



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

Crystal Hayes
Transition Assisted Living, LLC
3437 St Nicolas 31st Rd
Rock, MI 49880

November 21, 2024

RE: License #: AL210412806
Investigation #: 2024A0234018
Transition Assisted Living

Dear Ms. Hayes:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. 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 time frames 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 responsible party and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

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 contact the local office at (616) 359-0100.

Sincerely,

Maria DeBacker, Licensing Consultant
LARA Bureau of Community and Health Systems
350 Ottawa Ave NW Unit #13
Grand Rapids, MI 49503

(906) 280-8531

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
SPECIAL INVESTIGATION REPORT**

I. IDENTIFYING INFORMATION

License #:	AL210412806
Investigation #:	2024A0234018
Complaint Receipt Date:	09/27/2024
Investigation Initiation Date:	09/30/2024
Report Due Date:	11/26/2024
Licensee Name:	Transition Assisted Living, LLC
Licensee Address:	3437 St Nicolas 31st Rd Rock, MI 49880
Licensee Telephone #:	(310) 990-8509
Licensee Designee:	Crystal Hayes
Name of Facility:	Transition Assisted Living
Facility Address:	128 Michigan Ave Gladstone, MI 49837
Facility Telephone #:	(906) 420-8900
Original Issuance Date:	06/08/2022
License Status:	REGULAR
Effective Date:	12/08/2022
Expiration Date:	12/07/2024
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
Resident A and B are not shaved or showered	No
Food is not-stored properly	Yes
Additional Findings	No

III. METHODOLOGY

09/27/2024	Special Investigation Intake 2024A0234018
09/30/2024	APS Referral
09/30/2024	Special Investigation Initiated - Telephone APS
10/28/2024	Inspection Completed On-site
10/28/2024	Inspection Completed-BCAL Sub. Compliance
11/20/2024	Inspection Completed On -site
11/21/2024	Corrective Action Plan Requested and Due on 12/06/2024
11/21/2024	Exit Conference

ALLEGATION:

Resident A and B are not shaved or showered

INVESTIGATION:

On 10/28/24 employee Emily Trotter was interviewed at the facility. Ms. Trotter stated that Resident A and Resident B are offered and encouraged to shower every Tuesday and Friday. Ms. Trotter also stated that they are offered the opportunity to shave daily and can shower daily if they choose. She stated that resident A will refuse to shower and provided logs for both residents that and refusals.

On 10/28/24 Resident A, B, C, D, and E were interviewed at the facility. All stated that they can shower daily if they choose. All stated that the men were given opportunity daily to shave if they choose.

On 10/28/24 staff Lucas Kline and Paige Willman were interviewed at the facility. Both stated that showers and shaving were available daily upon request and offered/encouraged two times a week.

On 10 /28/24 OSF Home Health employee Sandra Nelson was interviewed at the facility. She was working with Resident B. She stated that she had no concerns about Resident B’s hygiene and has not noticed unpleasant odors or hygiene issues.

On 10/28/24 care logs for Resident A and Resident B were reviewed. The log documented that they do refuse to shower but for the most part compliant with at least two showers per week.

APPLICABLE RULE	
R 400.15305	Resident protection.
	(3) A resident shall be treated with dignity and his or her personal needs, including protection and safety, shall be attended to at all times in accordance with the provisions of the act.
ANALYSIS:	Resident A and B are given opportunity to shower and shave daily.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Food is not stored properly

INVESTIGATION:

I inspected the kitchen area of the facility.–In the refrigerator was an uncooked bunt cake that was not covered. Several leftover food items were not properly covered. Outside the back door was a couple of freezers. One freezer had open food and melted ice cream in the door area. Staff stated that it was not plugged in. They were advised to throw away all food if it was unplugged. Mr. Kline started cleaning it in my presence. Ms. Willman stated that she would take care of the food in the refrigerator.

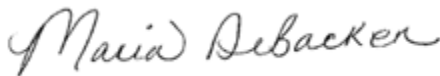
On 11/20/24 the refrigerator and freezer were inspected and met all food safety standards.

APPLICABLE RULE	
R 400.15402	Food service.
	(2) All food shall be protected from contamination while being stored, prepared, or served and during transportation to a facility.
ANALYSIS:	Food was improperly stored without protection from contamination.
CONCLUSION:	VIOLATION ESTABLISHED

On 11/21/24 an exit conference was held with license designee Crystal Hayes. Findings of this report were discussed. Ms. Hayes understands the findings.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, I recommend no change to the status of the license.

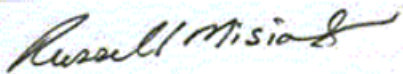


11/21/24

Maria Debacker
Licensing Consultant

Date

Approved By:



11/22/24

Russell B. Misiak
Area Manager

Date