul> <li>Corrective action plan CAPS for this home.</li> </ul>	·	CAP date/s and rule/s: No	
<ul> <li>inuttibet of excluded et</li> </ul>	mplovees followed up?	N/A 🔀	

#### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility is in compliance with all applicable rules and statutes.

#### IV. RECOMMENDATION

Grander J. Howard	3/23/2022
Licensing Consultant	 Date

Renewal of the license is recommended.