



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

April 11, 2021

Connie Clauson  
Pleasant Homes I L.L.C.  
Suite 203  
3196 Kraft Ave SE  
Grand Rapids, MI 49512

RE: License #: AL390007090  
**Park Place Living Centre #B**  
**4218 S Westnedge**  
**Kalamazoo, MI 49008**

Dear Mrs. Clauson:

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) 284-9730.

Sincerely,

A handwritten signature in black ink that reads "Cathy Cushman". The script is cursive and fluid, with the first name "Cathy" and last name "Cushman" clearly legible.

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

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL390007090
<b>Licensee Name:</b>	Pleasant Homes I L.L.C.
<b>Licensee Address:</b>	Suite 203 3196 Kraft Ave SE Grand Rapids, MI 49512
<b>Licensee Telephone #:</b>	(616) 285-0573
<b>Licensee Designee:</b>	Connie Clauson
<b>Administrator:</b>	Janet White
<b>Name of Facility:</b>	Park Place Living Centre #B
<b>Facility Address:</b>	4218 S Westnedge Kalamazoo, MI 49008
<b>Facility Telephone #:</b>	(269) 388-7303
<b>Original Issuance Date:</b>	01/01/1989
<b>Capacity:</b>	20
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/08/2021

Date of Bureau of Fire Services Inspection if applicable: 11/11/2020

Date of Health Authority Inspection if applicable: N/A

Inspection Type: ☐ Interview and Observation ☒ Worksheet  
☐ Combination ☐ Full Fire Safety

No. of staff interviewed and/or observed 2  
No. of residents interviewed and/or observed 13  
No. of others interviewed [redacted] 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.  
On-site did not take place during a meal time; however, food was observed within the kitchen.
- 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:  
2017 Renewal, R 204.3, 205.3, 205.6, 208.1(f), 209.1(n), 210, 403.2, CAP dated 4/18/2019 N/A ☐
- Number of excluded employees followed-up? 7 N/A ☐
- Variances? Yes ☒ (please explain) No ☐ N/A ☐  
A variance was granted on 12/03/2010 for the R 400.15304(1)(b) and R 400.15304(2) so the facility is allowed to have a secured fence. As part of the variance, the facility is supposed to have residents or their designated responsible persons sign a form consenting to their placement in secured facility.

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

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

**(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.**

**FINDING:** Out of 13 residents, four of them (Resident B, Resident F, Resident J, and Resident L) had outdated *Health Care Appraisals*, indicating they were not completed on an annual basis, as required.

REPEAT VIOLATION, SEE SIR 2020A0578029, DATED 05/11/2020, CAP DATED 05/27/2020

**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:** Out of 13 residents, nine residents (Resident A, Resident B, Resident E, Resident F, Resident H, Resident I, Resident J, Resident K, and Resident M) had either outdated assessment plans or there were no signatures on the assessment plans indicating it had been reviewed by the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee.

REPEAT VIOLATION, SEE SIR 2020A0578029, DATED 05/11/2020, CAP DATED 05/27/2020

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

**(9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency, if applicable, at least annually or more often if necessary.**

**FINDING:** Out of 13 residents, four residents (Resident B, Resident F, Resident G, and Resident H) had either outdated Resident Care Agreements (RCA) or there were no signatures on the RCA indicating it had been reviewed by the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee.

**R 400.15310**      **Resident health care.**

**(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.**

**FINDING:** Resident weight records were not being recorded on a monthly basis, as required.

**R 400.15312**      **Resident medications.**

**(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being {333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.**

**FINDING:** Resident I's remedy phytoplex z-guard skin protectant was being kept in her bedroom rather than the facility's medication cart.

**R 400.15315            Handling of resident funds and valuables.**

**(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.**

**FINDING:** There was no *Resident Funds I* form in Resident G's resident file.

**R 400.15316            Resident records.**

**(1) A licensee shall complete, and maintain in the home, a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information:**

**(a) Identifying information, including, at a minimum, all of the following:**

- (i) Name.**
- (ii) Social security number, date of birth, case number, and marital status.**
- (iii) Former address.**
- (iv) Name, address, and telephone number of the next of kin or the designated representative.**
- (v) Name, address, and telephone number of the person and agency responsible for the resident's placement in the home.**
- (vi) Name, address, and telephone number of the preferred physician and hospital.**
- (vii) Medical insurance.**
- (viii) Funeral provisions and preferences.**
- (ix) Resident's religious preference information.**

**(d) Health care information, including all of the following:**

- (i) Health care appraisals.**
- (ii) Medication logs.**
- (iii) Statements and instructions for supervising prescribed medication, including dietary supplements and individual special medical procedures.**
- (iv) A record of physician contacts.**

**(v) Instructions for emergency care and  
advanced medical directives.**

**FINDING:** Resident C had no face sheet containing all of his identifying information.

Neither Resident A, Resident D, nor Resident K had *Health Care Appraisals* in their resident file for review.

**IV. RECOMMENDATION**

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



04/11/2021

\_\_\_\_\_  
Date

Licensing Consultant