



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

February 14, 2024

Brooke Bosman
Armada Village MI Wellness LLC
2260 West Main St
Armada, MI 48005

RE: License #: AL500410358
The Orchards at Armada Village 3
22590 W Main St
Armada, MI 48005

Dear Ms. Bosman:

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 (248) 975-5053.

Sincerely,

A handwritten signature in black ink, appearing to read 'EJ', is positioned above the typed name.

Eric Johnson, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place, Ste 9-100
3026 W Grand Blvd.
Detroit, MI 48202

611 W. OTTAWA • P.O. BOX 30664 • LANSING, MICHIGAN 48909
www.michigan.gov/lara • 517-335-1980

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

I. IDENTIFYING INFORMATION

License #:	AL500410358
Licensee Name:	Armada Village MI Wellness LLC
Licensee Address:	2260 West Main St Armada, MI 48005
Licensee Telephone #:	(586) 784-3227
Licensee/Licensee Designee:	Brooke Bosman,
Administrator:	Nina Carlisi
Name of Facility:	The Orchards at Armada Village 3
Facility Address:	22590 W Main St Armada, MI 48005
Facility Telephone #:	(586) 784-3227
Original Issuance Date:	06/16/2023
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/31/2024

Date of Bureau of Fire Services Inspection if applicable: 01/25/2024

Date of Health Authority Inspection if applicable: 5/22/23

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 10

No. of others interviewed N/A Role: [REDACTED]

- 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.
None needed
- 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

This facility was found to be in non-compliance with the following rules:

R 400.15312	Resident medications.
	(2) Medication shall be given, taken, or applied pursuant to label instructions.

During the onsite inspection on 01/31/24, I observed the following medication errors:

- Resident A's medications Haloperidol 2MG, Tylenol 325MG, and Xanax 0.25MG were missing.
- Resident B's medications Acidophilus Oral Cap, Cyanocobalamin tab 1000MG, and Sertraline HCl Oral Tab 25MG were missing.
- Resident C's medication Aricept Tab 10MG did not match the Medication log.
- Resident C's medication Sodium Chloride Tab did not match the Medication log.
- Resident C's medication Melatonin Oral Tab 5MG was not discarded after it was discontinued.
- Resident C's medication Acetaminophen tab 325MG did not match the Medication log.
- Resident C's medications Imodium A-D Oral Solution was missing.

IV. RECOMMENDATION

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



02/14/2024

Eric Johnson
Licensing Consultant

Date