



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

April 19, 2023

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

RE: License #: AL410280502  
**Villa East Group Home**  
**3000 Porter Street, SW**  
**Grandville, MI 49418-1173**

Dear Ms. Jannenga:

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 (616) 356-0183.

Sincerely,

A handwritten signature in cursive script, appearing to read "Toya Zylstra".

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**

**License #:** AL410280502

**Licensee Name:** Thresholds

**Licensee Address:** Suite 130  
160 68th St. SW  
Grand Rapids, MI 49548

**Licensee Telephone #:** (616) 466-5242

**Licensee/Licensee Designee:** Michelle Jannenga, Designee

**Administrator:** Julie VanKampen

**Name of Facility:** Villa East Group Home

**Facility Address:** 3000 Porter Street, SW  
Grandville, MI 49418-1173

**Facility Telephone #:** (616) 406-0853

**Original Issuance Date:** 07/12/2006

**Capacity:** 16

**Program Type:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/19/2023

Date of Bureau of Fire Services Inspection if applicable: 01/18/2023

Date of Health Authority Inspection if applicable: 04/19/2023

No. of staff interviewed and/or observed 4

No. of residents interviewed and/or observed 8

No. of others interviewed N/A Role: [REDACTED]

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

**(9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency, if applicable, at least annually or more often if necessary.**

**Finding: Resident A's Resident Care Agreement is signed 02/06/2022.**

**Exit Conference: Licensee Designee Michelle Jannenga reported that multiple attempts were made by facility staff to secure an updated document from Resident A's guardian without success. Ms. Jannenga stated she would submit an acceptable Corrective Action Plan.**

**R 400.15312**      **Resident medications.**

**(2) Medication shall be given, taken, or applied pursuant to label instructions.**

**Finding: Resident A's Medication Administration Record indicates Resident A is prescribed Cetaphil Triam .5% applied sparingly twice per week. Resident A's MAR indicated staff administer said medication daily.**

**Exit Conference: Licensee Designee Michelle Jannenga stated she will train staff regarding adequate medication administration and documentation. Ms. Jannenga stated she would submit an acceptable Corrective Action Plan.**

#### **IV. RECOMMENDATION**

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

*Toya Zylstra*

04/19/2023

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Toya Zylstra  
Licensing Consultant

Date