



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

September 28, 2023

Jennifer Herald  
Oliver Woods Retirement Village LLC  
Suite 200  
3196 Kraft Ave SE  
Grand Rapids, MI 49512

RE: License #: AL780262260  
**Oliver Woods 2**  
**1312 W. Oliver St.**  
**Owosso, MI 48867**

Dear Mr./Ms. Herald:

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 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,

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

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL780262260
<b>Licensee Name:</b>	Oliver Woods Retirement Village LLC
<b>Licensee Address:</b>	Suite 200 3196 Kraft Ave SE Grand Rapids, MI 49512
<b>Licensee Telephone #:</b>	(810) 334-8809
<b>Licensee/Licensee Designee:</b>	Jennifer Herald
<b>Administrator:</b>	Andrew Green
<b>Name of Facility:</b>	Oliver Woods 2
<b>Facility Address:</b>	1312 W. Oliver St. Owosso, MI 48867
<b>Facility Telephone #:</b>	(989) 729-6060
<b>Original Issuance Date:</b>	04/16/2004
<b>Capacity:</b>	20
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 8/3/2023

Date of Bureau of Fire Services Inspection if applicable: 2/6/2023

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 3  
No. of residents interviewed and/or observed 12  
No. of others interviewed 0 Role:

- 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: N/A ☒
- Number of excluded employees followed-up? N/A ☒
- Variances? Yes ☐ (please explain) No ☐ N/A ☒

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility is not in compliance with the following rules and statutes:

**R 400.15301      Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

(6) At the time of a resident's admission, a licensee shall complete a written resident care agreement. A resident care agreement is the document which is established between the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee and which specifies the responsibilities of each party. A resident care agreement shall include all of the following:

(b) A description of services to be provided and the fee for the service.

One of four resident files did not show a fee for service on the resident care agreement.

**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.

Two of four resident files did not have a resident funds I or II or a valuables transaction form.

**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.

Two of four employee files did not have current CPR and First Aid certification.

**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.

Two of four employee files did not have an annual health review.

#### **IV. RECOMMENDATION**

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



9/28/2023

---

Candace Coburn  
Licensing Consultant

Date