



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

July 31, 2024

Jessica Kross  
Pine Rest Christian Mental Health Services  
300 68th Street SE  
Grand Rapids, MI 49548

RE: License #: AM410008735  
**Pine Rest - Adrian Home**  
**6700 Adrian Avenue, SE**  
**Grand Rapids, MI 49548-6936**

Dear Mrs. Kross:

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. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (616) 356-0183.

Sincerely,



Rebecca Piccard, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 446-5764

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

**I. IDENTIFYING INFORMATION**

**License #:** AM410008735

**Licensee Name:** Pine Rest Christian Mental Health Services

**Licensee Address:** 300 68th Street SE  
Grand Rapids, MI 49548

**Licensee Telephone #:** (616) 455-5000

**Licensee/Licensee Designee:** Jessica Kross

**Administrator:** Candy McKenney

**Name of Facility:** Pine Rest - Adrian Home

**Facility Address:** 6700 Adrian Avenue, SE  
Grand Rapids, MI 49548-6936

**Facility Telephone #:** (616) 281-6323

**Original Issuance Date:** 08/13/1985

**Capacity:** 12

**Program Type:** DEVELOPMENTALLY DISABLED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 07/24/2024

Date of Bureau of Fire Services Inspection if applicable: 07/24/2024

Date of Environmental/Health Inspection if applicable: 07/24/2024

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 6

No. of others interviewed [redacted] 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.
- 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 400.14312**

**Resident medications.**

**(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being S333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.**

During a renewal inspection on July 24, 2024, while reviewing the Medication Administration Record, it was discovered that Resident A was keeping medication in his room and taking it on his own. It was not locked but observed to be kept in a Ziploc baggie. In the baggie I found:

- Quetiapine 300mg
- Famotidine 20mg
- Lurasidone HCl 80mg
- Omeprazole 20mg
- Propranolol HCl 60 mg
- Oxybutynin Chloride ER 15mg
- Lisinopril 10mg

Assistant Home Manager Sydney Roncka stated Resident A is his own person so it was assumed to be okay that he keep his own meds as part of his goals. I verified with Ms. Roncka that Resident A did not have a written note from his doctor indicating he was able to handle his own medication. I also verified that there was not a lock box available to Resident A, separate from the home med cart for which to hold his medications.

Administrator Candy McKenney, who was present, was not aware this was being done. I discussed with her the rule violation and the need for a Corrective Action Plan (CAP). She understood and agreed to send a CAP. She had no further questions.

I also followed up with Designee Jessica Kross and informed her of the violation. She understood and agreed to send a CAP. She had no further questions.

R 400.14312

**Resident medications.**

**(3) Unless a resident's physician specifically states otherwise in writing, the giving, taking, or applying of prescription medications shall be supervised by the licensee, administrator, or direct care staff.**

During an inspection on July 24, 2024, while reviewing the Medication Administration Record, it was discovered that Resident A was not being supervised when he administered his own medication in his room.

Assistant Home Manager Sydney Roncka stated Resident A is his own person so it was assumed to be okay that he take his own meds as part of his goals. I verified with Ms. Roncka that no staff were supervising Resident A while taking his medications.

Administrator Candy McKenney, who was present, was not aware this was being done. I discussed with her the rule violation and the need for a Corrective Action Plan (CAP). She understood and agreed to send a CAP. She had no further questions.

I also followed up with Designee Jessica Kross and informed her of the violation. She understood and agreed to send a CAP. She had no further questions.

**IV. RECOMMENDATION**

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

 July 31, 2024

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Rebecca Piccard

Date

Licensing Consultant