

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 #: AL110283722

The Willows Assisted Living #2

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,

Cassardia Buusoma

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 #: AL110283722

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 #2

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 No. of residents interviewed and/or observed No. of others interviewed 1 Role: Administration
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: 1/31/24-al305(3) 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 400.15204 Direct care staff; qualifications and training.

- (3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas:
- (d) Personal care, supervision, and protection.

On 5/14/24, verification of employee training regarding personal care, supervision, and protection was not found in employee files.

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.

IV. RECOMMENDATION

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

Cassardia Dunsomo	5/21/24
Cassandra Duursma Licensing Consultant	Date