



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 28, 2024

Wills Dixon
7320 Lansing Ave
Jackson, MI 49201

RE: License #: AS380258886
Pleasant Manor II AFC, LLC
7330 Lansing Ave
Jackson, MI 49201

Dear Wills and Sandra Dixon:

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 a Statement of Correction by June 12, 2024.
- You are to submit documentation of compliance (Proof of fire drills for the 2nd quarter of 2024) by July 5, 2024.

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,

Mahtina Rubritius

Mahtina Rubritius, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa
P.O. Box 30664
Lansing, MI 48909
(517) 262-8604

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

I. IDENTIFYING INFORMATION

License #: AS380258886

Licensee Name: Wills Dixon

Licensee Address: 7320 Lansing Ave
Jackson, MI 49201

Licensee Telephone #: (517) 796-1598

Licensee/Licensee Designee: N/A

Administrator: Wills Dixon

Name of Facility: Pleasant Manor II AFC, LLC

Facility Address: 7330 Lansing Ave
Jackson, MI 49201

Facility Telephone #: (517) 787-7873

Original Issuance Date: 09/19/2003

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/23/2024

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: 01/17/2024

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 4

No. of others interviewed 0 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.
Incident reports are no longer required to be submitted to LARA.
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- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
R 400. 14208 (1)(c), R 400. 14315 (3), R 400. 318 (5) 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 found to be in non-compliance with the following rules:

R 400.14208 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.

While the licensee stated that they had verbal references from friends for Employee #1, there was no documented record that the reference checks had been completed.

R 400.14318 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.

There was no record that fire drills had been conducted during the daytime, evening, and sleeping hours, in the 2nd, 3rd, and 4th quarters of 2023.

This is a **REPEAT VIOLATION** – See Renewal Inspection 5/19/2022 for additional information.

R 400.14505 Smoke detection equipment; location; battery replacement; testing, examination, and maintenance; spacing of detectors mounted on ceilings and walls; installation requirements for new construction, conversions, and changes of category.

(4) Detectors shall be tested, examined, and maintained as recommended by the manufacturer.

The smoke detection system and equipment and not been tested since 2020.

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

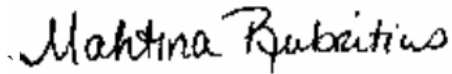
rating, and the door shall be made of 1 3/4-inch solid core wood. The door shall be hung in a fully stopped wood or steel frame and shall be equipped with an automatic self-closing device and positive-latching hardware.

The licensee remodeled parts of the facility and the door leading to the laundry room had been replaced. The door was not a 1 3/4-inch solid core wood door or equivalent, it was not equipped with a wood or steel frame, and the automatic self-closing device was not operable.

A corrective action plan was requested and approved on 05/23/2024. 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.



5/28/2024

Mahtina Rubritius
Licensing Consultant

Date