



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

April 28, 2023

Connie Clauson  
Pleasant Homes I L.L.C.  
Suite 203  
3196 Kraft Ave SE  
Grand Rapids, MI 49512

RE: License #: AL390015953  
**Park Place Living Center #E**  
**4228 S Westnedge**  
**Kalamazoo, MI 49008**

Dear Mrs. 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 and an approved report from the Bureau of Fire Services, 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,

A handwritten signature in black ink that reads "Cathy Cushman". The signature is written in a cursive, flowing style.

Cathy Cushman, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(269) 615-5190

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
RENEWAL INSPECTION REPORT**

**I. IDENTIFYING INFORMATION**

**License #:** AL390015953

**Licensee Name:** Pleasant Homes I L.L.C.

**Licensee Address:** Suite 203  
3196 Kraft Ave SE  
Grand Rapids, MI 49512

**Licensee Telephone #:** (616) 285-0573

**Licensee Designee:** Connie Clauson

**Administrator:** Janet White

**Name of Facility:** Park Place Living Center #E

**Facility Address:** 4228 S Westnedge  
Kalamazoo, MI 49008

**Facility Telephone #:** (269) 388-7303

**Original Issuance Date:** 03/21/1995

**Capacity:** 20

**Program Type:** PHYSICALLY HANDICAPPED  
AGED  
ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection: 04/26/2023

Date of Bureau of Fire Services Inspection if applicable: 10/13/2022

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 2  
No. of residents interviewed and/or observed 15  
No. of others interviewed [redacted] Role: [redacted]

- 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:  
N/A
- Number of excluded employees followed-up? 1 N/A
- Variances? Yes  (please explain) No  N/A   
On 06/15/2022, a variance was granted for R 400.15315(3) allowing the licensee to use an electronic tracking system for Adult Foster Care payments rather than the Department's Resident Funds II form.

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

**MCL 400.720**      **Certificate of approval from state fire marshal division or state department of mental health; compliance; denial or certification with limitations; hearing.**

**(1) The department shall not issue a temporary, provisional, or regular license to an adult foster care facility whose capacity is more than 6 adults until the facility receives a certificate of approval from the state fire marshal division of the department of state police after compliance with fire safety standards prescribed in rules promulgated by the state fire safety board pursuant to section 10(2).**

**FINDING:** The facility's last Bureau of Fire Services (BFS) inspection report, dated 10/13/2022, indicated there were deficiencies that needed to be corrected prior to an approval being given. The reported indicated the activity room had a sprinkler head located above the movie screen area that was missing an escutcheon plate and bedrooms 2, 6, and 9 had corridor doors with locking against egress hardware.

As of the date of this report, no report has been received from BFS indicating the facility is in compliance with fire safety standards.

**MCL 400.734b**      **Employing or contracting with certain employees providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; failure to conduct criminal history check; automated fingerprint identification system database; report to legislature; costs; definitions.**

**(2) Except as otherwise provided in this subsection or subsection (6), an adult foster care facility shall not employ or independently contract with an individual who has direct access to residents until the adult foster care facility or staffing agency has conducted a criminal history check in compliance with this section or has received criminal history record information in compliance with subsections (3) and (11). This subsection and subsection (1) do not apply to an individual who is employed by or under contract to an adult foster care facility before April 1, 2006. On or before April 1, 2011, an individual who is exempt under this subsection and who has not been the subject of**

a criminal history check conducted in compliance with this section shall provide the department of state police a set of fingerprints and the department of state police shall input those fingerprints into the automated fingerprint identification system database established under subsection (14). An individual who is exempt under this subsection is not limited to working within the adult foster care facility with which he or she is employed by or under independent contract with on April 1, 2006 but may transfer to another adult foster care facility, mental health facility, or covered health facility. If an individual who is exempt under this subsection is subsequently convicted of a crime or offense described under subsection (1)(a) to (g) or found to be the subject of a substantiated finding described under subsection (1)(i) or an order or disposition described under subsection (1)(h), or is found to have been convicted of a relevant crime described under 42 USC 1320a-7(a), he or she is no longer exempt and shall be terminated from employment or denied employment.

**FINDING:** Direct care staff, Aleah Shepherd and Daniesha Miller, had hire dates of 04/29/2019 and 06/03/2022, respectively; however, these two staff did not have Workforce Background Checks (WBC) deeming them eligible to work in Park Place Living Centre #E. The licensee had WBC eligibility letters indicating background checks had been completed for these staff, but they were for neighboring facilities.

Even if a licensee has several facilities, each facility must be able to provide an eligibility letter from the Workforce Background Check stating the direct care staff is eligible to work in that **specific** facility.

**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:**

**(b) First aid.**

**(c) Cardiopulmonary resuscitation.**

**FINDING:** There was no verification confirming direct care staff, Darnesha Singleton, or Daniesha Miller, were competent in CPR, which is demonstrated by participation in and successful completion of a CPR training course.

REPEAT VIOLATION, SEE 2019 RENEWAL LSR, DATED 04/12/2019, CAP DATED 4/23/2019

**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.

**(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.**

**FINDING:** Multiple direct care staff did not have current TB tests in their employee files. Direct care staff, Mareme Gueye's last TB test was dated, 02/2020. Direct care staff, Aleah Shepherd's, last TB test was dated 04/2019.

Direct care staff, Daniesha Miller, was hired on 06/03/2022; however, her TB test was dated 10/29/2022 indicating the test was not obtained prior to employment or assumption of duties, as required.

REPEAT VIOLATION, SEE 2019 RENEWAL LSR, DATED 04/12/2019, CAP DATED 4/23/2019

**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 annual reviews shall be maintained by the home and shall be available for department review.**

**FINDING:** There was no annual review of direct care staff, Aleah Shepherd's, health status, as required, despite her being hired 04/29/2019.

REPEAT VIOLATION, SEE 2019 RENEWAL LSR, DATED 04/12/2019, CAP DATED 4/23/2019

**R 400.15208 Direct care staff and employee records.**

**(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:**

**(e) Verification of experience, education, and training.**

**FINDING:** There was no verification of training for direct care staff, Aleah Shepherd, including CPR/1<sup>st</sup> aid, reporting requirements, personal care, supervision, and protection, resident rights, safety and fire prevention, and prevention and containment of communicable diseases.

REPEAT VIOLATION, SEE 2021 RENEWAL LSR, DATED 04/11/2021, CAP DATED 4/22/2021

**R 400.15208 Direct care staff and employee records.**

**(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:**

**(f) Verification of reference checks.**

**FINDING:** Direct care staff, Angela Johnson, had no verification reference checks had been completed, as required.

REPEAT VIOLATION, SEE 2019 RENEWAL LSR, DATED 04/12/2019, CAP DATED 4/23/2019

**R 400.15306 Use of assistive devices.**

**(2) An assistive device shall be specified in a resident's written assessment plan and agreed upon by the resident or the resident's designated representative and the licensee.**

**FINDING:** Half bed rails were observed on Resident A's and Resident B's beds indicating they were being utilized as assistive devices; however, the use of the bed rails were not inputted into either resident's assessment plan, as required.



**R 400.15306 Use of assistive devices.**

**(3) Therapeutic supports shall be authorized, in writing, by a licensed physician. The authorization shall state the reason for the therapeutic support and the term of the authorization.**

**FINDING:** Half bed rails were observed on Resident A's and Resident B's beds; however, there were no physician's orders available for review authorizing the bed rails, indicating the reason for them and the term in which they could be utilized.

**R 400.15312 Resident medications.**

**(7) Prescription medication that is no longer required by a resident shall be properly disposed of after consultation with a physician or a pharmacist.**

**FINDING:** Resident C had the medication, Losartan, in the medication cart, despite direct care staff indicating it had been discontinued.

**R 400.15318 Emergency preparedness; evacuation plan; emergency transportation.**

**(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.**

**FINDING:** There was no documentation confirming fire drills had been completed during daytime, evening, and sleeping drills during the last quarter of 2022 (i.e. October, November, December) or the first quarter of 2023 (i.e. January, February, March).

**R 400.15402 Food service.**

**(2) All food shall be protected from contamination while being stored, prepared, or served and during transportation to a facility.**

**FINDING:** A plate of brownies, Jell-O, and cups of fruit were observed in open containers in the refrigerator. These open containers were not covered to protect against contamination.

**R 400.15402 Food service.**

**(6) Household and cooking appliances shall be properly installed according to the manufacturer's recommended safety practices. Where metal hoods or canopies are provided, they shall be equipped with filters. The filters shall be maintained in an efficient condition and kept clean at all times. All food preparation surfaces and areas shall be kept clean and in good repair.**

**FINDING:** Two food warmers were observed in the kitchen with dirty water. The heating elements in the center of the warmers and the bottom of the warmers were completely covered in a substance indicating the water had not been removed and the warmers had not been cleaned in a significant amount of time.

REPEAT VIOLATION, SEE 2019 RENEWAL LSR, DATED 04/12/2019, CAP DATED 4/23/2019

**R 400.15403 Maintenance of premises.**

**(2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.**

**FINDING:** The bathroom vanity in bedroom #6 was missing a knob. A knob was missing from a closet door in the facility's hallway.

The bathroom near the activity's room, which used to have a whirlpool tub, no longer had the tub, and was being used for storage. The storage items were in disarray and cluttered within the room. This room also had an unpleasant odor indicating the drain was dry and hadn't been used in quite some time.

**R 400.15403 Maintenance of premises.**

**(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.**

**FINDING:** Bedroom 19 had wall damage behind a recliner chair. An approximate two foot section of drywall had been punctured and was crumbling. A wall plate for a phone jack was damaged and broken.

The bathroom near the front entrance of the building had a damaged wall to the left of the sink, under the paper towel holder. Paint was missing and flaking exposing the drywall.

The floor in the bathroom near the activity's room, which used to have the whirlpool tub, was missing sections of flooring near the floor drain. Additionally, the flooring near the drain was bubbling and not adhered to the floor properly.

#### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan and an approved report from the Bureau of Fire Services, renewal of the license is recommended.



04/28/2023

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Cathy Cushman  
Licensing Consultant

Date