



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

February 12, 2025

William Gross  
Haven Adult Foster Care Limited  
73600 Church Road  
Armada, MI 48005

RE: License #: AS500267724  
**Griffith Home**  
**73600 Church Street**  
**Armada, MI 48005**

Dear Mr. Gross:

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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Kristine Cilluffo".

Kristine Cilluffo, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place  
3026 West Grand Blvd Ste 9-100  
Detroit, MI 48202  
(248) 285-1703

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS500267724
<b>Licensee Name:</b>	Haven Adult Foster Care Limited
<b>Licensee Address:</b>	73600 Church Road Armada, MI 48005
<b>Licensee Telephone #:</b>	(586) 784-8890
<b>Licensee/Licensee Designee:</b>	William Gross
<b>Administrator:</b>	William Gross
<b>Name of Facility:</b>	Griffith Home
<b>Facility Address:</b>	73600 Church Street Armada, MI 48005
<b>Facility Telephone #:</b>	(586) 784-8890
<b>Original Issuance Date:</b>	07/19/2004
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL ALZHEIMERS AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/12/2025

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 5

No. of others interviewed 1 Role: LD/Administrator

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.  
Reviewed medication passing procedures with licensee.
- 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.  
Inspection did not occur during a meal preparation.
- 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:

<b>R 400.14205</b>	<b>Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.</b>
	<b>(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.</b>
Staff, Tammy Forfa, did not have a current TB test. She was hired on 11/18/2024 and TB test was dated 08/27/2021.	
<b>R 400.14207</b>	<b>Required personnel policies.</b>
	<b>(3) A licensee shall have a written job description for each position. The job description shall define the tasks, duties, and responsibilities of the position. Each employee and volunteer who is under the direction of the licensee shall receive a copy of his or her job description. Verification of receipt of a job description shall be maintained in the individual's personnel record.</b>
Staff, Margaret Crosby, did not have verification of receipt of job description in employee file.	
<b>R 400.14306</b>	<b>Use of assistive devices.</b>
	<b>(2) An assistive device shall be specified in a resident's written assessment plan and agreed upon by the resident or the resident's designated representative and the licensee.</b>
Resident A did not have use of shower chair in written assessment plan.	
<b>R 400.14312</b>	<b>Resident medications.</b>
	<b>(2) Medication shall be given, taken, or applied pursuant to label instructions.</b>

The label instructions for Resident A's Acetaminophen 500 mg indicated to take two tablets by mouth every eight hours. Resident A's February 2025 medication administration record indicated that medication is only given two times per day at 8:00 am and 4:00 pm. The facility only had two pill packs for Acetaminophen 500 mg.	
<b>R 400.14315</b>	<b>Handling of resident funds and valuables.</b>
	(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.
Resident A's Funds Part 1 form indicated that licensee is managing checking account. Licensee stated that they are not managing a checking account for Resident A. Resident B's Funds Part 1 form did not have accounts checked. Licensee had Funds Part 2 form for Resident B which indicated they had \$56.44 in "Resident Funds" for Resident B. Licensee did not have funds available in home or statement showing funds in account.	
<b>R 400.14318</b>	<b>Emergency preparedness; evacuation plan; emergency transportation.</b>
	(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.
The facility did not complete sleep time drills in 2024.	
<b>R 400.14401</b>	<b>Environmental health.</b>
	(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.
During the onsite inspection, I measured the water temperature with a digital thermometer. The water temperature measured as high as 134 degrees Fahrenheit.	
<b>R 400.14403</b>	<b>Maintenance of premises.</b>
	(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.
During the onsite inspection, I observed a hole in wall in Bathroom #1.	

#### IV. RECOMMENDATION

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

*Kristine Cilluffo*

02/12/2025

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Date

Licensing Consultant