



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

January 24, 2025

Jeffrey Swider  
Canton Crossings, LLC  
46648 Woodside Dr  
Canton, MI 48187

RE: License #: AS820375675  
**Canton Crossings**  
**1474 N Sheldon**  
**Canton, MI 48187**

Dear Mr. Swider:

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 (313) 456-0380.

Sincerely,

A handwritten signature in blue ink that reads "K. Robinson". The signature is written in a cursive, flowing style.

K. Robinson, MSW, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 919-0574

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS820375675
<b>Licensee Name:</b>	Canton Crossings, LLC
<b>Licensee Address:</b>	1474 N. Sheldon Rd Canton, MI 48187
<b>Licensee Telephone #:</b>	(248) 420-1731
<b>Licensee/Licensee Designee:</b>	Jeffrey Swider
<b>Administrator:</b>	Jeffrey Swider
<b>Name of Facility:</b>	Canton Crossings
<b>Facility Address:</b>	1474 N Sheldon Canton, MI 48187
<b>Facility Telephone #:</b>	(734) 404-5283
<b>Original Issuance Date:</b>	08/10/2016
<b>Capacity:</b>	6
<b>Program Type:</b>	AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/22/2025

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 01

No. of residents interviewed and/or observed 06

No. of others interviewed 01 Role: Licensee designee

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.  
Morning medication administered prior to my arrival. No simulation to avoid confusing or agitating elderly residents in care.
- 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:  
02/06/23: 301(9), 312(2), 312(4)(b), 204(3)(b) 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 400.14205                      Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.**

**(6) A licensee shall annually review the health status of the administrator, direct care staff, other employees, and members of the household. Verification of annual reviews shall be maintained by the home and shall be available for department review.**

Direct care workers, Nakia Thomas and Lisa Brosius didn't complete annual health review statements in 2024. Nakia's date of hire is 10/15/23 and Lisa's date of hire is 5/20/23.

**R 400.14312                      Resident medications.**

**(2) Medication shall be given, taken, or applied pursuant to label instructions.**

Observed resident medication that was not administered daily as prescribed. FG is prescribed Carvedilol 3.125mg twice daily; however, she did not receive this medication 10/4/24 through 10/8/24. Licensee designee, Mr. Swider acknowledged the resident "ran out" of the medication, but he indicated that he's not sure why.

This is a **REPEAT VIOLATION**; Mr. Swider submitted an approved corrective action plan on 2/6/23 to address the rule violation, but to date, the plan has not been successfully implemented based on the repeat violation.

### IV. RECOMMENDATION

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



01/24/25

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Kara Robinson  
Licensing Consultant

Date