



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

October 26, 2022

Michelle Jannenga  
Thresholds  
Suite 130  
160 68th St. SW  
Grand Rapids, MI 49548

RE: License #: AL410007105  
**Thresholds Benson Home**  
**840 Benson Avenue, NE**  
**Grand Rapids, MI 49503-1702**

Dear Ms. Jannenga:

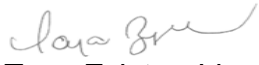
Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- You are to submit documentation of compliance.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license and special certification is renewed. It is valid only at your present address and is nontransferable.

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,



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>	AL410007105
<b>Licensee Name:</b>	Thresholds
<b>Licensee Address:</b>	Suite 130 160 68th St. SW Grand Rapids, MI 49548
<b>Licensee Telephone #:</b>	(616) 340-3788
<b>Licensee/Licensee Designee:</b>	Michelle Jannenga, Designee
<b>Administrator:</b>	Muaarijih Lyons, Administrator
<b>Name of Facility:</b>	Thresholds Benson Home
<b>Facility Address:</b>	840 Benson Avenue, NE Grand Rapids, MI 49503-1702
<b>Facility Telephone #:</b>	(616) 459-1205
<b>Original Issuance Date:</b>	01/17/1977
<b>Capacity:</b>	16
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL
<b>Certified Programs:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/25/2022

Date of Bureau of Fire Services Inspection if applicable: 04/05/2022

Date of Health Authority Inspection if applicable: 10/25/2022

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 4

No. of others interviewed 2 Role: Administration

- 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.
- 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 400.15315      Handling of resident funds and valuables.**

**(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.**

**Resident A's resident funds form part 1 was not updated and did not match the cash on hand.**

**Exit Conference: Licensee Designee Michelle Jannenga agreed with the findings and stated she would submit an acceptable Corrective Action Plan.**

A corrective action plan was requested and approved on 10/25/2022. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license and special certification.

**IV. RECOMMENDATION**

An acceptable corrective action plan has been received. Renewal of the license is recommended.



10/26/2022

\_\_\_\_\_  
Date

Licensing Consultant