



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

December 6, 2021

Mark Walker
Premier Operating Clarkston MC, LLC
7570 Dixie Hwy
Clarkston, MI 48346

RE: License #: AL630382793
Investigation #: 2022A0602001
The Pines of Clarkston Memory Care

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. Failure to submit an acceptable corrective action plan will result in disciplinary action.

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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Cindy Berry". The signature is fluid and elegant, with the first and last names clearly distinguishable.

Cindy Berry, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 860-4475

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL630382793
Investigation #:	2022A0602001
Complaint Receipt Date:	09/24/2021
Investigation Initiation Date:	09/24/2021
Report Due Date:	11/23/2021
Licensee Name:	Premier Operating Clarkston MC, LLC
Licensee Address:	299 Park Ave - 6 Fl New York, NY 10171
Licensee Telephone #:	(419) 429-9984
Administrator:	Ruby Mogensen
Licensee Designee:	Mark Walker
Name of Facility:	The Pines of Clarkston Memory Care
Facility Address:	7570 Dixie Hwy Clarkston, MI 48346
Facility Telephone #:	(248) 625-3400
Original Issuance Date:	03/22/2017
License Status:	REGULAR
Effective Date:	03/22/2021
Expiration Date:	03/21/2023
Capacity:	20
Program Type:	ALZHEIMERS

II. ALLEGATION(S)

		Violation Established?
The facility was issued a "Full Disapproval Rating" from the Bureau of Fire Services.		Yes

III. METHODOLOGY

09/24/2021	Special Investigation Intake 2022A0602001
09/24/2021	Special Investigation Initiated - Telephone Call made to the Bureau of Fire Safety.
09/27/2021	Contact – Telephone call made Spoke with Fire Marshal Larry DeWachter.
10/05/2021	Inspection Completed On-site Interviewed staff members, Mark Bexton and Melissa Almaraz.
10/27/2021	Contact – Telephone call received Spoke with the administrator, Ruby Mogensen.
11/29/2021	Exit conference Message left for the licensee designee, Mark Walker requesting a return call.
11/30/2021	Contact – Document sent Email sent to Larry DeWachter.

ALLEGATION:

The facility was issued a "Full Disapproval Rating" from the Bureau of Fire Services.

INVESTIGATION:

On 9/24/2021, a complaint was received and assigned for investigation alleging that the Bureau of Fire Services issued a full disapproval rating to the facility.

On 9/27/2021, I interviewed Fire Marshal Larry DeWachter who is a supervisor in the Detroit Region. Mr. DeWachter stated a disapproval rating was issued because of the

facility's continued non-compliance. Each year the fire marshal does an inspection there are violations cited and re-inspections must be conducted. Mr. DeWachter said the fire marshal is out to the facility at least three times every year because of re-inspections. He went on to state that it appears as if the facility is not taking the citations seriously and not training the staff on the fire safety expectations.

On 10/05/2021, I conducted an unannounced on-site investigation at which time I interviewed staff member Melissa Almaraz and the maintenance worker Mark Bexton. Ms. Almaraz did not have any information to provide but called the administrator, Ruby Mogensen during the on-site investigation allowing me to speak with her by speaker phone. Ms. Mogensen stated the facility uses Vanguard to manage all their fire safety needs. Each time Vanguard inspected the facility, they were informed there were no issues. However, when the fire marshal conducted his inspections there are numerous violations. Ms. Mogensen stated that Vanguard was called back out to the facility to address the issues noted by the fire marshal. Mr. Bexton stated he is the person who does the walk through with the fire marshal and Vanguard during the inspections. He now has a check list from the fire marshal to ensure Vanguard is checking and making any necessary repairs on the things the fire marshal will be inspecting. The Assistant Executive Director, Jeff West will now conduct the walk through with Mr. Bexton, Vanguard, and the fire marshal.

I reviewed the fire marshal inspection reports beginning in March 2021. According to the reports, on 3/23/21 an inspection was conducted, and temporary approval was given until 5/24/2021. On 5/26/2021, a follow-up inspection was conducted, and temporary approval was given until 6/28/2021. On 7/7/2021, a follow-up inspection was conducted, and temporary approval was given until 8/9/2021. On 9/20/2021, an inspection was conducted, and a disapproval rating was issued.

The following was documented on the actual disapproval inspection report received from the Fire Marshal Division:

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 pose a significant risk to the safety of all residents and staff.

On 11/29/2021 I left a message for the licensee designee, Mark Walker requesting a return call so that an exit conference could be conducted to discuss the investigative findings and recommendation documented in this report.

On 11/30/2021 I received an email from Mr. DeWachter. The facility has corrected all violations and as of today an approval rating was issued.

APPLICABLE RULE	
R 400.15403	Maintenance of premises.
	(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.
ANALYSIS:	Based on the information received from the fire marshal and the information documented in the fire marshal inspection report, beginning in March 2021, the facility has had multiple follow-up inspections without compliance for the items cited during the annual fire safety inspection leading to a disapproval rating.
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
MCL 400.720	Certificate of approval from state fire marshal division or state department of mental health; compliance; denial or certification with limitations; hearing.
	(1) The department shall not issue a temporary, provisional, or regular license to an adult foster care facility whose capacity is more than 6 adults until the facility receives a certificate of approval from the state fire marshal division of the department of state police after compliance with fire safety standards prescribed in rules promulgated by the state fire safety board pursuant to section 10(2).
ANALYSIS:	Based on the information received from the fire marshal and the information documented in the fire marshal inspection report, the facility has had multiple follow-up inspections without compliance for the items cited during the annual fire safety inspection leading to a disapproval rating.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Upon receipt of an acceptable corrective action plan I recommend the status of the license remain unchanged.

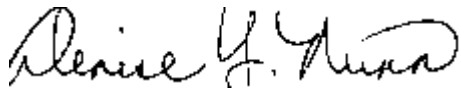


11/30/2021

Cindy Berry
Licensing Consultant

Date

Approved By:



12/06/2021

Denise Y. Nunn
Area Manager

Date