



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

July 26, 2022

Patrice Weber
Portland Assisted Living & Memory Center, LLC
11920 W. Cutler Road
Eagle, MI 48822

RE: License #: AL340365433
Investigation #: 2022A0790021
Portland Assisted Living & Memory Center

Dear Ms. Weber:

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 (517) 284-9730.

Sincerely,

A handwritten signature in black ink that reads "Rodney Gill". The signature is written in a cursive style with a large, prominent 'R' and 'G'.

Rodney Gill, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL340365433
Investigation #:	2022A0790021
Complaint Receipt Date:	06/06/2022
Investigation Initiation Date:	06/09/2022
Report Due Date:	08/05/2022
Licensee Name:	Portland Assisted Living & Memory Center, LLC
Licensee Address:	223 Charlotte Highway Portland, MI 48875
Licensee Telephone #:	(517) 643-2073
Administrator:	Patrice Weber
Licensee Designee:	Patrice Weber
Name of Facility:	Portland Assisted Living & Memory Center
Facility Address:	223 Charlotte Highway Portland, MI 48875
Facility Telephone #:	(517) 643-2073
Original Issuance Date:	01/20/2016
License Status:	REGULAR
Effective Date:	07/20/2020
Expiration Date:	07/19/2022
Capacity:	20

Program Type:	DEVELOPMENTALLY DISABLED ALZHEIMERS AGED
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II. ALLEGATION(S)

	Violation Established?
Portland Assisted Living & Memory Center, LLC was found to be in substantial non-compliance during their Bureau of Fire Safety Inspection.	Yes

III. METHODOLOGY

06/06/2022	Special Investigation Intake 2022A0790021
06/09/2022	Special Investigation Initiated - On Site
06/09/2022	Inspection Completed On-site- Interviewed licensee designee Patrice Weber.
06/09/2022	Inspection Completed-BCAL Sub. Compliance
07/13/2022	Contact - Document Sent- emailed BFS inspecting official Mauricio Barrera.
07/13/2022	Contact - Telephone call received from BFS inspecting official Mauricio Barrera.
07/13/2022	Contact - Telephone call made to licensee designee Patrice Weber.
07/20/2022	Exit Conference with licensee designee Patrice Weber.
07/20/2022	Corrective Action Plan Requested and Due on 08/03/2022.

ALLEGATION:

Portland Assisted Living & Memory Center, LLC was found to be in substantial non-compliance during their Bureau of Fire Safety Inspection.

INVESTIGATION:

I reviewed the Inspection Report from the Bureau of Fire Services (BFS) for Portland Assisted Living & Memory. The annual inspection indicated a fire safety inspection was completed on 05/20/2022 and the following deficiencies must be corrected within the time-period(s) specified:

- 1 - Penetrations for cables, cable trays, conduits, pipes, tubes, combustion vents and exhaust vents, wires, and similar items to accommodate electrical, mechanical, plumbing, and communications systems that pass through a wall, floor, or floor/ceiling assembly constructed as a fire barrier shall be protected by a firestop system or device. 8.3.5.1

INSPECTOR COMMENTS:

>Basement mechanical room still found with penetration. Spray installation is not an approved caulking method. Seal any holes with approved fire caulk. REPEAT

- 2 - Delayed egress locks complying with 7.2.1.6.1 shall be permitted for exit doors only. Rule 201; 32.2.2.5.5.1, 32.3.2.2.2

INSPECTOR COMMENTS:

> North exit door delayed egress lock not working. Have door serviced to comply with delayed egress locking requirements. REPEAT > Delayed egress door shall have signage on the door main entry doors. Add signage to all emergency exits with delayed egress locking. REPEAT

(4) *A readily visible, durable sign in letters not less than 1 in. (25 mm) high and not less than 1/8 in. (3.2 mm) in stroke width on a contrasting background that reads as follows shall be located on the door leaf adjacent to the release device in the direction of egress: PUSH UNTIL ALARM SOUNDS DOOR CAN BE OPENED IN 15 SECONDS

The report instructed the licensee designee Patrice Weber to contact her state inspector for a re-inspection when all deficiencies have been corrected. The final rating for the inspection was substantial non-compliance with applicable fire safety rules.

I conducted an unannounced on-site inspection on 06/09/2022 and interviewed licensee designee Patrice Weber. She provided me with a tour of their facilities, showed me the

deficiencies cited by Bureau of Fire Services, and what deficiencies have already been corrected.

I inspected the residential side of the facility with Ms. Weber and was shown the basement mechanical room. Ms. Weber showed me the areas around cables, pipes, wires, and combustion and exhaust vents where BFS inspecting official Mauricio Barrera still found penetration. She then showed me the approved fire caulk their general maintenance worker used to seal all the areas. The approved fire caulk was 3M Fire Block Sealant FB 136 for interior construction.

Ms. Weber showed me the north exit door with the delayed egress lock not working. She said the delayed egress had been giving them trouble, so they contacted several contractors. Ms. Weber said a technician from Door Pro was the only contractor who indicated he could fix the door. She said they are waiting on a specialized part on backorder and being shipped from overseas to fix it. Ms. Weber said once the part is replaced the delayed egress lock and alarm set off mechanism will work appropriately according to the technician.

Ms. Weber said she is considering using another exit door as their second emergency fire exit if approved by BFS until the part needed to fix the north exit door arrives. She said she will check with BFS to see if this would be possible.

I called licensee designee Patrice Weber on 07/13/2022 and she said she has spoken to BFS inspecting official Mauricio Barrera and her AFC licensing consultant Jennifer Browning and provided them the following updates: The technician from Door Pro is waiting on a specialized part for the door on the residential side that is necessary to ensure the delayed egress lock and alarm set off mechanism are working appropriately, and it should be arriving any day. Ms. Weber said she has corrected all other deficiencies found during the annual inspection by BFS.

I conducted an exit conference with Patrice Weber on 07/20/2022 and informed her a violation has been established due to the facility receiving a substantial non-compliance rating by the Bureau of Fire Services. Ms. Weber said she would complete a Corrective Action Plan (CAP).

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 gathered during this investigation a violation has been established. Portland Assisted Living & Memory was found to be in substantial non-compliance during their annual fire safety inspection on 05/20/2022. BFS indicated the basement mechanical room was still found with penetration. The facility was informed a spray installation is not an approved caulking method. During my unannounced onsite inspection on 06/09/2022, Ms. Weber showed me the approved fire caulk their general maintenance worker used to seal all the areas BFS found with penetration. The approved fire caulk was 3M Fire Block Sealant FB 136 for interior construction. BFS also found the north exit door delayed egress lock not working and therefore the facility was found not to be maintained to provide adequately for the safety of the residents.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Upon the receipt of an acceptable corrective action plan, it is recommended that the status of the license remains unchanged.



07/21/2022

Rodney Gill
Licensing Consultant

Date

Approved By:



07/26/2022

Dawn N. Timm
Area Manager

Date