



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

September 28, 2021

Michelle Jannenga
Thresholds
Post Office Box 68327
Grand Rapids, MI 49516-8327

RE: License #: AS410011540
Lancashire Court Group Home
945 Lancashire Court, SE
Grand Rapids, MI 49508-2447

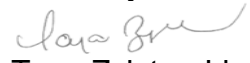
Dear Ms. Jannenga:

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) 356-0183.

Sincerely,



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

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

I. IDENTIFYING INFORMATION

License #: AS410011540

Licensee Name: Thresholds

Licensee Address: 1225 Lake Drive
Grand Rapids, MI 49506

Licensee Telephone #: (616) 466-5242

Licensee/Licensee Designee: Michelle Jannenga, Designee

Administrator: Darcy Bourdo, Administrator

Name of Facility: Lancashire Court Group Home

Facility Address: 945 Lancashire Court, SE
Grand Rapids, MI 49508-2447

Facility Telephone #: (616) 245-0593

Original Issuance Date: 04/03/1986

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/14/2021

Date of Bureau of Fire Services Inspection if applicable: 09/14/2021

Date of Environmental/Health Inspection if applicable: 09/14/2021

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 7
No. of others interviewed N/A Role: [REDACTED]

- 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 400.14310

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.

Findings: Facility staff did not record Resident A's weight monthly.

Exit Conference: Licensee Designee Michelle Jannenga agreed with the findings and submitted an acceptable Corrective Action Plan while onsite.

IV. RECOMMENDATION

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



09/28/2021

Toya Zylstra
Licensing Consultant

Date