



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

November 15, 2023

Charles Cryderman
Haven Adult Foster Care Limited
73600 Church Road
Armada, MI 48005

RE: License #: AS500338676
Greenwood Lodge
34845 Weber Road
Richmond, MI 48062

Dear Mr. Cryderman:

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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Kristine Cilluffo".

Kristine Cilluffo, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 West Grand Blvd Ste 9-100
Detroit, MI 48202
(248) 285-1703

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

I. IDENTIFYING INFORMATION

License #:	AS500338676
Licensee Name:	Haven Adult Foster Care Limited
Licensee Address:	73600 Church Road Armada, MI 48005
Licensee Telephone #:	(586) 784-8890
Licensee/Licensee Designee:	Charles Cryderman
Administrator:	Charles Cryderman
Name of Facility:	Greenwood Lodge
Facility Address:	34845 Weber Road Richmond, MI 48062
Facility Telephone #:	(586) 784-8890
Original Issuance Date:	05/20/2013
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL ALZHEIMERS AGED TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/14/2023

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: 09/26/2023

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 5

No. of others interviewed 0 Role: [REDACTED]

- Medication pass / simulated pass observed? Yes No If no, explain.
Reviewed medication passing procedures.
- 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.
Inspection did not occur during a meal preparation.
- 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 date 11/12/2021- AS312(4)(7), AS401(2), AS402(3), AS403(5) 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:

<p>R 400.14312</p>	<p>Resident medications.</p>
	<p>(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions: (b) Complete an individual medication log that contains all of the following information: (i) The medication. (ii) The dosage. (iii) Label instructions for use. (iv) Time to be administered. (v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.</p>
	<p>Resident A's November 2023 medication log was initiated daily by staff for Simvastatin Tab 80 mg at 8AM and 8PM. The label instructions for use indicate to take ½ tablet by mouth at bedtime. The instructions do not indicate that medication should be given at 8AM.</p> <p>REPEAT VIOLATION ESTABLISHED. LSR dated 11/10/2021, CAP dated 11/12/2021</p>
<p>R 400.14318</p>	<p>Emergency preparedness; evacuation plan; emergency transportation.</p>
	<p>(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.</p>
	<p>Sleep time fire drills were not completed during the 1st and 2nd quarters of 2023.</p>
<p>R 400.14401</p>	<p>Environmental health.</p>
	<p>(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.</p>

<p>During the onsite inspection, I measured the water temperature with a digital thermometer. The water temperature was found to be 103.5 degrees Fahrenheit in Bathroom #1. The water temperature was found to be approximately 140 degrees Fahrenheit in Bathroom #2 and Bathroom #3.</p> <p>REPEAT VIOLATION ESTABLISHED. LSR dated 11/10/2021, CAP dated 11/12/2021</p>	
R 400.14403	Maintenance of premises.
	(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.
<p>During the onsite inspection, I observed that the vent fan in Bathroom #1 was filled with dust.</p>	
R 400.14403	Maintenance of premises.
	(2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.
<p>During the onsite inspection, I observed the following items needed maintenance:</p> <ul style="list-style-type: none"> • Rust around showerhead in Bathroom #2 • Damaged window blinds in Bedroom #1 	
R 400.14403	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.
<p>During the onsite inspection, I observed the following items needed maintenance:</p> <ul style="list-style-type: none"> • Cracked tiles in Bathroom #2 • Drywall damage from missing towel bar and drywall damage near toilet in Bathroom #1 • Wall behind sink in Bathroom #2 is damaged 	
R 400.14506	Fire extinguishers; location, examination, and maintenance.
	(1) A minimum of 1 underwriters laboratories approved 2A 10BC extinguisher or equivalent shall be provided for use in a small group home on each occupied floor and in the basement.
<p>The home did not have a maintained fire extinguisher located in the basement.</p>	

IV. RECOMMENDATION

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

Kristine Cilluffo

11/15/2023

Kristine Cilluffo
Licensing Consultant

Date