



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 23, 2026

Megan Webster
Palmers Place Inc
1009 S St Johns
Ithaca, MI 48847

RE: License #: AM290072779
Palmers Place Inc
1009 S St Johns
Ithaca, MI 48847

Dear Ms. Webster:

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 or licensee designee or home for the aged authorized representative 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 red ink, appearing to read 'Amanda Blasius', with a stylized flourish at the end.

Amanda Blasius, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

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

I. IDENTIFYING INFORMATION

License #:	AM290072779
Licensee Name:	Palmers Place Inc
Licensee Address:	1009 S St Johns Ithaca, MI 48847
Licensee Telephone #:	(989) 855-8784
Licensee/Licensee Designee:	Megan Webster Designee
Administrator:	Megan Webster
Name of Facility:	Palmers Place Inc
Facility Address:	1009 S St Johns Ithaca, MI 48847
Facility Telephone #:	(989) 875-3745
Original Issuance Date:	10/01/1996
Capacity:	12
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/23/2026

Date of Bureau of Fire Services Inspection if applicable: 03/20/2026

Date of Health Authority Inspection if applicable: 05/16/2026

No. of staff interviewed and/or observed 4

No. of residents interviewed and/or observed 8

No. of others interviewed 0 Role:

- 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. No resident funds kept on file.
- 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? 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:

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.

At the time of inspection, direct care worker, Alexis Bueche did not have a verification for a workforce background clearance documentation for Palmers Place on file.

R 400.629 Direct care staff; qualifications and training.

(5) 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 trained and competent in all of the following areas before performing assigned tasks independently:

(c) Cardiopulmonary resuscitation, which includes a hands-on demonstration as part of the training.

At the time of inspection, direct care worker, Brandon Hall did not have verification of cardiopulmonary resuscitation, which includes a hands-on demonstration as part of the training on file.

R 400.631 Health screenings.

(2) A licensee shall have on file a statement signed by a licensed physician or physician's designee attesting to the physical health of the licensee, staff, and members of the household. Statements for the licensee and administrator must be signed no more than 6 months before the issuance of a temporary license and at any other time requested by the department. Statements for staff and members of the household must be obtained within 30 days of employment start date, assumption of duties, or occupancy in the facility.

At the time of inspection, direct care workers, Brandon Hall and Lydia Abbott did not have on file a statement signed by a licensed physician or physician's designee attesting to their physical health.

R 400.639 Staff records.

(1) A licensee shall maintain a record for each staff that contains all of the following:

(f) Verification of not less than 2 reference checks. If reference checks cannot be obtained, documentation verifying reference checks were attempted must be maintained.

At the time of inspection, there was no documentation for direct care workers, Brandon Hall and Lydia Abbott that reference checks were completed prior to hire.

R 400.645 Environmental health.

(7) Poisons, caustics, and other dangerous materials must be stored and safeguarded in nonresident, non-food preparation areas, and storage areas.

At the time of inspection, pieces of a broken glass mirror were found in Resident D's bathroom.

R 400.647 Safety and maintenance of premises.

(3) Living, sleeping, hallway, storage, bathroom, and kitchen areas must be well-lighted and ventilated.

At the time of inspection, Resident A's bathroom light was not operating.

R 400.647 Safety and maintenance of premises.

(5) Floors, walls, and ceilings must be cleanable, maintained clean, and in good repair.

At the time of inspection, Resident B's bathroom wall was damaged and needed to be repaired.

R 400.647 Safety and maintenance of premises.

(6) Plumbing fixtures and water and waste pipes must be properly installed and maintained in good working condition.

At the time of inspection, the sealant around Resident C's bathroom toilet was in disrepair. The shower head in the second full bathroom was missing.

R 400.655 Bathrooms.

(3) Bathrooms must have doors with positive-latching, non-locking-against-egress hardware. Hooks, bolts, bars, and other similar devices are prohibited on bathroom doors.

At the time of inspection, the half bathroom in the living room contained a door handle that was locking against egress hardware.

R 400.657 Bedrooms.

(4) Interior doorways of a resident bedroom must be equipped with a side-hinged, permanently mounted door that is equipped with positive-latching, non-locking-against-egress hardware.

At the time of inspection, Resident C's bedroom door handle contained a door with locking against egress hardware.

R 400.685 Resident admission; resident assessment plan; resident care agreement; health care appraisal.

(10) A resident or resident's designated representative shall provide a written health care appraisal or a medical discharge summary by an appropriate health care professional that is completed within the 90-day period before admission. A written health care appraisal must be completed at least annually thereafter. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be completed no later than 30 days after admission.

At the time of inspection, Resident E's health care appraisal on file was dated prior to his 90-day period before admission. Resident F, G and B did not have health care appraisals completed within the last annual year for review.

R 400.715 Facility environment; fire safety, adoption by reference.

(4) Evacuation assessments must be conducted within 30 days after the admission of each new resident and at least annually after the admission of the last new resident. A licensee shall forward a copy of each completed assessment to the responsible agency and retain a copy in the facility for 2 years. A facility that is assessed as having an evacuation difficulty index of "impractical" using appendix f of the 2021 edition of NFPA 101, Life Safety Code, which is adopted by reference in subdivision (b) of this subrule, shall have a period of 6 months after the date of the finding to do either of the following:

- (a) Improve the score to at least the "slow" category.
- (b) Bring the facility into compliance with the physical plant standards for "impractical" facilities contained in chapter 33 of the 2021 edition of NFPA 101, Life Safety Code. NFPA 101, Life

Safety Code, 2021 edition is adopted by reference and available to purchase on the National Fire Protection Association website at [https:// www.nfpa.org](https://www.nfpa.org) at a cost of \$168.00 for nonmembers of the NFPA and \$151.20 for NFPA members at the time of adoption of these rules. A copy of NFPA 101 is available for inspection and distribution from the Bureau of Community and Health Services, Department of Licensing and Regulatory Affairs, 611 West Ottawa Street, P.O. Box 30664, Lansing, Michigan 48909 at a cost of 15 cents per page as of the time of the adoption by reference of NFPA 101.

At the time of inspection an Evacuation assessment was not completed within 30 days of the last admission.

IV. RECOMMENDATION

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



06/23/2026

Amanda Blasius
Licensing Consultant

Date