



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

April 15, 2021

Thomas Ongwela  
Pine Valley Assisted Living, LLC  
1155 N. 26th St.  
Kalamazoo, MI 49048

RE: License #: AS390277587  
**Pine Valley Assisted Living**  
**1155 N. 26th St.**  
**Kalamazoo, MI 49048**

Dear Mr. Ongwela:

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. In your *Statement of Correction*, dated 04/12/2021, you agreed to maintain the *Applicant Consent and Disclosure Form* or equivalent as well as the fingerprint receipt for all staff members.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable.

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, appearing to read "Eli DeLeon".

Eli DeLeon, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(269) 251-4091

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

**I. IDENTIFYING INFORMATION**

**License #:** AS390277587

**Licensee Name:** Pine Valley Assisted Living, LLC

**Licensee Address:** 1155 N. 26th St.  
Kalamazoo, MI 49048

**Licensee Telephone #:** (269) 598-5595

**Licensee/Licensee Designee:** Thomas Ongwela

**Administrator:** N/A

**Name of Facility:** Pine Valley Assisted Living

**Facility Address:** 1155 N. 26th St.  
Kalamazoo, MI 49048

**Facility Telephone #:** (269) 365-9698

**Original Issuance Date:** 11/04/2005

**Capacity:** 6

**Program Type:** PHYSICALLY HANDICAPPED  
DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
AGED  
TRAUMATICALLY BRAIN INJURED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 04/12/2021

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Environmental/Health Inspection if applicable: N/A

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 4

No. of residents interviewed and/or observed 3

No. of others interviewed 0 Role: 0

- 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.
- 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

The facility is in sub-compliance with the following applicable rules and statutes.

**400.734                      Employing or contracting with certain employees providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; failure to conduct criminal history check; automated fingerprint identification system database; report to legislature; costs; definitions.**

(3) An individual who applies for employment either as an employee or as an independent contractor with an adult foster care facility and has received a good faith offer of employment or independent contract from the adult foster care facility shall give written consent at the time of application for the department of state police to conduct an initial criminal history check under this section. The individual, at the time of initial application, shall provide identification acceptable to the department of state police.

Staff files did not contain the individual *Applicant Consent and Disclosure Form* or equivalent as well as the fingerprint receipt for all staff members.

### IV. RECOMMENDATION

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



04/15/2021

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Eli DeLeon  
Licensing Consultant

Date