



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

April 3, 2023

Michele White
The Village of Westland, A Senior Living Community
32001 Cherry Hill Road
Westland, MI 48186-7902

RE: License #: AL820244670
Ivy Cottage
32151 Cherry Hill Road
Westland, MI 48186

Dear Mrs. White:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- An on-site inspection will be conducted.

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 (313) 456-0380.

Sincerely,

A handwritten signature in blue ink that reads "K. Robinson".

K. Robinson, LMSW, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 919-0574

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

I. IDENTIFYING INFORMATION

License #: AL820244670

Licensee Name: The Village of Westland, A Senior Living Community

Licensee Address: 32001 Cherry Hill Road
Westland, MI 48186-7902

Licensee Telephone #: (734) 728-5222

Licensee/Licensee Designee: Michele White, Designee

Administrator: Michele White

Name of Facility: Ivy Cottage

Facility Address: 32151 Cherry Hill Road
Westland, MI 48186

Facility Telephone #: (734) 762-8885

Original Issuance Date: 06/19/2002

Capacity: 20

Program Type: ALZHEIMERS
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/13/2023

Date of Bureau of Fire Services Inspection if applicable: 07/06/2022

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 02

No. of residents interviewed and/or observed 14

No. of others interviewed 01 Role: Licensee designee

- Medication pass / simulated pass observed? Yes No If no, explain.
Face to Face contact was limited to prevent risk of exposure to Covid-19;
vulnerable population.
- 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.
See fire marshal report
- 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:

R 400.15403 Maintenance of premises.

(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.

Observed water damage on the ceiling of the bathroom in bedroom #5. The licensee reported repairs were delayed due to inclement weather.

A corrective action plan was requested and approved on 03/13/2013. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.



4/3/23

Kara Robinson
Licensing Consultant

Date