



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

July 25, 2022

Patrice Weber
Portland Assisted Living & Memory Center, LLC
11920 W. Cutler Road
Eagle, MI 48822

RE: License #: AM340396420
Investigation #: 2022A0790022
Portland Assisted Living & Memory Manor

Dear Ms. Weber:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. 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 time frames 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 responsible party and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (517) 284-9730.

Sincerely,

A handwritten signature in black ink that reads "Rodney Gill". The signature is written in a cursive style with a large, prominent 'R' and 'G'.

Rodney Gill, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
SPECIAL INVESTIGATION REPORT**

I. IDENTIFYING INFORMATION

License #:	AM340396420
Investigation #:	2022A0790022
Complaint Receipt Date:	06/06/2022
Investigation Initiation Date:	06/09/2022
Report Due Date:	08/05/2022
Licensee Name:	Portland Assisted Living & Memory Center, LLC
Licensee Address:	223 Charlotte Highway Portland, MI 48875
Licensee Telephone #:	(517) 643-2073
Administrator:	Patrice Weber
Licensee Designee:	Patrice Weber
Name of Facility:	Portland Assisted Living & Memory Manor
Facility Address:	233 Charlotte Hwy Portland, MI 48875
Facility Telephone #:	(517) 643-2073
Original Issuance Date:	05/02/2019
License Status:	REGULAR
Effective Date:	11/02/2021
Expiration Date:	11/01/2023
Capacity:	9

Program Type:	ALZHEIMERS AGED
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II. ALLEGATION(S)

	Violation Established?
Portland Assisted Living & Memory Center, LLC was determined to be in substantial non-compliance during their most recent Bureau of Fire Safety Inspection.	Yes

III. METHODOLOGY

06/06/2022	Special Investigation Intake 2022A0790022
06/09/2022	Special Investigation Initiated - On Site
06/09/2022	Inspection Completed On-site- Interviewed licensee designee Patrice Weber.
06/09/2022	Inspection Completed-BCAL Sub. Compliance
07/13/2022	Contact - Document Sent- emailed BFS inspecting official Mauricio Barrera.
07/13/2022	Contact - Telephone call received from BFS inspecting official Mauricio Barrera.
07/13/2022	Contact - Telephone call made to licensee designee Patrice Weber.
07/20/2022	Exit Conference with licensee designee Patrice Weber.
07/20/2022	Corrective Action Plan Requested and Due on 08/03/2022.

ALLEGATION:

Portland Assisted Living & Memory Center, LLC was determined to be in substantial non-compliance during their most recent Bureau of Fire Safety Inspection.

INVESTIGATION:

I reviewed the Inspection Report from the Bureau of Fire Services (BFS) for Portland Assisted Living & Memory Manor. The annual inspection indicated a fire safety inspection was completed on 05/20/2022 and the following deficiencies must be corrected within the time-period(s) specified:

- 1 - Delayed egress locks complying with 7.2.1.6.1 shall be permitted for exit doors only. Rule 201; 32.2.2.5.5.1, 32.3.2.2.2

INSPECTOR COMMENTS: > Delayed egress signage is required for main exit doors. Signage must be on the physical door. REPEAT (4) *A readily visible, durable sign in letters not less than 1 in. (25 mm) high and not less than 1.8 in. (3.2 mm) in stroke width on a contrasting background that reads as follows shall be located on the door leaf adjacent to the release device in the direction of egress: PUSH UNTIL ALARM SOUNDS DOOR CAN BE OPENED IN 15 SECONDS

The report instructed the licensee designee Patrice Weber to contact her state inspector for a re-inspection when all deficiencies have been corrected.

I conducted an unannounced on-site inspection on 06/09/2022 and interviewed licensee designee Patrice Weber. She provided me with a tour of their facilities, showed me the deficiencies cited by BFS, and what deficiencies have already been corrected.

I first inspected the memory side of the facility and Ms. Weber showed me the delayed egress signage their general maintenance worker added to all the main exit doors. The signage was placed on the physical doors, was readily visible, located on the door leaf adjacent to the release device in the direction of egress, met the size requirements on a contrasting background, and read in red lettering as follows: "KEEP PUSHING. THIS DOOR WILL OPEN IN 15 Seconds. ALARM WILL SOUND." I took pictures of the delayed egress signage on all the main exit doors.

I called licensee designee Patrice Weber on 07/13/2022 and she said she has spoken to BFS inspecting official Mauricio Barrera and her AFC licensing consultant Jennifer Browning and provided them the following updates: The technician from Door Pro is waiting on a specialized part for the door on the residential side that is necessary to ensure the delayed egress lock and alarm set off mechanism are working appropriately, and it should be arriving any day. Ms. Weber said she has corrected all other deficiencies found during their facilities' annual inspection by BFS.

I conducted an exit conference with Patrice Weber on 07/20/2022 and informed her a violation has been established due to the facility being in substantial non-compliance during the inspection conducted on 05/20/2022 by the Bureau of Fire Services. Ms. Weber said she would complete a Corrective Action Plan (CAP).

APPLICABLE RULE	
R 400.14403	Maintenance of premises.
	(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.
ANALYSIS:	Based on the information gathered during this investigation a violation has been established. Portland Assisted Living & Memory Manor was determined to be in substantial non-compliance with applicable fire safety rules on 05/20/2022 by the Bureau of Fire Services (BFS). BFS found the facility did not have delayed egress signage on any of their main exit doors and therefore the facility was found not to be constructed to provide adequately for the safety of the residents.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Upon the receipt of an acceptable corrective action plan, it is recommended that the status of the license remains unchanged.



07/21/2022

Rodney Gill Date
Licensing Consultant

Approved By:



07/25/2022

Dawn N. Timm Date
Area Manager