

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA ACTING DIRECTOR

November 20, 2023

Timothy Adams 7280 Belding Rd. NE Rockford, MI 49341

RE: License #:	AM610009232
	Cedar Creek Personal Care Home I
	8840 Cedar Creek Drive
	Holton, MI 49425

Dear Mr. Adams:

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. If I am not available and you need to speak to someone immediately, you may contact the local office at (616) 356-0100.

Sincerely, Elizabeth Elliott

Elizabeth Elliott, Licensing Consultant Bureau of Community and Health Systems 350 Ottawa, N.W. Grand Rapids, MI 49503 (616) 901-0585

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

I. IDENTIFYING INFORMATION

License #:	AM610009232
Licensee Name:	Timothy Adams
Licensee Address:	7280 Belding Rd. NE
	Rockford, MI 49341
Licensee Telephone #:	(616) 459-9331
Licensee/Licensee Designee:	Timothy Adams, LD
Administrator:	Timothy Adams, Administrator
Name of Facility:	Cedar Creek Personal Care Home I
Facility Address:	8840 Cedar Creek Drive
	Holton, MI 49425
Facility Telephone #:	(231) 821-0281
Original Issuance Date:	01/07/1991
Capacity:	12
Program Type:	PHYSICALLY HANDICAPPED
	DEVELOPMENTALLY DISABLED
	MENTALLY ILL
	AGED
	ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/09/2023
Date of Bureau of Fire Services Inspection if applicable: 02/22/2023
Date of Health Authority Inspection if applicable: 08/09/2023
No. of staff interviewed and/or observed3No. of residents interviewed and/or observed10No. of others interviewed1 Role:Sheila Patterson, Manager
 Medication pass / simulated pass observed? Yes No If no, explain. At the time of the inspection, resident medications were not being passed so a review of the resident MARs and medication was conducted. Medication(s) and medication record(s) reviewed? Yes No If no, explain.
 Resident funds and associated documents reviewed for at least one resident? Yes X No I If no, explain. Meal preparation / service observed? Yes X No I 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 X No N/A If no, explain. Water temperatures checked? Yes X 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: 306.2, 306.3, 401.2, 403.1 N/A □ Number of excluded employees followed-up? N/A ⊠
● Variances? Yes [] (please explain) No [] N/A []

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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.	
Finding:		
	en drawers do not have bottoms in them.	
	tectors in the facility were chirping.	
	had a large hole in the wall behind the door.	
	had a large hole near the door, a hole in the closet door and a	
broken wi		
	had exposed dry wall tape on the ceiling as though the ceiling	
	but possibly not all the way completed. e broken in resident bathroom #2 (the bathroom in the resident	
	allway) and resident bathroom #2 (the bathroom in the resident bathroom #2, the flooring, walls and	
vanity are		
•	g above the fireplace has a hole where the plaster/drywall has	
come off.		
• A vent ne	A vent next to the fireplace is missing.	
	t in the living room is worn.	
• There is a	window missing in the living room.	
0	in the foyer is missing and duct tape is covering the electrical	
opening.		
Tiaanaaa Daanan	Mr. Adams stated he will have his maintanance nerven out	
-	se: Mr. Adams stated he will have his maintenance person out address the findings in this renewal inspection.	
to the facility to	address the midnigs in this renewal inspection.	
R 400.14407	Bathrooms.	
	(1) Bathrooms and toilet facilities that do not have windows	
	shall have forced ventilation to the outside. Bathroom	
	windows that are used for ventilation shall open easily.	

Finding: The resident bathroom #1 off the kitchen area does not have a window that opens and there is not forced ventilation to the outside from the bathroom.

Licensee Response: Mr. Adams acknowledged that when they remodeled the bathroom, the window that did open was replaced by glass blocks and a fan was not put in the bathroom. Mr. Adams stated he will add a fan to the bathroom for ventilation.

R 400.14407	Bathrooms.
	(2) Bathrooms shall have doors. Only positive-latching, non- locking-against-egress hardware may be used. Hooks and eyes, bolts, bars, and other similar devices shall not be used on bathroom doors.

Finding: The door on resident bathroom #1, off the kitchen area, does not close easily or latch when closed.

Licensee Response: Mr. Adams stated he will have the bathroom door fixed so it closes and latches easily.

IV. RECOMMENDATION

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

Ülinabeth Elliott

11/20/2023

Elizabeth Elliott Licensing Consultant Date