



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

March 31, 2025

Connie Clauson  
Leisure Living Mgt of Portage  
Suite 203  
3196 Kraft Ave SE  
Grand Rapids, MI 49512

RE: License #: AL390007092  
**Fountain View Ret Vil of Port #1**  
**7818 Kenmure Drive**  
**Portage, MI 49024**

Dear Connie Clauson:

Attached is the Renewal Licensing Study Report for the facility referenced above. The study has determined substantial violations of applicable licensing statutes and administrative rules. Therefore, refusal to renew the license is recommended. You will be notified in writing of the Department's intention and your options for resolution of this matter.

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".

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**

<b>License #:</b>	AL390007092
<b>Licensee Name:</b>	Leisure Living Mgt of Portage
<b>Licensee Address:</b>	Suite 203 3196 Kraft Ave SE Grand Rapids, MI 49512
<b>Licensee Telephone #:</b>	(616) 285-0573
<b>Licensee Designee:</b>	Connie Clauson
<b>Administrator:</b>	Sara Johnson
<b>Name of Facility:</b>	Fountain View Ret Vil of Port #1
<b>Facility Address:</b>	7818 Kenmure Drive Portage, MI 49024
<b>Facility Telephone #:</b>	(269) 327-9595
<b>Original Issuance Date:</b>	05/02/1989
<b>Capacity:</b>	20
<b>Program Type:</b>	ALZHEIMERS AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection: 03/26/2025

Date of Bureau of Fire Services Inspection if applicable: 02/19/2025 – Temporary C rating until 04/04/2025

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 3  
No. of residents interviewed and/or observed 13  
No. of others interviewed 2 Role: Administrator & LD

- 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? 3 N/A
- Variances? Yes  (please explain) No  N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

\*\*\* To maintain the coding consistency of residents across special investigations and renewal reports, the residents in this renewal report are not identified in sequential order.

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

**MCL 400.734b**      **Employing or contracting with certain individuals providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; determination of existence of national criminal history; failure to conduct criminal history check; automated fingerprint identification system database; electronic web-based system; 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:** The licensee is utilizing a staffing agency to employ direct care staff; however, there was no eligibility letter from the Workforce Background Check (WBC) documenting direct care staff, Sharyha Webster, had fingerprints completed and was deemed eligible to work in the facility despite Sharyha Webster being identified as working on the facility's March 2025 staff schedule.

**REPEAT VIOLATION ESTABLISHED**

**SEE SIR 2025A0581005, DATED 12/09/2024, CAP DATED, 01/07/2025**

**SEE RENEWAL LSR, DATED 09/05/2024, CAP DATED 10/02/2024**

**SEE SIR 2023A0581015, DATED 01/20/2023, CAP DATED 02/03/2023**

**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:**

**(a) Reporting requirements.**

**FINDING:** The licensee is utilizing a staffing agency to employ direct care staff; however, there was no verification direct care staff, Alena Kocefas, Brooklyn Demink, or Sharyha Webster, were competent in reporting requirements prior to performing assigned tasks.

**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:**

**(c) Cardiopulmonary resuscitation.**

**FINDING:** The licensee is utilizing a staffing agency to employ direct care staff; however, there was no verification of Cardiopulmonary Resuscitation (CPR) training in Sharyha Webster's, Brooklyn Demink's and Alena Kocefas' staff file. Additionally, the staffing agency confirmed via email they do not require their staff to complete CPR.

**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:**

**(e) Resident rights.**

**FINDING:** The licensee is utilizing a staffing agency to employ direct care staff; however, there was no verification direct care staff, Alena Kocefas, Brooklyn Demink, or Sharyha Webster, were competent in resident rights prior to performing assigned tasks.

**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:**

**(f) Safety and fire prevention.**

**FINDING:** The licensee is utilizing a staffing agency to employ direct care staff; however, there was no verification direct care staff, Alena Kocefas, Brooklyn Demink, or Sharyha Webster, were competent in safety and fire prevention prior to performing assigned tasks.

**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.**

**(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the physician's knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.**

**FINDING:** Multiple direct care staff did not have signed statements from physicians attesting to the physician's knowledge of the direct care staff's physical health within 30 days of employment or assumption of duties, as required, including direct care staff, Ideisha Carter, Sharyha Webster, Brooklyn Demink and Alena Kocefas.

**REPEAT VIOLATION ESTABLISHED**  
**SEE RENEWAL LSR, DATED 09/05/2024, CAP DATED 10/02/2024**

**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, including Kierra Marshall and Ideisha Carter, did not have verification of TB tests in their employee files, despite hire dates of 03/10/2025 and 08/15/2022, respectively.

**REPEAT VIOLATION ESTABLISHED**  
**SEE RENEWAL LSR, DATED 09/05/2024, CAP DATED 10/02/2024**

**R 400.15206**      **Staffing requirements.**

**(2) A licensee shall have sufficient direct care staff on duty at all times for the supervision, personal care, and protection of residents and to provide the services specified in the resident's resident care agreement and assessment plan.**

**FINDING:** Resident G's assessment plan, which was identified as the facility's "Resident Evaluation", dated 09/01/2024, documented Resident G requires the use of a "mechanical lift" when transferring. Based on my review of the licensee's policy on mechanical lifts two direct care staff are needed to operate a mechanical lift; however, during an unannounced inspection at the facility on 03/14/2025, the facility had 1 direct care staff working in the facility from approximately 3 pm until 5 pm.

Additionally, upon review of the facility's timesheets (i.e. Paycor) from 02/22-02/24, 03/01-03/03, and 03/06-03/08 there was again only 1 direct care staff working in the facility for the following dates and times when residents requiring two direct care staff for personal care/transfers were residing to the facility:

02/22 – 6 am until 2 pm  
02/23 – 4 pm until 8:30 am  
03/02 – 6:15 am until 5:45 am  
03/07 – 10:30 pm until 6 am

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

**(3) A licensee shall maintain a daily schedule of advance work assignments, which shall be kept for 90 days. The schedule shall include all of the following information:**

**(a) Names of all staff on duty and those volunteers who are under the direction of the licensee.**

**FINDING:** The facility's staff schedule did not identify who was working in the facility. The schedule provided by the Licensee Designee and Administrator encompassed both the facility and the neighboring facility; however, there was no way to tell which staff were scheduled to work in which facility. In interviews with direct staff, the staff schedule was explained as upon the beginning of a shift, the facility's identified "Resident Care Manager" would assign incoming staff to either facility based on where they were needed the most.

**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:** Multiple residents require the use of assistive devices; however, the physician's orders for these devices did not include the reason for the device nor the term, as required. Specifically, Resident D requires the use of a walker; which was documented on a physician's order, dated 02/13/2025; however, the order did not document the reason or the term of this device. Additionally, Resident G requires the use of bed rails, a wheelchair and Broda chair, which were also documented on the physician's order; however, the order, dated 01/14/2025 did not specify the reason or the term of these devices.

Administrator, Sara Johnson, sent updated physician's orders for both these residents the day after the inspection, which were dated 03/27/2025, reflecting both the reason and term of all these devices.



**REPEAT VIOLATION ESTABLISHED  
SEE RENEWAL LSR, DATED 09/05/2024, CAP DATED 10/02/2024**

**R 400.15310 Resident health care.**

**(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.**

**FINDING:** Monthly weights were not being recorded for residents on a consistent basis, as required.

**REPEAT VIOLATION ESTABLISHED  
SEE RENEWAL LSR, DATED 09/05/2024, CAP DATED 10/02/2024**

**R 400.15312 Resident medications.**

**(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being S333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.**

**FINDING:** Resident H's medications were being kept in an unlocked drawer within her bedroom.

**R 400.15312 Resident medications.**

**(3) Unless a resident's physician specifically states otherwise in writing, the giving, taking, or applying of prescription medications shall be supervised by the licensee, administrator, or direct care staff.**

**FINDING:** Both direct care staff, Melvina Higgins, and Administrator, Sara Johnson, reported Resident H administers her own prescriptions, which are kept in her bedroom; however, a physician's order allowing Resident H to administer her own medications was not available for review during the inspection. Administrator, Sara Johnson, stated she had been unable to obtain such an order from Resident H's physician since she was admitted to the facility in approximately December 2024.

**R 400.15312 Resident medications.**

**(6) A licensee shall take reasonable precautions to insure that prescription medication is not used by a person other than the resident for whom the medication was prescribed.**

**FINDING:** Resident H was keeping her medications in an unlocked dresser drawer within her bedroom. During my inspection, I observed Resident H leave her bedroom, close the door and make her way down the facility's hallway. Upon checking the Resident H's bedroom, I determined the door was left unlocked therefore, making Resident H's medications accessible to other residents, visitors, or staff.

On 03/26/2025, Administrator, Sara Johnson, sent via email confirmation a lockable pill organizer travel bag had been purchased for Resident H, which was expected to be delivered 03/27/2025.

**R 400.15313 Resident nutrition.**

**(4) Menus of regular diets shall be written at least 1 week in advance and posted. Any change or substitution shall be noted and considered as part of the original menu.**

**FINDING:** Menus were not being written in advance and posted in the facility.

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

**(1) A licensee shall have a written emergency procedure and evacuation plan to be followed in case of fire, medical, or severe weather emergencies. The evacuation plan shall be prominently posted in the home. Residents who require special assistance shall be identified in the written procedure.**

**FINDING:** Residents requiring special assistance were not identified in the facility's written emergency procedure. Specifically, Resident I is deaf and mute and residing on the 2<sup>nd</sup> story, while Resident G requires two staff in transferring her out of bed into a Broda chair or wheelchair. Resident C has a diagnosis of Dementia, and her assessment plan documented she has wandering type behaviors.

**R 400.15401 Environmental health.**

**(4) All garbage and rubbish that contains food wastes shall be kept in leakproof, nonabsorbent containers. The containers shall be kept covered with tight-fitting lids and**

**shall be removed from the home daily and from the premises at least weekly.**

**FINDING:** The garbage bin in the kitchen was observed without a tight-fitting lid on it.

**R 400.15402 Food service.**

**(4) All food service equipment and utensils shall be constructed of material that is nontoxic, easily cleaned, and maintained in good repair. All food services equipment and eating and drinking utensils shall be thoroughly cleaned after each use.**

**FINDING:** The front of the facility's icemaker was observably dirty and in need of cleaning.

**R 400.15403 Maintenance of premises.**

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

**FINDING:** The bathroom in resident bedroom #204 was observably dirty. There appeared to be dried urine on the front of the toilet bowl, the floor, and wall.

Multiple AC units in resident bedrooms on the main level were covered in black garbage bags, which did not create a comfortable and orderly appearance.

Resident bedroom #208 had a fire blanket duct taped to the wall over the baseboard heat vent. Additionally, a regular blanket was laid across the baseboard heat vent. This arrangement was not presenting a comfortable and orderly appearance.

**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:** The ceiling both in and directly outside of the storage room next to the main floor laundry room needed repair as it appeared to have water damage. The facility's maintenance person stated a resident bathroom above this storage room had leaked from the resident flushing non flushable items in the toilet.

**REPEAT VIOLATION ESTABLISHED  
SEE RENEWAL LSR, DATED 09/05/2024, CAP DATED 10/02/2024**

On 03/28/2025, I conducted the exit conference with the licensee designee, Connie Clauson, via telephone. I explained my findings and recommendation. Connie Clauson did not agree with the recommendation as she stated she would immediately be correcting violations. She stated Resident G would immediately be discharged to the neighboring facility; therefore, the violation of not having sufficient staff in the facility would be corrected. She stated Resident J, who was just put on hospice services would also be discharged to the neighboring facility. Regarding the staffing agency violations, she stated it was in their contract with the staffing agency that they would ensure staff met AFC requirements for staff. She stated she would be addressing these concerns with the staffing agency.

#### IV. RECOMMENDATION

Due to the continued and repeated quality of care and physical plant violations, refusal to renew the license is recommended.



03/31/2025

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Cathy Cushman  
Licensing Consultant

Date

Approved:



03/31/2025

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Dawn Timm  
Area Manager

Date