



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 5, 2025

Timothy Kamego
The Rivers Assisted Living
900 Cook Rd
Grosse Pointe Woods, MI 48236-2713

RE: License #: AH820338800
The Rivers Assisted Living
900 Cook Rd
Grosse Pointe Woods, MI 48236-2713

Dear Mr. Kamego:

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.

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 (517) 335-5985.

Sincerely,

Brender Howard, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(313) 268-1788
enclosure

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

I. IDENTIFYING INFORMATION

License #: AH820338800

Licensee Name: The Rivers Assisted Living LLC

Licensee Address: Suite 250
31100 Telegraph
Bingham Farms, MI 48025

Licensee Telephone #: (248) 593-9901

Authorized Representative : Timothy Kamego

Administrator/Licensee Designee: Deborah Rievert

Name of Facility: The Rivers Assisted Living

Facility Address: 900 Cook Rd
Grosse Pointe Woods, MI 48236-2713

Facility Telephone #: (313) 821-7062

Original Issuance Date: 02/26/2015

Capacity: 100

Program Type: AGED
ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/04/2025

Date of Bureau of Fire Services Inspection if applicable:

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 09/05/2025

No. of staff interviewed and/or observed 9
No. of residents interviewed and/or observed 23
No. of others interviewed 1 Role Resident's family member

- 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 funds held for residents.
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
Interviewed staff on the policy and procedures
- Water temperatures checked? Yes No 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: No CAPS for this home.
- Number of excluded employees followed up? 2 N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:	
R 325.1921	Governing bodies, administrators, and supervisors.
	<p>(1) The owner, operator, and governing body of a home shall do all of the following:</p> <p>(b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.</p>
<p>The owner, operator, governing body did not assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents as evidenced by the following:</p> <p>At the time of my inspection, Resident A, Resident B, Resident C, Resident D and Resident E had devices affixed to their bed frame. Resident A, Resident B, Resident C, Resident D and Resident E had bed rail assist bars. These devices had a gapping large enough for a limb to slip through causing an entrapment zone. Additionally, it was observed that the bed assist devices shook easily.</p> <p>Resident C and Resident E's service plans lacked any information about the use of the device.</p> <p>There is no specific staff training for the use of these assistive devices on or about the beds. While onsite, the facility was unable to produce any physician's order for the bed rails.</p> <p>Upon inspection, it was discovered that the distance between the slats (horizontal or vertical supports between the perimeter of the bed rails) is large enough for a hand/foot or limb to fit through and cause possible entangling/entrapment. The facility had no manufacturer's guidelines for proper installation and use of the bed devices in the residents' records.</p>	

IV. RECOMMENDATION

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

Brenden D. Howard

09/05/2025

Licensing Consultant

Date