



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

September 23, 2021

Mark Walker
The Pines of Clarkston
7550 Dixie Hwy
Clarkston, MI 48346

RE: License #: AH630382729
Investigation #: 2021A0784056
The Pines of Clarkston

Dear Mr. Walker:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. 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 time frames 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 responsible party and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (517) 284-9730.

Sincerely,

Aaron Clum, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 230-2778

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
SPECIAL INVESTIGATION REPORT**

I. IDENTIFYING INFORMATION

License #:	AH630382729
Investigation #:	2021A0784056
Complaint Receipt Date:	09/21/2021
Investigation Initiation Date:	09/21/2021
Report Due Date:	11/20/2021
Licensee Name:	Premier Operating Clarkston AL, LLC
Licensee Address:	245 Park Ave, 39th Floor New York, NY 10167
Licensee Telephone #:	(212) 739-0794
Administrator:	Ruby Mogensen
Authorized Representative:	Mark Walker
Name of Facility:	The Pines of Clarkston
Facility Address:	7550 Dixie Hwy Clarkston, MI 48346
Facility Telephone #:	(248) 922-7000
Original Issuance Date:	03/28/2017
License Status:	REGULAR
Effective Date:	09/26/2020
Expiration Date:	09/25/2021
Capacity:	30
Program Type:	AGED

II. ALLEGATION(S)

	Violation Established?
The facility received a fire safety disapproval rating	Yes
Additional Findings	No

III. METHODOLOGY

09/21/2021	Special Investigation Intake 2021A0784056
09/21/2021	Special Investigation Initiated - Letter BFS Report Received
09/21/2021	Exit Conference conducted with authorized representative Mark Walker

ALLEGATION:

The facility received a fire safety disapproval rating

INVESTIGATION:

On 9/21/21, the department received an email from Bureau of Fire Services supervisor Larry DeWachter notifying that a disapproval rating was being issued to the facility following an unfavorable re-inspection. The email read in part, "BFS has had ongoing issues with the facility, often requiring multiple visits to achieve compliance". A copy of the inspection report was included with the email.

Review of the inspection report the inspection was completed on 9/20/21 by Bureau of Fire Services inspector Don Christensen. Mr. Christensen's report read, in part:

The facility has been issued a Fire Safety Disapproval due to multiple follow-up inspections without compliance for the items cited during the annual fire safety inspection. This has been a reoccurring issue with previous annuals and the multiple follow-up inspections. The facility has also continually failed to have the required documentation available for review. The facilities failure to immediately correct noted violations poses a significant risk to the safety of all residents and staff.

1 - In an effort to quickly and efficiently distribute fire safety inspection reports, the Bureau of Fire Services requests you email your plan of

correction to us. There is no need to send a hard copy of the same in the mail. If you do not have email, sending a hard copy of your plan of correction in the mail is acceptable. The email address and mailing address are located in the footer of this report.

2 - Submit to this office a written plan of correction. The plan must specify how the violation was or will be corrected and how the facility will make sure the violation will not recur. All corrections must have an expected date of compliance.

3 - The administration shall have in effect and available to all supervisory personnel written copies of a plan for the protection of all persons in the event of fire and for their evacuation to areas of refuge and from the building when necessary. All employees shall be periodically instructed and kept informed respecting their duties under the plan. A copy of the plan shall be readily available at all

times in the telephone operator's location or at the security center. 18/19.7.1.1, 18/19.7.1.2, 18/19.7.1.3

INSPECTOR COMMENTS:

- A written Emergency Plan must be maintained and kept available for review with documentation of required employee training/review.

4 - Emergency generators and standby power systems, where required for compliance with this code, shall be installed, tested and maintained in accordance with NFPA 110. 9.1.3

INSPECTOR COMMENTS:

- Documentation of the weekly inspection of the generator was not available for review.

- Documentation of a current 3-year load bank test was not available for review.

5 - Fire door assemblies shall be inspected and tested not less than annually, and a written record of the inspection shall be signed and kept for inspection by the AHJ. NFPA 80, Section 5.2.1

INSPECTOR COMMENTS:

- Documentation of the annual fire door inspections was not available for review.

6 - Commercial cooking equipment shall be in accordance with NFPA 96, unless such installations are approved existing installations, which shall be permitted to be continued in service.

LSC 9-2.3, 18/19.3.2.5.1

INSPECTOR COMMENTS:

- Documentation of the cleaning of the kitchen hood ventilation system was not available for review.

7 - This inspector was contacted by Facility Representative Jeff West on Friday, September 17th to conduct the follow-up inspection to find the cited items not corrected on Monday, September 20th.

APPLICABLE RULE	
R 325.1917	Compliance with other laws, codes, and ordinances.
	(2) A home shall comply with the department's health care facility fire safety rules being R 29.1801 to R 29.1861 of the Michigan Administrative Code.
ANALYSIS:	A fire safety rating of "disapproved" is not consistent with this rule.
CONCLUSION:	VIOLATION ESTABLISHED

On 9/21/21, I discussed the findings with authorized representative Mark Walker.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan to licensing staff and the Bureau of Fire Services, it is recommended that the status of the license remain unchanged.

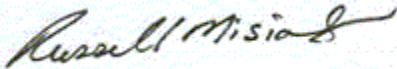


9/21/21

Aaron Clum
Licensing Staff

Date

Approved By:



9/23/21

Russell B. Misiak
Area Manager

Date