



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 8, 2025

Prabhjot Singh
Park Place OPCO LLC
PO BOX 1568
Portage, MI 49081

RE: License #: AL390418621
Park Place Senior Living B
4218 S Westnedge Ave
Kalamazoo, MI 49008

Dear Jay Singh:

This letter is a follow-up to the Department's findings regarding the interim inspection conducted at your facility on 05/07/2025. The purpose of this inspection was to determine compliance with applicable licensing statutes and administrative rules for an Adult Foster Care large group home.

The violations that were found are:

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: Direct care staff, Anthonella Mufuta, did not have an eligibility letter from the Workforce Background Check deeming her eligible to work in the facility.

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.**
- (b) First aid.**
- (c) Cardiopulmonary resuscitation.**
- (d) Personal care, supervision, and protection.**
- (e) Resident rights.**
- (f) Safety and fire prevention.**
- (g) Prevention and containment of communicable diseases.**

FINDING: There were multiple direct care staff who worked at the facility under a different license; however, verification of their training was not immediately available in their staff file. Please ensure verification of training is included in files for staff who worked under the previous license.

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.**
- (b) Job titles.**
- (c) Hours or shifts worked.**
- (d) Date of schedule.**
- (e) Any scheduling changes.**

FINDING: Job titles need to be included in the staff schedule. Currently, staff are identified as “med tech” with an asterisk; however, this is not identified on the schedule. Additionally, please document on the schedule the actual hours for each shift, as well.

It would be helpful to include a legend on the schedule identifying the various symbols, colors and codes (i.e. green vs red, astericks, call ins, mandates, training, “X”, etc).

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.

FINDING: Resident A was identified as receiving hospice services; however, the resident did not have her hospice service plan attached as an addendum to the assessment plan.

A Hospice Service Plan for a resident who is enrolled in a licensed hospice program which includes a do-not-resuscitate order, or any other form of advance directive should be included as an addendum to the resident’s assessment and maintained with the assessment plan in the resident’s record.

“Assessment Plan” means a written statement prepared in cooperation with a responsible agency or person that identifies the specific care and maintenance, services, and resident activities appropriate for each individual resident’s physical and behavioral needs and wellbeing and the methods of providing the care and

services taking into account the preferences and competency of the individual. A resident's specific habilitation training and self-care needs are to be documented in the written assessment plan. Specific licensee responsibilities include helping the resident learn to do, what he or she can do, and doing for a resident what he or she cannot do.

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

(6) At the time of a resident's admission, a licensee shall complete a written resident care agreement. A resident care agreement is the document which is established between the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee and which specifies the responsibilities of each party. A resident care agreement shall include all of the following:

(c) A description of additional costs in addition to the basic fee that is charged.

FINDING: Resident B's *Resident Care Agreement (RCA)* documented \$1,275/month was the agreed upon price Resident B was charged for adult foster care services; however, Resident B's *Resident Funds II* form documented the licensee accepted \$2,500 for the first month Resident B resided in the facility.

The Administrator, Janet White, provided a "General Fee" policy for Resident B documenting Resident B's first month residing in the facility was "pro-rated" to include \$2,500; however, there was no explanation for charging Resident B \$2,500 versus the agreed upon price of \$1,275 on the RCA. Janet White explained Resident B has additional funds that have to be "spent down".

Though the general fee policy was agreed upon by the licensee and Resident B, there needs to be a description of the additional costs in addition to the basic fee that is charged. The general fee policy needs to be identified on the RCA as an "attachment" and the additional fees need to be included and explained.

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: The licensee's written evacuation procedure does not identify residents requiring special assistance. For example, multiple residents have assistive devices, require Hoyer lifts, and have cognitive impairments. It was explained during the interim inspection how the facility's written procedure may be a working document whereas residents are taken off and added as residents are discharged and admitted.

R 400.15318 Emergency preparedness; evacuation plan; emergency transportation.

(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.

FINDING: Fire drills were not being practiced with all residents evacuating from the facility. Fire drills documented pillows were being placed in front of resident bedrooms rather than residents being evacuated from the facility. Regardless of a resident being on hospice or the resident's condition, the licensee and staff must be able to meet the needs of all residents, including emergency evacuation from the home.

R 400.15403 Maintenance of premises.

(11) Handrails and nonskid surfacing shall be installed in showers and bath areas.

FINDING: The wheelchair accessible shower off the living room had nonskid strips that were not adhered to the floor. These strips were located in the area leading up to the shower. Nonskid surfacing is needed in the actual shower area as well to prevent slipping.

Compliance will be reviewed during a follow up inspection.

The Department provides technical assistance to meet the licensing requirements and consultation to improve services.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (517) 335-5985.

Sincerely,

A handwritten signature in black ink that reads "Cathy Cushman". The signature is written in a cursive, flowing style.

Cathy Cushman, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(269) 615-5190

Enclosures