



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 10, 2025

Delores Gardner
1095 Langeland
Muskegon, MI 49442

RE: License #:	AF610336193 Cassadee 1095 Langeland Muskegon, MI 49442
----------------	---

Dear Ms. Gardner:

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.

Please contact me with any questions. If I am not available and you need to speak to someone immediately, you may contact the local office at (616) 356-0100.

Sincerely,

Elizabeth Elliott, Licensing Consultant
Bureau of Community and Health Systems
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 901-0585

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

I. IDENTIFYING INFORMATION

License #:	AF610336193
Licensee Name:	Delores Gardner
Licensee Address:	1095 Langeland Muskegon, MI 49442
Licensee Telephone #:	(231) 773-9782
Licensee/Licensee Designee:	N/A
Administrator:	N/A
Name of Facility:	Cassadee
Facility Address:	1095 Langeland Muskegon, MI 49442
Facility Telephone #:	(231) 773-9782
Original Issuance Date:	03/11/2013
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED AGED TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/03/2025

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

Date of Health Authority Inspection if applicable: 09/03/2025

No. of staff interviewed and/or observed 0
No. of residents interviewed and/or observed 0
No. of others interviewed 1 Role: D. Gardner, Licensee

- Medication pass / simulated pass observed? Yes No If no, explain.
At the time of the inspection, residents were not in the home and no resident medications were due for administration. A review of the medications and MAR was conducted.
- 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:
416.2, 418.1, 418.3, 421.2, 426.1, 438.4 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 400.1405	Health of a licensee, responsible person, and member of the household.
	(3) A licensee shall provide the department with written evidence that he or she and each responsible person in the home is free from communicable tuberculosis. Verification shall be within the 3-year period before employment and verification shall occur every 3 years thereafter.
<p>Finding: The licensee, Delores Gardner and responsible person, Cassandra Wallace TB test is more than 3 years old.</p> <p>Licensee Response: Ms. Gardner stated the TB tests will be updated as soon as possible.</p>	
R 400.1418	Resident medications.
	(1) Prescription medication, including tranquilizers, sedatives, dietary supplements, or individual special medical procedures, shall be given or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy container which shall be labeled for the specific 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.

Finding:

Upon reviewing resident medications, the following violations were found upon review of Resident A’s medications:

- Silver Sulfadiazine, 1% cream apply topically everyday was in the medication box but not listed on the MAR.
- Clotrimazole 1%, apply small amount topically twice daily was not signed as administered for September 2025.
- Ammonium Lactate 12% apply liberal amount typically daily for dry skin, not signed as given for September 2025.
- Melatonin 3 mg cap, 1 cap by mouth at bedtime is not documented on the MAR but the medication is in the medication box.
- Empagliflozin 25mg tab, take ½ tab by mouth every AM for diabetes is not on the MAR but the medication is in the medication box.
- Cetirizine 1 tab by mouth once daily-allergies is not on the MAR, but the medication is in the medication box.

Licensee Response:

Ms. Gardner stated she will consult with the VA (Veteran’s Administration) nurse and review resident medications and make corrections accordingly. Ms. Gardner stated she will do this as soon as possible.

A corrective action plan was requested and approved on 09/03/2025. 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. This Adult Foster Care Family Home license is renewed (Capacity 6).



09/10/2025

Elizabeth Elliott
Licensing Consultant

Date