

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

November 22, 2024

Laury Grider 3140 Shirley Drive Jackson, MI 49201

RE: License #: AF380077498

Garden Estates 3140 Shirley Drive Jackson, MI 49201

Dear Laury Grider:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan: You are to submit a Statement of Correction by December 9, 2024.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable.

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,

Mahtina Rubritius

Mahtina Rubritius, Licensing Consultant Bureau of Community and Health Systems 611 W. Ottawa P.O. Box 30664 Lansing, MI 48909 (517) 262-8604

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

I. IDENTIFYING INFORMATION

License #: AF380077498

Licensee Name: Laury Grider

Licensee Address: 3140 Shirley Drive

Jackson, MI 49201

Licensee Telephone #: (517) 841-1750

Licensee/Licensee Designee: N/A

Administrator: N/A

Name of Facility: Garden Estates

Facility Address: 3140 Shirley Drive

Jackson, MI 49201

Facility Telephone #: (517) 841-1750

Original Issuance Date: 05/29/1998

Capacity: 6

Program Type: AGED

II. METHODS OF INSPECTION

Date	of On-site Inspection(s): 11/20/2024		
Date	of Bureau of Fire Services Inspection if applicable:	N/A	
Date	of Health Authority Inspection if applicable:	08/16/2024	
No. c	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 0 Role:	1 5	
•	Medication pass / simulated pass observed? Yes $oxtimes$	No 🗌 If no, explain.	
•	Medication(s) and medication record(s) reviewed? Y	es 🛭 No 🗌 If no, explain.	
• !	Resident funds and associated documents reviewed for at least one resident? Yes \(\subseteq \text{ No } \subseteq \text{ If no, explain.} \) Meal preparation / service observed? Yes \(\subseteq \text{ No } \subseteq \text{ If no, explain.} \) The on-site inspection was not concurrent with the mealtimes. Fire drills reviewed? Yes \(\subseteq \text{ No } \subseteq \text{ If no, explain.} \)		
•	Fire safety equipment and practices observed? Yes	⊠ No If no, explain.	
l	E-scores reviewed? (Special Certification Only) Yes No N/A N/A If no, explain. Water temperatures checked? Yes No If no, explain.		
• (Incident report follow-up? Yes No If no, explaincident reports are no longer required to be submitted. Corrective action plan compliance verified? Yes R 400. 1426 (1) N/A Number of excluded employees followed-up?	ed to LARA.	
• '	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 400.1426 Maintenance of premises.

(1) The premises shall be maintained in a clean and safe condition.

The hot water temperature was not in the range of 105 to 120 degrees Fahrenheit.

R 400.1438 Emergency preparedness; evacuation plan; emergency transportation.

(4) Fire drills shall be conducted 4 times a year. Two of the 4 required fire drills shall be conducted during sleeping hours. A record of the fire drills shall be incorporated with the evacuation plan.

While the licensee conducted four fire drills during 2023, there was only one fire drill conducted during the sleeping hours. Technical assistance was also provided regarding the duration of the evacuation times.

A corrective action plan was requested and approved on 11/22/2024. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.

Mahtina Rubritius	11/22/2024
Mahtina Rubritius	Date
Licensing Consultant	