



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

August 2, 2021

Korona Houston  
Korona's Karing Hands, LLC  
2501 Thornapple River Dr  
Grand Rapids, MI 49546

RE: License #: AS410395338  
**Pax Et Cura Of Cascade**  
**5563 Cascade Road SE**  
**Grand Rapids, MI 49546**

Dear Mr./Ms. Houston:

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 (616) 356-0183.

Sincerely,

A handwritten signature in grey ink, appearing to read "Toya Zylstra".

Toya Zylstra, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
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>	AS410395338
<b>Licensee Name:</b>	Korona's Karing Hands, LLC
<b>Licensee Address:</b>	2501 Thornapple River Dr Grand Rapids, MI 49546
<b>Licensee Telephone #:</b>	(616) 541-3548
<b>Licensee/Licensee Designee:</b>	Korona Houston, Designee
<b>Administrator:</b>	Korona Houston, Administrator
<b>Name of Facility:</b>	Pax Et Cura Of Cascade
<b>Facility Address:</b>	5563 Cascade Road SE Grand Rapids, MI 49546
<b>Facility Telephone #:</b>	(616) 541-3548
<b>Original Issuance Date:</b>	01/28/2019
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/01/2021

Date of Bureau of Fire Services Inspection if applicable: 07/01/2021

Date of Health Authority Inspection if applicable: 07/28/2021

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

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 5

No. of others interviewed N/A Role:

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.  
Medications passed prior to inspection.
- 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.  
Meal prepared prior to inspection.
- Fire drills reviewed? Yes ☐ No ☒ If no, explain.  
Facility failed to complete required fire drills.
- 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 determined to be in substantial compliance with rules and requirements.

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

**R 400.14318**

**Emergency preparedness; evacuation plan; emergency transportation.**

**(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.**

**Findings: Facility failed to complete and log required fire drills.**

**Exit Conference: Licensee Designee agreed with the findings and will submit an acceptable Corrective Action Plan.**

### IV. RECOMMENDATION

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



08/02/2021

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Toya Zylstra  
Licensing Consultant

Date