



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 #: AL110283726  
**The Willows Assisted Living #3**  
**3440 Niles 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,



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 #:** AL110283726

**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 #3

**Facility Address:** 3440 Niles Road  
St. Joseph, MI 49085

**Facility Telephone #:** (269) 428-0715

**Original Issuance Date:** 12/11/2007

**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: 11/14/23

Date of Health Authority Inspection if applicable: n/a

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 3

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:  
1/10/23- a1310(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 400.15205      Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.**

(6) A licensee shall annually review the health status of the administrator, direct care staff, other employees and members of the household. Verification of reviews shall be maintained by the home and shall be available for department review.

On 5/14/24, employee annual health reviews were 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.

*Cassandra Duursma*

5/21/24

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Cassandra Duursma  
Licensing Consultant

Date