



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

December 8, 2022

Lucijana Tomic  
Care Cardinal Cascade  
6117 Charlevoix Woods Ct.  
Grand Rapids, MI 49546-8505

RE: License #: AH410410352  
Care Cardinal Cascade  
6117 Charlevoix Woods Ct.  
Grand Rapids, MI 49546-8505

Dear Ms. Tomic:

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 action plan, 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 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,

Lauren Wohlfert, Licensing Staff  
Bureau of Community and Health Systems  
350 Ottawa N.W. Unit 13 7th Floor  
Grand Rapids, MI 49503  
(616) 260-7781  
enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH410410352
<b>Licensee Name:</b>	CSM Cascade, LLC
<b>Licensee Address:</b>	1435 Coit Ave. NE Grand Rapids, MI 49505
<b>Licensee Telephone #:</b>	(616) 308-6915
<b>Authorized Representative:</b>	Lucijana Tomic
<b>Administrator:</b>	DaleTron Thompson
<b>Name of Facility:</b>	Care Cardinal Cascade
<b>Facility Address:</b>	6117 Charlevoix Woods Ct. Grand Rapids, MI 49546-8505
<b>Facility Telephone #:</b>	(616) 954-2366
<b>Original Issuance Date:</b>	05/24/2022
<b>Capacity:</b>	77
<b>Program Type:</b>	AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/08/2022

Date of Bureau of Fire Services Inspection if applicable: 05/09/2022

Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference: 12/08/2022

No. of staff interviewed and/or observed 8  
No. of residents interviewed and/or observed 33  
No. of others interviewed 3 Role Resident relatives

- 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. No resident funds held in trust
- Meal preparation / service observed? Yes  No  If no, explain.
- Fire drills reviewed? Yes  No  If no, explain.  
Bureau of Fire Services reviews fire drills, disaster plans were reviewed with staff
- Water temperatures checked? Yes  No  If no, explain.
- Incident report follow-up? Yes  IR date/s: 11/30/22 N/A
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s: CAP dated 4/18/22 Administrative Rule 1944 and Public Health Code 20201(1), CAP dated 6/19/22 rule 1932(1), CAP dated 6/26/22 rules 1932(2) and 1979(1), and CAP dated 9/26/22 rules 1921(1)(b), 1921(2)(c)
- Number of excluded employees followed up? 5 N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

<b>R 325.1932</b>	<b>Resident medications.</b>
	<b>(1) Medication shall be given, taken, or applied pursuant to labeling instructions or orders by the prescribing licensed health care professional.</b>
<b>ANALYSIS:</b>	Review of Resident E's incident report dated 11/30/22 and his November medication administration record (MAR) revealed he went several days without his prescribed "CLOZAPINE 25MG TAB MTH TAKE 3 TABLETS BY MOUTH IN THE MORNING." Resident E's MAR read he went 14 days without this prescribed medication. The <i>Corrective Measures Taken to Remedy and/or Prevent Recurrence</i> section of the incident report read, "Resident requested to go to Pine Rest inpatient while meds are being titrated."
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

<b>R 325.1976</b>	<b>Kitchen and dietary.</b>
	<b>(5) The kitchen and dietary area, as well as all food being stored, prepared, served, or transported, shall be protected against potential contamination from dust, flies, insects, vermin, overhead sewer lines, and other sources.</b>
<b>ANALYSIS:</b>	Inspection of the walk-in freezer revealed there were bags of frozen food items on the floor. Inspection of the walk-in refrigerator revealed there were carts of uncovered food items stored open to the elements and potential contamination.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, issuance of a regular license is recommended.

*Lauren Wohlfart*

12/08/2022

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Licensing Consultant

Date