



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

April 18, 2025

Philip Campau  
Michigan Pure, L.L.C.  
3100 N. Parma Road  
Parma, MI 49269

RE: License #: AS380383819  
**Jacqueline House Assisted Living 2**  
**3829 Guest Rd.**  
**Jackson, MI 49203**

Dear Philip Campau:

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 documentation of compliance by May 2, 2025.

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) 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 #:** AS380383819

**Licensee Name:** Michigan Pure, L.L.C.

**Licensee Address:** 3100 N. Parma Road  
Parma, MI 49269

**Licensee Telephone #:** (517) 206-7489

**Licensee/Licensee Designee:** Philip Campau

**Administrator:** Stephanie Lally

**Name of Facility:** Jacqueline House Assisted Living 2

**Facility Address:** 3829 Guest Rd.  
Jackson, MI 49203

**Facility Telephone #:** (517) 888-5165

**Original Issuance Date:** 10/24/2016

**Capacity:** 6

**Program Type:** PHYSICALLY HANDICAPPED  
ALZHEIMERS  
AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/17/2025

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

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 3

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.  
The on-site inspection was not concurrent with the mealtimes.
- 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 400.14511 (4) 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 400.14205 Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.**

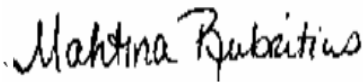
**(6) A licensee shall annually review the health status of the administrator, direct care staff, other employees, and members of the household. Verification of annual reviews shall be maintained by the home and shall be available for department review.**

- The licensee did not review the health status of Employee #1 annually (2024), as required by the rule.

A corrective action plan was requested and approved on 04/17/2025. 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.



04/18/2025

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Mahtina Rubritius  
Licensing Consultant

Date