



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 #: AL390007094
Park Place Living Centre #C
4222 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 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

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

I. IDENTIFYING INFORMATION

License #: AL390007094

Licensee Name: Pleasant Homes I L.L.C.

Licensee Address: Suite 203
3196 Kraft Ave SE
Grand Rapids, MI 49512

Licensee Telephone #: (616) 285-0573

Licensee Designee: Connie Clauson

Administrator: Janet White

Name of Facility: Park Place Living Centre #C

Facility Address: 4222 S Westnedge
Kalamazoo, MI 49008

Facility Telephone #: (269) 388-7303

Original Issuance Date: 09/21/1989

Capacity: 20

Program Type: 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: 11/18/2020

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 0

No. of residents interviewed and/or observed 0

No. of others interviewed [REDACTED] Role: [REDACTED]

- Medication pass / simulated pass observed? Yes No If no, explain. Facility hasn't had residents since July 2020. Staff were not working in facility.
- Medication(s) and medication record(s) reviewed? Yes No If no, explain. Facility hasn't had residents since July 2020; therefore, medications were not reviewed.
- 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. A meal wasn't observed due to facility not having residents.
- 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: R. 734b.2, 205.3, 205.6, 208.1(f), 210, 305.3, 403.1, 403.2, 507.1, CAP dated 4/24/2019 N/A
- Number of excluded employees followed-up? 2 N/A
- Variances? Yes (please explain) No N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial non-compliance with the following rules and requirements:

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:

(e) Resident care agreement.

(i) Resident funds and valuables record and resident refund agreement.

FINDING: I reviewed former resident files and two residents, Resident A and Resident B, did not have *Resident Funds I* forms or *Resident Care Agreements*.

IV. RECOMMENDATION

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



04/11/2021

Cathy Cushman
Licensing Consultant

Date