



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

February 7, 2025

Karen Luna
16080 17 1/2 Mile Rd
Marshall, MI 49068

RE: License #: AF130287534
Best Care Plus Living Center
16080 17 1/2 Mile Road
Marshall, MI 49068

Dear Ms. Luna:

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've submitted documentation of compliance.

A six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan in 15 days.

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) 356-0100.

Sincerely,

Kevin L. Sellers

Kevin Sellers, Licensing Consultant
Department of Licensing and Regulatory Affairs
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(517) 230-3704
SellersK1@michigan.gov

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

I. IDENTIFYING INFORMATION

License #:	AF130287534
Licensee Name:	Karen Luna
Licensee Address:	16080 17 1/2 Mile Rd Marshall, MI 49068
Licensee Telephone #:	(269) 789-0300
Licensee:	Karen Luna
Name of Facility:	Best Care Plus Living Center
Facility Address:	16080 17 1/2 Mile Road Marshall, MI 49068
Facility Telephone #:	(269) 789-0300
Original Issuance Date:	03/01/2007
Capacity:	6
Program Type:	AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/06/2025

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

Date of Health Authority Inspection if applicable: 07/28/2023

No. of staff interviewed and/or observed 0

No. of residents interviewed and/or observed 0

No. of others interviewed 1 Role: Licensee

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.
No residents were in the home for the duration of this six month licensing period.
- Medication(s) and medication record(s) reviewed? Yes ☐ No ☒ If no, explain.
No residents were in the home for the duration of this six month licensing period.
- Resident funds and associated documents reviewed for at least one resident?
Yes ☐ No ☒ If no, explain. No residents were in the home for the duration of this six month licensing period.
- Meal preparation / service observed? Yes ☐ No ☒ If no, explain.
No residents were in the home for the duration of this six month licensing period.
- Fire drills reviewed? Yes ☐ No ☒ If no, explain.
No residents were in the home for the duration of this six month licensing period.
- Fire safety equipment and practices observed? Yes ☐ No ☒ If no, explain.
No residents were in the home for the duration of this six month licensing period.
- E-scores reviewed? (Special Certification Only) Yes ☐ No ☐ N/A ☒
If no, explain.
- Water temperatures checked? Yes ☐ No ☒ If no, explain.
No residents were in the home for the duration of this six month licensing period.
- Incident report follow-up? Yes ☐ No ☒ If no, explain.
- Corrective action plan compliance verified? Yes ☒ CAP date/s and rule/s:
CAP on 2/6/25 426(1) 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 400.1426

Maintenance of premises.

(1) The premises shall be maintained in a clean and safe condition.

Based upon the extensive fire damage to the home on 6/17/24, the home remains uninhabitable by the local fire department. Residents were previously relocated to other adult foster care homes due to the home no longer being safe for the health, safety and well-being of residents due to these unforeseen damages. The licensee has continued coordinating with her home owner insurance company along with a licensed building contractor renovating the entire home. Written approval of a certificate of occupancy must be received from the township building code inspector prior to the admittance of any residents.

IV. RECOMMENDATION

An acceptable written corrective action plan was received and approved on 2/6/25. I recommend issuance of a second provisional license.

Kevin L. Sellers

2/7/25

Kevin Sellers
Licensing Consultant

Date

Approved By:

Russell Misiak

2/7/25

Russell B. Misiak
Area Manager

Date