



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

June 9, 2025

Jason Muriithi  
Oasis Care Services LLC  
3749 Ivy Drive  
Grand Rapids, MI 49525

RE: License #: AS410321061  
**Ivy Home**  
**3749 Ivy Drive**  
**Grand Rapids, MI 49525**

Dear Mr. Muriithi:

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 documentation of compliance.

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 (616) 356-0100.

Sincerely,

A handwritten signature in cursive script, appearing to read "Toya Zylstra".

Toya Zylstra, Licensing Consultant  
Bureau of Community and Health Systems  
350 Ottawa, N.W. Unit 13, 7th Floor  
Grand Rapids, MI 49503  
(616) 333-9702

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS410321061
<b>Licensee Name:</b>	Oasis Care Services LLC
<b>Licensee Address:</b>	3749 Ivy Drive Grand Rapids, MI 49525
<b>Licensee Telephone #:</b>	(616) 550-3982
<b>Licensee/Licensee Designee:</b>	Jason Muriithi, Designee
<b>Administrator:</b>	Jason Muriithi
<b>Name of Facility:</b>	Ivy Home
<b>Facility Address:</b>	3749 Ivy Drive Grand Rapids, MI 49525
<b>Facility Telephone #:</b>	(616) 550-3982
<b>Original Issuance Date:</b>	12/06/2013
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/19/2025

Date of Bureau of Fire Services Inspection if applicable: 05/19/2025

Date of Health Authority Inspection if applicable: 05/19/2025

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 4

No. of others interviewed Role:

- 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.
- 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:  
2025A0583019 R 400.14312 (1) 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 determined to be in substantial compliance with rules and requirements.

This facility was found to be in non-compliance with the following rules:

**R 400.14312      Resident medications.**

**(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being S333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.**

**Finding: On 05/19/2025 I conducted an onsite renewal inspection at the facility. I reviewed Resident A's Medication Administration Records and observed that staff are administering Resident A's PRN Banophen 25 MG and MAPAP 500 MG as regularly scheduled medications and staff are administering the medications too frequently. According to Resident A's MAR, Resident A is ordered to receive Banophen 25 MG every 5-6 hours as needed however staff are administering the medication at 8 AM, 12:00 PM, 5:00 PM, and 8:00 PM. Resident A is ordered to receive MAPAP 50 MG every eight hours as needed however staff are administering the medication at 8:00 AM, 12:00 PM, 5:00 PM, and 8:00 PM. On 05/01/2025 and 05/02/2025 Resident A received Banophen 25 MG at 8:00 AM and 12:00 PM. On 05/03/2025 Resident A received MAPAP 500 MG at 8:00 AM and 12:00 PM. This is a REPEAT VIOLATION per Special Investigation 2025A0583019 02/19/2025.**

**Exit Conference: While onsite I completed an exit conference with licensee designee Jason Muriithi. Mr. Muriithi agreed that a repeat violation had occurred. He did not dispute the violation and stated he would submit a Corrective Action Plan.**

A corrective action plan was requested and approved on 06/09/2025. 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.



06/09/2025

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Toya Zylstra  
Licensing Consultant

Date