



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

August 3, 2022

Lindsey Haley  
River Ridge Retirement. Village LLC  
3196 Kraft Ave SE Suite 200  
Grand Rapids, MI 49512

RE: License #: AL800095787  
River Ridge Retirement Village  
706 Kentucky Ave  
South Haven, MI 49090

Dear Ms. Haley:

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,

Kristy Duda, Licensing Consultant  
Bureau of Community and Health Systems  
350 Ottawa, N.W.  
Grand Rapids, MI 49503

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

**I. IDENTIFYING INFORMATION**

**License #:** AL800095787

**Licensee Name:** River Ridge Retirement. Village LLC

**Licensee Address:** Suite 200  
3196 Kraft Ave SE  
Grand Rapids, MI 49512

**Licensee Telephone #:** (616) 464-1564

**Licensee/Licensee Designee:** Lindsey Haley

**Administrator:** Carmel Slebodnik

**Name of Facility:** River Ridge Retirement Village

**Facility Address:** 706 Kentucky Ave  
South Haven, MI 49090

**Facility Telephone #:** (269) 639-7310

**Original Issuance Date:** 05/01/2001

**Capacity:** 20

**Program Type:** PHYSICALLY HANDICAPPED  
AGED  
ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 8/02/2022

Date of Bureau of Fire Services Inspection if applicable: 11/10/2021 – A Rating

Date of Health Authority Inspection if applicable: N/A

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 8

No. of others interviewed 0 Role: N/A

- 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 occurred between mealtimes.
- 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.  
The water temperature was measured to be 118 degrees Fahrenheit.
- Incident report follow-up? Yes  No  If no, explain.  
There were not any incident reports submitted requiring follow-up.
- 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:

**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.**

Multiple staff files did not have training verification for first aid or cardiopulmonary resuscitation training.

**R 400.15205            Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.**

**(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.**

There was no documentation available for department review to verify tuberculosis screening had been completed for employees.

**R 400.15205            Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.**

**(6) A licensee shall annually review the health status of the administrator, direct care staff, other employees, and members of the household. Verification of annual reviews**

**shall be maintained by the home and shall be available for department review.**

There was no documentation available for department review to verify an annual review of employee health status was completed.

**R 400.15301 Resident admission criteria; health care appraisal.**

**(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.**

Resident files did not have health care appraisals completed within the last calendar year.

**R 400.15301 Resident admission criteria; resident assessment plan;**

**(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.**

Resident files did not have resident assessment plans completed within the last calendar year.

**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.**

Resident files did not have resident funds and valuables transaction forms completed and available for department review.

**R 400.15318      Emergency preparedness;**

**(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.**

There were no fire drills completed during sleeping hours.

#### **IV. RECOMMENDATION**


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



8/3/22

\_\_\_\_\_  
Date

Licensing Consultant



8/4/22

\_\_\_\_\_  
Date

Russell Misiak  
Area Manager