



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

April 11, 2021

Connie Clauson  
Pleasant Homes I L.L.C.  
Suite 203  
3196 Kraft Ave SE  
Grand Rapids, MI 49512

RE: License #: AL390007094  
**Park Place Living Centre #C**  
**4222 S Westnedge**  
**Kalamazoo, MI 49008**

Dear Mrs. Clauson:

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 (517) 284-9730.

Sincerely,

A handwritten signature in black ink that reads "Cathy Cushman". The script is cursive and fluid, with the first name "Cathy" and last name "Cushman" clearly legible.

Cathy Cushman, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(269) 615-5190

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL390007094
<b>Licensee Name:</b>	Pleasant Homes I L.L.C.
<b>Licensee Address:</b>	Suite 203 3196 Kraft Ave SE Grand Rapids, MI 49512
<b>Licensee Telephone #:</b>	(616) 285-0573
<b>Licensee Designee:</b>	Connie Clauson
<b>Administrator:</b>	Janet White
<b>Name of Facility:</b>	Park Place Living Centre #C
<b>Facility Address:</b>	4222 S Westnedge Kalamazoo, MI 49008
<b>Facility Telephone #:</b>	(269) 388-7303
<b>Original Issuance Date:</b>	09/21/1989
<b>Capacity:</b>	20
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/08/2021

Date of Bureau of Fire Services Inspection if applicable: 11/18/2020

Date of Health Authority Inspection if applicable: N/A

Inspection Type: ☐ Interview and Observation ☒ Worksheet  
☐ Combination ☐ Full Fire Safety

No. of staff interviewed and/or observed 0

No. of residents interviewed and/or observed 0

No. of others interviewed  Role:

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.  
Facility hasn't had residents since July 2020. Staff were not working in facility.
- Medication(s) and medication record(s) reviewed? Yes ☐ No ☒ If no, explain.  
Facility hasn't had residents since July 2020; therefore, medications were not reviewed.
- 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.  
A meal wasn't observed due to facility not having residents.
- 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:  
R. 734b.2, 205.3, 205.6, 208.1(f), 210, 305.3, 403.1, 403.2, 507.1, CAP dated  
4/24/2019 N/A ☐
- Number of excluded employees followed-up? 2 N/A ☐
- Variances? Yes ☐ (please explain) No ☒ N/A ☐

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial non-compliance with the following rules and requirements:

**R 400.15316**

**Resident records.**

**(1) A licensee shall complete, and maintain in the home, a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information:**

**(e) Resident care agreement.**

**(i) Resident funds and valuables record and resident refund agreement.**

**FINDING:** I reviewed former resident files and two residents, Resident A and Resident B, did not have *Resident Funds I* forms or *Resident Care Agreements*.

### IV. RECOMMENDATION

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



04/11/2021

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Cathy Cushman  
Licensing Consultant

Date