



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

May 12, 2022

Lauren Gowman
Grand Pines Assisted Living Center
1410 S. Ferry St.
Grand Haven, MI 49417

RE: License #: AH700299440
Grand Pines Assisted Living Center
1410 S. Ferry St.
Grand Haven, MI 49417

Dear Mrs. Gowman:

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 in 15 days (on 5/27/22) 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 action plan, an approved BFS safety rating, and the license renewal fee, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result. Please review the enclosed documentation for accuracy and contact me with any questions. In the event I am not available, and you need to speak to someone immediately, please feel free to contact the local office at (616) 356-0100.

Sincerely,

Julie Viviano, Licensing Staff
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
Cell (616) 204-4300

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

I. IDENTIFYING INFORMATION

License #:	AH700299440
Licensee Name:	Grand Pines Assisted Living LLC
Licensee Address:	950 Taylor Ave. Grand Haven, MI 49417
Licensee Telephone #:	(616) 846-4700
Authorized Representative:	Lauren Gowman
Administrator/Licensee Designee:	Nancy Baar
Name of Facility:	Grand Pines Assisted Living Center
Facility Address:	1410 S. Ferry St. Grand Haven, MI 49417
Facility Telephone #:	(616) 850-2150
Original Issuance Date:	07/08/2009
Capacity:	177
Program Type:	AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/11/2022

Date of Bureau of Fire Services Inspection if applicable: No current approved BFS on file. Last one on file is dated (and expired) 8/4/2020.

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 5/11/2022

No. of staff interviewed and/or observed 20
No. of residents interviewed and/or observed 42
No. of others interviewed 0 Role N/A

- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication records(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain. The home does not hold resident funds in trust.
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
Reviewed disaster plans along with interviewed staff on policies and procedures.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes IR date/s: 4/19/22 N/A
- Corrective action plan compliance verified? Yes CAP date/s and rule/s: 4/19/22 - 2022A028028
- Number of excluded employees followed up? 0 N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

R 325.1922	Admission and retention of residents.
	(7) An individual admitted to residence in the home shall have evidence of tuberculosis screening on record in the home which consists of an intradermal skin test, chest x-ray, or other methods recommended by the local health authority performed within 12 months before admission.
ANALYSIS:	<p>Review of seven resident tuberculosis screenings revealed three residents did not have an appropriate tuberculosis screening completed within 12 months before admission.</p> <p>Resident A was admitted to the home 11/23/19 and a tuberculosis screen was not completed until 11/29/19.</p> <p>Resident B was admitted to the home 4/25/19 and a tuberculosis screen was not completed until 5/13/19.</p> <p>Resident C was admitted to the home 8/13/21 and a tuberculosis screen was not completed until 8/15/21.</p>
CONCLUSION:	VIOLATION ESTABLISHED

R 325.1975	Laundry and linen requirements.
	<p>(1) A new construction, addition, major building change, or conversion after November 14, 1969 shall provide all of the following:</p> <p style="padding-left: 40px;">(b) A separate clean linen storage room.</p>
ANALYSIS:	<p>Inspection of the home revealed person protection equipment (PPE), a toilet seat, a trash can, and housekeeping cart with soiled items were stored in the same laundry area as clean</p>

	linens. A laundry area is intended for the cleaning of linens only and the mixing of items is not consistent with infection control methods.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Contingent upon the receipt of an acceptable corrective action plan, an approved BFS rating, and the license fee, renewal of the license is recommended.

Julie Mirano

5/12/2022

Licensing Consultant

Date