



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 21, 2024

Connie Clauson
Assured Care Assisted Living, LLC
Suite 203
3196 Kraft Ave SE
Grand Rapids, MI 49512

RE: License #: AL110283714
The Willows Assisted Living #1
3507 Hollywood Road
St. Joseph, MI 49085

Dear Connie Clauson:

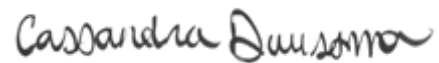
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 cursive script that reads "Cassandra Duursma".

Cassandra Duursma, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(269) 615-5050

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

I. IDENTIFYING INFORMATION

License #: AL110283714

Licensee Name: Assured Care Assisted Living, LLC

Licensee Address: Suite 203
3196 Kraft Ave SE
Grand Rapids, MI 49512

Licensee Telephone #: (616) 285-0573

Licensee Designee: Connie Clauson

Administrator: Connie Clauson

Name of Facility: The Willows Assisted Living #1

Facility Address: 3507 Hollywood Road
St. Joseph, MI 49085

Facility Telephone #: (269) 428-0715

Original Issuance Date: 11/14/2007

Capacity: 20

Program Type: AGED
ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 5/14/24

Date of Bureau of Fire Services Inspection if applicable: 1/4/24

Date of Health Authority Inspection if applicable: n/a

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 2

No. of others interviewed 1 Role: Administrator

- 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:
3/18/24-al316(1) N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

R 400.15208 Direct care staff and employee records.

(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:

(f) Verification of reference checks.

On 5/14/24, employee files were found to be missing two reference checks.

R 400.15301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.

On 5/14/24, resident assessment plans were found to not have resident/designated representative signatures confirming they were completed with the resident/designated representative annually.

On 5/14/24, I completed an exit conference with Nora Ramirez who is training to become the appointed administrator and is the contact person for this home on behalf of Ms. Clauson. She did not dispute my findings or recommendations regarding employee files.

II. RECOMMENDATION

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

Cassandra Duursma

5/21/24

Cassandra Duursma
Licensing Consultant

Date