



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

January 25, 2023

Rochelle Lyons  
Grandhaven Living Center LLC  
Suite 200  
3196 Kraft Avenue SE  
Grand Rapids, MI 49512

RE: License #: AL330237775  
**Grandhaven Living Center 1 (Pier)**  
**3145 W Mt Hope Avenue**  
**Lansing, MI 48911**

Dear Ms. Lyons:

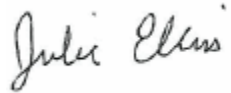
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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,

A handwritten signature in cursive script that reads "Julie Elkins".

Julie Elkins, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909

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

**I. IDENTIFYING INFORMATION**

**License #:** AL330237775

**Licensee Name:** Grandhaven Living Center LLC

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

**Licensee Telephone #:** (517) 420-3898

**Licensee Designee:** Rochelle Lyons

**Administrator:** Brandy Shumaker

**Name of Facility:** Grandhaven Living Center 1 (Pier)

**Facility Address:** 3145 W Mt Hope Avenue  
Lansing, MI 48911

**Facility Telephone #:** (517) 420-3898

**Original Issuance Date:** 02/12/2002

**Capacity:** 20

**Program Type:** PHYSICALLY HANDICAPPED  
AGED

## II. METHODS OF INSPECTION

Date of On-site Inspections: 01/18/2023

Date of Bureau of Fire Services Inspection if applicable: 02/22/2022

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 5

No. of residents interviewed and/or observed 10

No. of others interviewed 0 Role: [REDACTED]

- 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.
- 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.
- Incident report follow-up? Yes  No  If no, explain.
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
CAP 6/3/2022, 312 (1), 301 (4), 312 (2) and CAP 1/14/2021 301 (9), 301 (4), 403 (5) and 315 (12) 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 determined to be in substantial compliance with rules and requirements.

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:**

**(c) Cardiopulmonary resuscitation.**

Three employee records did not contain documentation that direct care workers were competent in Cardiopulmonary resuscitation (CPR).

**R 400.15205**

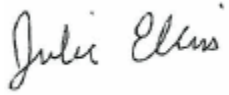
**Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.**

**(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.**

Two employee records did not contain documentation that tuberculosis testing was completed every 3 years.

#### IV. RECOMMENDATION

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



01/25/2023

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Julie Elkins  
Licensing Consultant

Date