



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

December 5, 2024

Sunil Rangwani  
Healthy Transitions, LLC  
120 E. Warwick Dr.  
Alma, MI 48801

RE: License #: AS290416300  
**Healthy Transitions**  
**317 E. Warwick Dr. Ste B**  
**Alma, MI 48801**

Dear Mr. Rangwani:

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 (517) 284-9730.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Amanda Blasius', written in a cursive style.

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

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

**I. IDENTIFYING INFORMATION**

**License #:** AS290416300

**Licensee Name:** Healthy Transitions, LLC

**Licensee Address:** 120 E. Warwick Dr.  
Alma, MI 48801

**Licensee Telephone #:** (989) 462-0500

**Licensee/Licensee Designee:** Sunil Rangwani, Designee

**Administrator:** Rhonda Wonch

**Name of Facility:** Healthy Transitions

**Facility Address:** 317 E. Warwick Dr. Ste B  
Alma, MI 48801

**Facility Telephone #:** (989) 462-0500

**Original Issuance Date:** 06/11/2024

**Capacity:** 6

**Program Type:** MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/03/2024

Date of Bureau of Fire Services Inspection if applicable: NA

Date of Environmental/Health Inspection if applicable: NA

No. of staff interviewed and/or observed 5

No. of residents interviewed and/or observed 0

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. Licensee does not keep funds on file.
- Meal preparation / service observed? Yes  No  If no, explain.  
At the time of inspection, the home did not have any current residents.
- 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.**

(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:

(b) Complete an individual medication log that contains all of the following information:

(i) The medication.

(ii) The dosage.

(iii) Label instructions for use.

(iv) Time to be administered.

(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.

(vi) A resident's refusal to accept prescribed medication or procedures.

At the time of inspection, I viewed Resident A's medication administration chart. Resident A receives an evening medication of Olanzapine 5mg once daily. According to Resident A's medication administration chart, Resident A did not receive her prescribed Olanzapine, 5mg on 11/29/24. No documentation was available to determine if Resident A refused her medication, was out of the facility or already asleep. No direct care staff initials were available to determine who should have administered Resident A's Olanzapine 5mg on 11/29/24 at 7pm.

**R 400.14205**

**Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.**

(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.

At the time of inspection, direct care worker, Logan Abell's file was missing verification that he was tested for tuberculosis.

**IV. RECOMMENDATION**

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



12/05/2024

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Amanda Blasius  
Licensing Consultant

Date