

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

March 7, 2025

Anngenette Turner The Neighborhoods of White Lake 10770 Elizabeth Lake Rd White Lake, MI 48386

> RE: License #: AH630397715 The Neighborhoods of White Lake 10770 Elizabeth Lake Rd White Lake, MI 48386

Dear Anngenette Turner:

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 home for the aged, authorized representative and a date.

Upon receipt of an acceptable corrective action plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result. 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 feel free to contact the local office at 877-458-2757.

Sincerely,

la Heim

Jennifer Heim, Licensing Staff Bureau of Community and Health Systems 611 W. Ottawa Street P.O. Box 30664 Lansing, MI 48909 (313) 410-3226

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH630397715
Licensee Name:	The Neighborhoods of White Lake
Licensee Address:	10770 Elizabeth Lake Rd White Lake, MI 48386
Licensee Telephone #:	(810) 989-7492
Administrator/Authorized Representative:	Anngenette Turner
Name of Facility:	The Neighborhoods of White Lake
Facility Address:	10770 Elizabeth Lake Rd White Lake, MI 48386
Facility Telephone #:	(248) 618-4150
Original Issuance Date:	07/01/2019
Capacity:	48
Program Type:	AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/28/2025

Date of Bureau of Fire Services Inspection if applicable: 05/29/2024

Inspection Type: Interview and Observation Worksheet

Date of Exit Conference: 01/28/2025

No.	of staff interviewed and	/or observed	8
No.	of residents interviewed	l and/or observed	6
No.	of others interviewed	0 Role	

- Medication pass / simulated pass observed? Yes 🛛 No 🗌 If no, explain.
- Medication(s) and medication records(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes
 No
 If no, explain. No resident funds held.
- Meal preparation / service observed? Yes 🖂 No 🗌 If no, explain.
- Fire drills reviewed? Yes □ No ⊠ If no, explain. Bureau of Fire Services reviews fire drills. Emergency Disaster Plan reviewed
- Water temperatures checked? Yes \boxtimes No \square If no, explain.
- Incident report follow-up? Yes □ IR date/s: N/A ⊠
- Corrective action plan compliance verified? Yes ⊠ CAP date/s and rule/s: CAP dated 8/28/2024 to SIR 9/18/2025: R325.1932(2), MCL 333.20201(2)c
- Number of excluded employees followed up?
 N/A X

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

R 325.1921	Governing bodies, administrators, and supervisors.
	 (1) The owner, operator, and governing body of a home shall do all of the following: (b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.
signatures in nar with loose medic signatures in nar on exterior, appl	bservation medication cart on North Lake noted with missing rootic book. Medication cart on West Lake dirty. Medication cart dirty ration in cart, glucometer dirty, insulin pens not dated, missing rootic book on Westwood neighborhood. Sharp box noted with blood e sauce not dated when opened, medication crusher with dust and ing signatures on narcotic count book on Northwood neighborhood. TABLISHED.
R 325.1964	Interiors.
	 (9) Ventilation shall be provided throughout the facility in the following manner: (b) Bathing rooms, beauty shops, toilet rooms, soiled linen rooms, janitor closets, and trash holding rooms shall be provided with a minimum of 10 air changes per hour of continuously operated exhaust ventilation that provide discernable air flow into each of these rooms.
	aust was not functioning with in multiple resident apartment common area on all four units.
VIOLATION ES	TABLISHED.
R 325.1976	Kitchen and dietary.
	(6) Food and drink used in the home shall be clean and wholesome and shall be manufactured, handled, stored, prepared, transported, and served so as to be safe for

(8) A reliable thermometer shall be provided for each refrigerator and freezer.

Spillage and expired cheese observed in the Northwood neighborhood refrigerator. Microwave observed with spillage, and thermometer not functioning in North Lake Neighborhood refrigerator.

VIOLATION ESTABLISHED.

IV. RECOMMENDATION

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

Sterm

03/07/2025 Date

Licensing Consultant