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GOVERNOR

# STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

July 7, 2023

Carol Del Raso Grandhaven Living Center LLC Suite 200 3196 Kraft Avenue SE Grand Rapids, MI 49512

RE: License #: AL330237781

Grandhaven Living Center 4- Boardwalk 3155 W. Mount Hope Avenue

Lansing, MI 48911

Dear Ms. Del Raso:

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,

Julie Elkins, Licensing Consultant

Bureau of Community and Health Systems

611 W. Ottawa Street

P.O. Box 30664

Julia Ellins

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 #:** AL330237781

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: Carol Del Raso

Administrator: Brandy Shumaker

Name of Facility: Grandhaven Living Center 4- Boardwalk

**Facility Address:** 3155 W. Mount Hope Avenue

Lansing, MI 48911

**Facility Telephone #:** (517) 485-5966

Original Issuance Date: 02/14/2002

Capacity: 20

Program Type: PHYSICALLY HANDICAPPED

**AGED** 

**ALZHEIMERS** 

# **II. METHODS OF INSPECTION**

Date	e of On-site Inspections:	06/29/2023
Date	e of Bureau of Fire Services Inspection if applicable:	02/15/2023
Date	e of Health Authority Inspection if applicable:	N/A
No.	of staff interviewed and/or observed 1 of residents interviewed and/or observed 0 of others interviewed 1 Role: licensee designee	
•	Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain. No residents living at the facility at the time of inpsection. Medication(s) and medication record(s) reviewed? Yes ☐ No ☒ If no, explain. No residents living at the facility at the time of inpsection. 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. No residents living at the facility at the time of inpsection. 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 If no, explain. Water temperatures checked? Yes ☒ No ☐ If no, explain.	<u> </u>
•	Incident report follow-up? Yes $igtimes$ No $igcup$ If no, explain.	
•	Corrective action plan compliance verified? Yes  CAP da CAP 7/21/2021 306 (3) N/A  Number of excluded employees followed-up? 0 N/A	te/s and rule/s:
•	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.

At the time of inspection direct care worker Shannel Croom's record did not contain documentation that she was competent in First aid.

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.

(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the physician's knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home

At the time of inspection direct care worker Annice Husband's record did not contain a written statement signed by a licensed physician attesting to her physical health completed within 30 days of employment.

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.

At the time of inspection direct care worker Annice Husband's record did not contain documentation that she has been tested for communicable tuberculosis.

R 400.15403 Maintenance of premises.

(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

At the time of inspection, toilets in bedrooms 406 and 414 were without toilet seats.

## IV. RECOMMENDATION

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

Julie Elkins Date Licensing Consultant