

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

MARLON I. BROWN, DPA DIRECTOR

April 30, 2024

Selma Alesevic MS Cascade SH, LLC 7900 Westpark Drive Suite T-900 McLean, VA 22102

> RE: License #: AH410322787 Sunrise of Cascade 3041 Charlevoix Drive, SE Grand Rapids, MI 49546

Dear Licensee:

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 authorized representative and a date.

Upon receipt of an acceptable corrective action plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (517) 241-1970.

Sincerely,

Jauren Wahlfert

Lauren Wohlfert, Licensing Staff Bureau of Community and Health Systems 350 Ottawa NW Unit 13, 7th Floor Grand Rapids, MI 49503 (616) 260-7781 enclosure

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

I. IDENTIFYING INFORMATION

| License #: | AH410322787 |
|----------------------------|---------------------------|
| | |
| Licensee Name: | MS Cascade SH, LLC |
| | |
| Licensee Address: | 300 |
| | 10350 Ormsby Park Place |
| | Louisville, KY 40223 |
| | |
| Licensee Telephone #: | (616) 942-7200 |
| | |
| Authorized Representative/ | Selma Alesevic |
| Administrator: | |
| Name of Facility: | Sunrise of Cascade |
| | |
| Facility Address: | 3041 Charlevoix Drive, SE |
| | Grand Rapids, MI 49546 |
| | |
| Facility Telephone #: | (616) 942-7200 |
| | |
| Original Issuance Date: | 08/03/2012 |
| | 105 |
| Capacity: | 125 |
| | |
| Program Type: | AGED |
| | ALZHEIMERS |

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/29/2024

Date of Bureau of Fire Services Inspection if applicable: 08/14/2023

Inspection Type: Interview and Observation Worksheet Combination Date of Exit Conference: 04/29/2024 No. of staff interviewed and/or observed 15 No. of residents interviewed and/or observed 39 No. of others interviewed 0 Role Medication pass / simulated pass observed? Yes \boxtimes No \square If no, explain. • Medication(s) and medication records(s) reviewed? Yes \boxtimes No \square If no, • explain. Resident funds and associated documents reviewed for at least one resident? Yes \square No \boxtimes If no, explain. No resident funds held in trust Meal preparation / service observed? Yes \boxtimes No \square If no, explain. Fire drills reviewed? Yes \square No \boxtimes If no, explain. • Bureau of Fire Services (BFS) reviews fire drills, disaster plans reviewed with staff

• Water temperatures checked? Yes 🛛 No 🗌 If no, explain.

- Incident report follow-up? Yes ☐ IR date/s: N/A ⊠
- Corrective action plan compliance verified? Yes ⊠ CAP date/s and rule/s: Special Investigation Report (SIR) 2024A1027033 CAP dated 04/03/2024 rules 1921(1)(b), 1922(5), and 1932(2)
- Number of excluded employees followed up? 3 N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

| R 325.1954 | Meal and food records. |
|-------------|--|
| | The home shall maintain a record of the meal census, to include residents, personnel, and visitors, and a record of the kind and amount of food used for the preceding 3-month period. |
| ANALYSIS: | Review of the facility's kitchen documentation revealed a meal census that includes residents, personnel, and visitors is not kept in accordance with this rule. The facility was unable to produce a meal census for the preceding three-month period. |
| CONCLUSION: | VIOLATION ESTABLISHED |

| R 325.1968 | Toilet and bathing facilities. | |
|-------------|--|--|
| | (4) A resident toilet room or bathroom shall not be used for storage or housekeeping functions. | |
| ANALYSIS: | Inspection of the three spa rooms in the facility that contained jetted bathtubs revealed they were being used for storage purposes. I observed each spa room stored several assistive devices such as wheelchairs, walkers, and hoyer lifts. The facility was not in compliance with this rule. | |
| CONCLUSION: | VIOLATION ESTABLISHED | |

| R 325.1976 | Kitchen and dietary. |
|------------|---|
| | (5) The kitchen and dietary area, as well as all food being stored, prepared, served, or transported, shall be protected against potential contamination from dust, flies, insects, vermin, overhead sewer lines, and other sources. |
| ANALYSIS: | Inspection of refrigerators and freezers in the satellite kitchens and in the walk-in refrigerator in the main kitchen revealed several food items were uncovered and opened to the elements for potential contamination. There were also several opened |

| | food items that were not labeled or dated. I also observed a scoop to collect flour was left in the bin. The facility was not in compliance with this rule. |
|-------------|---|
| CONCLUSION: | VIOLATION ESTABLISHED |

IV. RECOMMENDATION

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

Jauren Wahlfart

04/30/2024

Date

Licensing Consultant