



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

April 9, 2024

Meaghan Rinaldi  
Emmaus Corp.  
2447 N Williamston Rd  
Williamston, MI 48895

RE: License #: AL330093906  
**Haven Of Rest**  
**2447 N Williamston**  
**Williamston, MI 48895**

Dear Ms. Rinaldi:

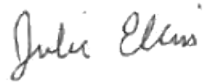
Attached is the Renewal Licensing Study Report for the facility referenced above. The physical plant violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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.

A second six-month provisional license is recommended due to the physical plant violations. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan within 15 days.

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,

A handwritten signature in cursive script that reads "Julie Elkins".

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

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL330093906
<b>Licensee Name:</b>	Emmaus Corp.
<b>Licensee Address:</b>	2447 N Williamston Rd Williamston, MI 48895
<b>Licensee Telephone #:</b>	(517) 655-8953
<b>Licensee Designee:</b>	Meaghan Rinaldi
<b>Administrator:</b>	Meaghan Rinaldi
<b>Name of Facility:</b>	Haven Of Rest
<b>Facility Address:</b>	2447 N Williamston Williamston, MI 48895
<b>Facility Telephone #:</b>	(517) 655-8953
<b>Original Issuance Date:</b>	03/13/2001
<b>Capacity:</b>	18
<b>Program Type:</b>	AGED ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspections: 04/08/2024

Date of Bureau of Fire Services Inspection if applicable: pending

Date of Health Authority Inspection if applicable: 11/23/2021

No. of staff interviewed and/or observed 0

No. of residents interviewed and/or observed 0

No. of others interviewed 1 Role: licensee designee/admin

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
No residents were in the facility for the duration of this six month licensing period.
- Medication(s) and medication record(s) reviewed? Yes  No  If no, explain.  
No residents were in the facility for the duration of this six month licensing period.
- Resident funds and associated documents reviewed for at least one resident?  
Yes  No  If no, explain. No residents were in the facility for the duration of this six month licensing period.
- Meal preparation / service observed? Yes  No  If no, explain.  
No residents were in the facility for the duration of this six month licensing period.
- Fire drills reviewed? Yes  No  If no, explain.  
No residents were in the facility for the duration of this six month licensing period.
- Fire safety equipment and practices observed? Yes  No  If no, explain.  
No residents were in the facility for the duration of this six month licensing period.
- E-scores reviewed? (Special Certification Only) Yes  No  N/A   
If no, explain.
- Water temperatures checked? Yes  No  If no, explain.  
No residents were in the facility for the duration of this six month licensing period.
- 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

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

**R 400.15403            Maintenance of premises.**

**(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.**

Based upon the extensive damage to the facility caused by severe weather on 8/24/23, the facility remains uninhabitable. Residents were previously relocated to other long term care facilities due to the facility no longer being safe for the health, safety and well-being of residents due to these unforeseen damages. Written approval from the Bureau of Fire Service is required along with a certificate of occupancy prior to the admittance of any residents.

**R 400.15403            Maintenance of premises.**

**(4) A roof, exterior walls, doors, skylights, and windows shall be weathertight and watertight and shall be kept in sound condition and good repair.**

The roof, exterior walls, doors, skylights, and windows are no longer weathertight and watertight due to these unforeseen damages caused by severe weather on 8/24/23.

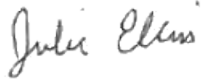
**R 400.15403            Maintenance of premises.**

**(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.**

The floors, walls, and ceilings are no longer in good repair due to these unforeseen damages caused by severe weather on 8/24/23.

#### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, issuance of a second provisional license is recommended.



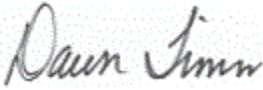
04/08/2024

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Julie Elkins  
Licensing Consultant

Date

Approved:



04/09/2024

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Dawn Timm  
Area Manager

Date