



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 8, 2026

Michelle Jannenga
Thresholds
Suite 130
160 68th St. SW
Grand Rapids, MI 49548

RE: License #: AS410420127
Boston AFC Home
2141 Boston St SE
East Grand Rapids, MI 49506

Dear Ms. Jannenga:

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. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (616) 356-0100.

Sincerely,

A handwritten signature in cursive script, appearing to read "Toya Zylstra".

Toya Zylstra, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 333-9702

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

I. IDENTIFYING INFORMATION

License #:	AS410420127
Licensee Name:	Thresholds
Licensee Address:	Suite 130 160 68th St. SW Grand Rapids, MI 49548
Licensee Telephone #:	(616) 466-5242
Licensee/Licensee Designee:	Michelle Jannenga, Designee
Administrator:	Cornelia Buggs
Name of Facility:	Boston AFC Home
Facility Address:	2141 Boston St SE East Grand Rapids, MI 49506
Facility Telephone #:	(616) 466-4242
Original Issuance Date:	01/12/2026
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED
Certified Programs:	DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/08/2026

Date of Bureau of Fire Services Inspection if applicable: 07/08/2026

Date of Environmental/Health Inspection if applicable: 07/08/2026

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 1

No. of others interviewed Role:

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.
Medications passed prior to inspection.
- 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.
Meal prepared prior to inspection.
- 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 determined to be in substantial compliance with rules and requirements.

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

R 400.675

Resident medications.

(1) Medication must be given, taken, or applied as prescribed, ordered, or directed by an appropriately licensed health care professional.

Finding: On 07/08/2026 I completed a renewal inspection at the facility. I observed Resident A's Medication Administration Record indicated that on 06/01/2026, 06/02/2026, 06/03/2026, 06/04/2026, 06/05/2026, and 06/08/2026 Resident A did not receive her prescribed Flucasone 50 mcg nasal spray because the medication was "not in stock". I observed that on 06/22/2026 Resident A did not receive her prescribed HealthyLax Powder and Chlorhexidine 0.12 % rinse due to the medication being "not in stock".

Exit Conference: Licensee designee Michelle Jannenga stated that she did not dispute the finding and agreed to submit an acceptable Corrective Action Plan.

R 400.675

Resident medications.

(4) A licensee, administrator, or direct care staff shall comply with the following when supervising the taking of medication by a resident:

(f) Contact the resident's licensed health care professional or the appropriately licensed health care professional who prescribed the medication when a medication error occurs.

Finding: On 07/08/2026 I completed a renewal inspection at the facility. I observed Resident A's Medication Administration Record indicated that on 06/01/2026, 06/02/2026, 06/03/2026, 06/04/2026, 06/05/2026, and 06/08/2026 Resident A did not receive her prescribed Flucasone 50 mcg nasal spray because the medication was "not in stock". I observed that on 06/22/2026 Resident A did not receive her prescribed Healthylax Powder and Chlorhexidine 0.12 % rinse due to the medication being "not in stock". I observed no documentation indicating that a medical professional was contacted regarding the missed medications.

Exit Conference: Licensee designee Michelle Jannenga acknowledged that a medical professional was not contacted regarding the medication errors. She agreed that a rule violation had occurred and stated that she would forward an acceptable Corrective Action plan.

A corrective action plan was requested and approved on 07/08/2026. 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 and special certification.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.



07/08/2026

Toya Zylstra
Licensing Consultant

Date