



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

February 15, 2024

Anna Hinton
Pioneer Resources
1145 Wesley Ave.
Muskegon, MI 49442

RE: License #:	AS610237359 Riverwood 2743 S Riverwood Twin Lake, MI 49457
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Dear Ms. Hinton:

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,

A handwritten signature in cursive script that reads "Elizabeth Elliott". The signature is written in black ink and is positioned below the word "Sincerely,".

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 #:	AS610237359
Licensee Name:	Pioneer Resources
Licensee Address:	1145 Wesley Ave. Muskegon, MI 49442
Licensee Telephone #:	(231) 286-8637
Licensee/Licensee Designee:	Anna Hinton, Designee
Administrator:	Anna Hinton, Administrator
Name of Facility:	Riverwood
Facility Address:	2743 S Riverwood Twin Lake, MI 49457
Facility Telephone #:	(231) 773-5355
Original Issuance Date:	08/08/2001
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/14/2024

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

Date of Environmental/Health Inspection if applicable: 10/25/2023

No. of staff interviewed and/or observed 4
No. of residents interviewed and/or observed 4
No. of others interviewed 1 Role: LD/Admin. A. Hinton

- 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: 403.2, 410(1)(d), 318.5 (repeat), 410.2, 803.5 (repeat), 301.10 (repeat), 301.4, 301.9 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:	
R 330.1803	Facility environment; fire safety.
	(5) The capability of the clients to evacuate a facility in the event of a fire shall be assessed using methods described in appendix f of the 1985 life safety code of the national fire protection association. Appendix f of the 1985 life safety code of the national fire protection association is adopted by reference as part of these rules. A copy of the adopted appendix f is available from the Department of Mental Health, Lewis Cass Building, Lansing, MI 48913, at cost. A copy of appendix f may also be obtained from the National Fire Protection Association Library, Battermarch Park, P.O. Box 9101, Quincy, Massachusetts 02269-9101, 1-800-344-3555. A prepaid fee may be required by the national fire protection association for a copy of appendix f. A price quote for copying of these pages may be obtained from the national fire protection association.
<p>Finding: Escores have not been updated with the change in residents in the facility.</p> <p>Licensee Response: Licensee, Anna Hinton stated the Escores will be updated with the resident changes, and they will be updated annually and/or at any time a change in residents occurs. Ms. Hinton explained that there have been several home managers since the last renewal inspection and with so many changes, paperwork got overlooked. Ms. Hinton stated, she and Angela Hicks, home manager are working on getting paperwork updated.</p>	
R 400.14301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

<p>Finding: Resident A does not have a health care appraisal in the resident file.</p> <p>Licensee Response: Ms. Hinton and home manager, Angela Hicks stated the HCA form will be provided to Resident A's medical care provider and it will be included in Resident A's file.</p>	
R 400.14316	Resident records.
	<p>(1) A licensee shall complete, and maintain in the home, a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information:</p> <p style="padding-left: 40px;">(a) Identifying information, including, at a minimum, all of the following:</p> <p style="padding-left: 80px;">(i) Name.</p> <p style="padding-left: 80px;">(ii) Social security number, date of birth, case number, and marital status.</p> <p style="padding-left: 80px;">(iii) Former address.</p> <p style="padding-left: 80px;">(iv) Name, address, and telephone number of the next of kin or the designated representative.</p> <p style="padding-left: 80px;">(v) Name, address, and telephone number of the person and agency responsible for the resident's placement in the home.</p> <p style="padding-left: 80px;">(vi) Name, address, and telephone number of the preferred physician and hospital.</p> <p style="padding-left: 80px;">(vii) Medical insurance.</p> <p style="padding-left: 80px;">(viii) Funeral provisions and preferences.</p> <p style="padding-left: 80px;">(ix) Resident's religious preference information.</p>
<p>Finding: Resident A does not have an Identification record on file in the resident file.</p> <p>Licensee Response: Ms. Hinton and Ms. Hicks stated, an ID form will be included in Resident A's file.</p>	
R 400.14316	Resident records.
	<p>(1) A licensee shall complete, and maintain in the home, a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information:</p> <p style="padding-left: 40px;">(g) Weight record.</p>

<p>Finding: Resident weights are not documented on a weight record.</p> <p>Licensee Response: Ms. Hinton and Ms. Hicks stated resident weights will be documented monthly on a resident weight record form.</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>Finding: Fire drills for 2023 1st quarter (January, February, March) daytime, evening and sleeping hours are not documented as conducted. Fire drills for 2023 4th quarter (October, November, December) for daytime, evening and sleeping hours are not documented as conducted.</p> <p>Licensee Response: Ms. Hinton and Ms. Hicks stated all drills will be conducted and documented per the rule.</p>	
<p>R 400.14403</p>	<p>Maintenance of premises.</p>
	<p>(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.</p>
<p>Finding: There is a large hole in the wall in the living room.</p> <p>Licensee Response: Ms. Hinton stated maintenance has been notified and there is a plan to repair the wall.</p>	
<p>R 400.14507</p>	<p>Means of egress generally.</p>
	<p>(5) A door that forms a part of a required means of egress shall be not less than 30 inches wide and shall be equipped with positive-latching, non-locking-against-egress hardware.</p>
<p>Finding: There are 4 exits from the main floor of the facility. All four exits have deadbolts that are not non locking against egress.</p> <p>Licensee Response: Ms. Hinton is not sure how the newer looking deadbolts got on all the doors and the two that are the required means of egress. Ms. Hinton stated she will have them removed.</p>	

IV. RECOMMENDATION

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



02/15/2024

Elizabeth Elliott
Licensing Consultant

Date