

GRETCHEN WHITMER GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

May 22, 2023

Cavel Young Comfort Living Home L.L.C. #2 2111 N. Drake Rd. Kalamazoo. MI 49006

RE: License #: AS390402639

Comfort Living Home #2 2918 W. Milham Avenue Portage, MI 49024

Dear Ms. Young:

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 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 (517) 284-9730.

Sincerely,

Eli DeLeon, Licensing Consultant

Bureau of Community and Health Systems

611 W. Ottawa Street

P.O. Box 30664

Lansing, MI 48909 (269) 251-4091

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

I. IDENTIFYING INFORMATION

License #: AS390402639

Licensee Name: Comfort Living Home L.L.C. #2

Licensee Address: 2111 N. Drake Rd.

Kalamazoo, MI 49006

Licensee Telephone #: (126) 976-0118

Licensee/Licensee Designee: Cavel Young

Administrator: Cavel Young

Name of Facility: Comfort Living Home #2

Facility Address: 2918 W. Milham Avenue

Portage, MI 49024

Facility Telephone #: (269) 760-1182

Original Issuance Date: 06/11/2020

Capacity: 6

Program Type: AGED

TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date	e of On-site Inspection(s):	05/19/20	023
Date	e of Bureau of Fire Services Inspection if appl	icable:	N/A
Date	e of Health Authority Inspection if applicable:		N/A
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 0 Role: 0		1 4
•	Medication pass / simulated pass observed?	Yes ⊠	No ☐ If no, explain.
•	Medication(s) and medication record(s) review	wed? Ye	es 🗵 No 🗌 If no, explain.
	Resident funds and associated documents reviewed for at least one resident? Yes No I f no, explain. Meal preparation / service observed? Yes No I f no, explain.		
•	Fire drills reviewed? Yes ⊠ No □ If no, ex	xplain.	
•	Fire safety equipment and practices observe	d? Yes [⊠ No ☐ If no, explain.
	E-scores reviewed? (Special Certification Or If no, explain. Water temperatures checked? Yes ⊠ No [
•	Incident report follow-up? Yes ⊠ No ☐ If	no, expla	in.
	Corrective action plan compliance verified? N/A ⊠ Number of excluded employees followed-up?		CAP date/s and rule/s:
•	Variances? Yes ☐ (please explain) No ☐	N/A 🖂	

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

R 400.14511 Flame-producing equipment; enclosures.

(2) Heating plants and other flame-producing equipment located on the same level as the residents shall be enclosed in a room that is constructed of material which has a 1-hour-fire resistance rating, and the door shall be made of 1 3/4-inch solid core wood. The door shall be hung in a fully stopped wood or steel frame and shall be equipped with an automatic self-closing device and positive-latching hardware.

The door leading to the furnace and hot water heated was not equipped with a self-closing device.

R 400.14511 Flame-producing equipment; enclosures.

(3) A permanent outside vent that cannot be closed shall be incorporated in the design of heating plant rooms so that adequate air for proper combustion is assured.

The vent from the gas dryer to outside of the facility was not permanently attached.

R 400.14511 Flame-producing equipment; enclosures.

(4) Combustible materials shall not be stored in rooms that contain heating equipment, a water heater, an incinerator, or other flame-producing equipment.

Combustible materials were stored in the same room as the furnace.

A corrective action plan was requested and approved on 05/19/2023. 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.

IV. RECOMMENDATION

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

Eli DeLeon Date Licensing Consultant