



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

December 28, 2023

Patti Holland
801 W Geneva Dr.
Dewitt, MI 48820

RE: License #: AM330008452
Investigation #: 2024A1024006
Pleasant View AFC

Dear Patti Holland:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan was required. On 12/19/2023, you submitted an acceptable written corrective action plan.

It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan.

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 (616) 356-0183.

Sincerely,

A handwritten signature in cursive script that reads "Ondrea Johnson".

Ondrea Johnson, Licensing Consultant
Bureau of Community and Health Systems
427 East Alcott
Kalamazoo, MI 49001

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM330008452
Investigation #:	2024A1024006
Complaint Receipt Date:	10/31/2023
Investigation Initiation Date:	10/31/2023
Report Due Date:	12/30/2023
Licensee Name:	Patti Holland
Licensee Address:	801 W Geneva Dr. Dewitt, MI 48820
Licensee Telephone #:	(517) 669-8457
Administrator:	Patti Holland
Licensee Designee:	Patti Holland
Name of Facility:	Pleasant View AFC
Facility Address:	3016 Risdale Lansing, MI 48911
Facility Telephone #:	(517) 394-6748
Original Issuance Date:	12/12/1992
License Status:	REGULAR
Effective Date:	01/22/2022
Expiration Date:	01/21/2024
Capacity:	12
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

	AGED ALZHEIMERS
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II. ALLEGATION(S)

	Violation Established?
The facility had an inspection that was disapproved by the Bureau of Fire Safety.	Yes

III. METHODOLOGY

10/31/2023	Special Investigation Intake 2024A1024006
10/31/2023	Special Investigation Initiated – Telephone-voicemail left for Ken Howe Bureau of Fire Safety (BFS)
11/03/2023	Contact - Telephone call made with Ken Howe
11/03/2023	Contact-Document Received-Bureau of Fire Safety Inspection Report-Disapproved
11/07/2023	Contact - Telephone call made with BFS Supervisor Brent Connell
11/07/2023	Contact - Telephone call made with licensee designee Patti Holland
12/14/2023	Inspection Completed On-site with direct care staff member Alicia Baker
12/18/2023	Exit Conference with licensee designee Patti Holland
12/18/2023	Inspection Completed-BCAL Sub. Compliance
12/19/2023	Corrective Action Plan Requested and Due on 12/29/2023
12/19/2023	Corrective Action Plan Received
12/19/2023	Corrective Action Plan Approved

ALLEGATION: The facility had an inspection that was disapproved by the Fire Bureau of Safety.

INVESTIGATION:

On 10/31/2023, I received this complaint through the Bureau of Community and Health Systems (BCHS) online complaint system. This complaint alleged the facility had an inspection that was disapproved by the Fire Bureau of Safety.

On 11/3/2023, I conducted an interview with BFS inspector Ken Howe who stated that the inspector Brian Davis completed the inspection at Pleasant View however will be out of the office until February 2024 therefore supervisor Brent Connell will be handling all fire safety matters regarding this facility.

On 11/3/2023, I reviewed *BFS Inspection Report* dated 10/26/2023 that was disapproved as the facility did not have documentation for 2023 of 1st quarter 3rd shift fire drills and 2nd quarter 2023 fire drills for any shift hours as required.

On 11/07/2023, I conducted an interview with BFS supervisor Brent Connell who stated that a BFS inspection was completed on 10/26/2023 at which time the licensee was not able to provide written practices of fire drills therefore received a disapproved fire safety inspection. Brent Connell stated the licensee designee is now required to submit a corrective action plan that includes evidence of written fire drill practices to receive an approved fire safety rating.

On 11/07/2023, I conducted an interview with licensee designee Patti Holland who stated direct care staff members have been routinely practicing fire drills with residents as stated in the licensing rules however she was not able to locate the facility file which contained fire drill records at the time of her BFS inspection. Patti Holland stated she is working with her home manager to redo the records to show verification to the BFS inspector. Patti Holland further stated her last BFS inspection was on 10/24/22 at which time she received an approval for fire safety and was able to verify fire drill practices at that time. Patti Holland stated she is not sure who misplaced her facility record and will do a better job of finding a more secure space to store facility files.

On 12/14/2023, I conducted an onsite investigation at the facility with direct care staff member Alicia Baker who stated that she has been conducting routine fire drills with the residents and have been recording these practices since September 2023 however she believes the other staff member who was hired as the home manger failed to record any fire drills for 2023 as she was not trained properly to complete this task. Alicia Baker stated she has worked with licensee designee Patti Holland and other staff members to re-record fire drill practices that were completed for 2023. Alicia Baker further stated that the other staff members including home managers are now trained and have been recording all fire drill practices as they occur.

While at the facility, I reviewed the facility's fire drill logs beginning 12/16/2022 and ending December 8th 2023 that meets licensing fire safety requirements.

APPLICABLE RULE	
MCL 400.721	Facility licensed on March 27, 1980; compliance with fire safety standards; section inapplicable to installation of smoke and heat detection equipment
	(1) Except as provided in subsection (2), an adult foster care facility licensed on March 27, 1980 shall be considered to be in compliance with the fire safety standards prescribed in rules promulgated under this act if the facility meets the fire safety standards prescribed in rules promulgated under former Act No. 287 of the Public Acts of 1972 which were in effect on March 27, 1980.
ANALYSIS:	Based on my investigation which included interviews with direct care staff member Alicia Baker, licensee designee Patti Holland, BFS supervisor Brent Connell, review of the facility's fire drill practices and BFS inspection report, the facility was determined to be in substantial non-compliance with fire safety rules during the inspection conducted on 10/26/2023. According to BFS inspection report and Brent Connell, the facility received a disapproved inspection on 10/26/2023 for not having documentation for 2023 fire drills. Both Patti Holland and Alicia Baker stated that fire drills were practiced in 2023 however the facility's fire drill log was not available at the time of the BFS inspection for review which resulted in a disapproved inspection. Consequently, the licensee was not in compliance with the fire safety standards prescribed in the rules promulgated under this act.
CONCLUSION:	VIOLATION ESTABLISHED

On 12/18/2023, I conducted an exit conference with licensee designee Patti Holland. I informed Patti Holland of my findings and allowed her an opportunity to ask questions or make comments.

On 12/19/2023, I received and approved an acceptable corrective action plan.

IV. RECOMMENDATION

An acceptable corrective action plan was approved therefore, I recommend the current license status remain unchanged.

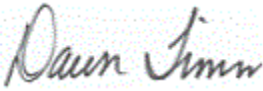


Ondrea Johnson
Licensing Consultant

12/19/2023

Date

Approved By:



12/28/2023

Dawn N. Timm
Area Manager

Date