



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

## **Amended Renewal Inspection Report**

April 29, 2025

Megan Fry  
MCAP Holt Opco, LLC  
Suite 115  
21800 Haggerty Road  
Northville, MI 48167

RE: License #: AL330404597  
**Prestige Way #2 (Poplar Cottage)**  
**4300 Keller Road**  
**Holt, MI 48842**

Dear Megan Fry:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee designee and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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) 335-5985.

Sincerely,

A handwritten signature in cursive script that reads "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 #:** AL330404597

**Licensee Name:** MCAP Holt Opco, LLC

**Licensee Address:** Suite 115  
21800 Haggerty Road  
Northville, MI 48167

**Licensee Telephone #:** (517) 694-2020

**Licensee/Licensee Designee:** Megan Fry

**Administrator:**

**Name of Facility:** Prestige Way #2 (Poplar Cottage)

**Facility Address:** 4300 Keller Road  
Holt, MI 48842

**Facility Telephone #:** (517) 694-2020

**Original Issuance Date:** 11/02/2020

**Capacity:** 20

**Program Type:** AGED  
ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/22/2025

Date of Bureau of Fire Services Inspection if applicable: 03/05/2025

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 4  
No. of residents interviewed and/or observed 10  
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.
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
R 400. 15318 (1), R 400. 15313 (3), R 400.15301 (4) and R 400.15315 (3) N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes  (please explain) No  N/A

A variance has been approved for R 400.15407 (4).

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

**R 400.15301      Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

**(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.**

- Resident B was admitted on August 27, 2024, and the written assessment plan was completed on September 20, 2024. The assessment plan was not completed at the time of admission for Resident B.

**R 400.15315      Handling of resident funds and valuables.**

**(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.**

- The *Resident Funds Part II* forms were not completed and contained within the files for Resident A, Resident B, and Resident C. Additionally, there was no documentation available for review, granting the licensee authorization to utilize a substitute form.

**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.**

- The floor in the heat plant room was not in good condition and required repair or replacement.

#### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.

*Makina Rubaitis*

04/29/2025

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Licensing Consultant

Date