

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

September 8, 2022

Susan Stevenson 2176 Martha Hulbert DR. Lapeer, MI 48446

RE: License #:	AF440411258
	Pleasant Lake Assisted Living
	2176 Martha Hulbert Dr.
	Lapeer, MI 48446

Dear Ms. Stevenson:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. 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 dates 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 licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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) 643-7960.

Sincerely,

Susan Hutchinson, Licensing Consultant Bureau of Community and Health Systems

Dusan Hutchinson

611 W. Ottawa Street

P.O. Box 30664 Lansing, MI 48909

(989) 293-5222

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

I. IDENTIFYING INFORMATION

License #:	AF440411258
Licensee Name:	Susan Stevenson
	0.470.14 # 11 # 4.5
Licensee Address:	2176 Martha Hulbert Dr.
	Lapeer, MI 48446
Licensee Telephone #:	(989) 892-1036
Licensee relephone #.	(903) 032-1030
Licensee/Licensee Designee:	N/A
Administrator:	N/A
Name of Facility:	Pleasant Lake Assisted Living
Facility Address	2176 Martha Hulbert Dr.
Facility Address:	Lapeer, MI 48446
	Lapcor, Wil 40440
Facility Telephone #:	(810) 664-0208
Original Issuance Date:	05/26/2022
Capacity:	5
Program Type:	PHYSICALLY HANDICAPPED
Program Type:	DEVELOPMENTALLY DISABLED
	MENTALLY ILL
	AGED
	-

II. METHODS OF INSPECTION

Dat	e of On-site Inspection	(s):	09/01/2	022
Dat	e of Bureau of Fire Ser	vices Inspection if app	licable:	N/A
Date of Health Authority Inspection if applicable: 08/25/2021			08/25/2021	
Insp	pection Type:	☐ Interview and Ob☐ Combination	servatior	n ⊠ Worksheet □ Full Fire Safety
No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed O Role: N/A			2	
•	Medication pass / sim	ulated pass observed?	' Yes ⊠	No ☐ If no, explain.
•	Medication(s) and me	dication record(s) revie	ewed? Y	′es ⊠ 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 observe	ed? 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, expl	ain.
•	N/A 🖂	·		CAP date/s and rule/s:
•	Number of excluded e	employees followed-up	?	N/A 🖂
•	Variances? Yes ☐ (p	olease explain) No	N/A 🖂	

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was	found to be in non-compliance with the following rules:	
R 400.1407	Resident admission and discharge criteria; resident assessment plan; resident care agreement; house guidelines; fee schedule; physicians instructions; health care appraisal.	
	(3) In situations where a resident is referred for admission, the resident assessment plan shall be conducted in conjunction with the resident or the resident's designated representative, the responsible agency, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.	
she completed a date. Assessme	y inspection, the licensee was unable to produce documentation that a resident assessment plan for each resident on their admission nt plans must be completed for each resident upon their admission ch assessment plan must be completed in its entirety.	
R 400.1407	Resident admission and discharge criteria; resident assessment plan; resident care agreement; house guidelines; fee schedule; physicians instructions; health care appraisal.	
	(5) At the time of a resident's admission, a licensee shall complete a written resident care agreement which shall be established between the resident or the resident's designated representative, the responsible agency, and the licensee. A department form shall be used unless prior authorization for a substitute form has been granted in writing by the department. A resident shall be provided the care and services as stated in the written resident care agreement.	

At the time of my inspection, the licensee was unable to produce documentation that she completed a resident care agreement for each resident on their admission date. Resident care agreements must be completed for each resident upon their admission to the home. Each resident care agreement must be completed in its entirety.

Resident admission and discharge criteria; resident assessment plan; resident care agreement; house guidelines; fee schedule; physicians instructions; health care appraisal.	
(9) If a resident is not under the care of a physician at the time of the resident's admission to the home, the licensee shall require that the resident or the resident's designated representative provide a written health care appraisal completed within the 90-day period before the resident's admission to the home. If a written health care appraisal is not available, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department form shall be used unless prior authorization for a substitute form has been granted in writing by the department.	

At the time of my inspection, the licensee was unable to produce documentation that she completed a health care appraisal for each resident. Health Care appraisals must be completed for each resident within 90-days before their admission or 30-days after their admission to her home. Each health care appraisal must be completed in its entirety and signed by a physician with knowledge of the resident's health.

R 400.1421	Handling of resident funds and valuables.
	(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted in writing by the department.

At the time of my inspection, the licensee was unable to produce documentation that she completed a resident funds part II form for each resident, documenting their adult foster care payments. The licensee shall complete a resident funds part II form for each resident consistent with their AFC payments.

R 400.1440	Heat producing equipment.
	(6) Heat-producing equipment located in a basement shall be separated from the remainder of the home by means of a floor separation. Standard building material shall be sufficient for the floor separation and shall include at least a 1 3/4-inch solid wood core door or equivalent which is installed in a substantially

fully stopped wood or steel frame and which is so constructed to
effectively stop the spread of smoke and fire. The door shall be
equipped with an automatic self-closing device and positive-
latching hardware.

At the time of my inspection, I noted that the fire door leading to the licensee's living quarters is not equipped with an automatic self-closing device. An automatic self-closing device must be installed on all fire doors.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.

Dusan Butchinson	September 8, 2022
Susan Hutchinson	Date