

GRETCHEN WHITMER GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

October 18, 2022

Connie Clauson Leisure Living Management of Coopersville 640 West Randall Coopersville, MI 49404

RE: License #: AL700088278

FV Ret Vill Of Coopersville #3 660 West Randall Street Coopersville, MI 49404

Dear Mrs. Clauson:

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 an on-site inspection will be conducted.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable.

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,

Rebecca Piccard, Licensing Consultant

Bureau of Community and Health Systems

Unit 13, 7th Floor 350 Ottawa, N.W.

Grand Rapids, MI 49503

Rebecca Piccar

(616) 446-5764

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

I. IDENTIFYING INFORMATION

License #: AL700088278

Leisure Living Management of Coopersville

Licensee Address: 640 West Randall

Coopersville, MI 49404

Licensee Telephone #: (616) 285-0573

Licensee/Licensee Designee: Connie Clauson

Administrator: Lindsey Braun

Name of Facility: FV Ret Vill Of Coopersville #3

Facility Address: 660 West Randall Street

Coopersville, MI 49404

Facility Telephone #: (616) 997-9253

Original Issuance Date: 12/15/1999

Capacity: 18

Program Type: PHYSICALLY HANDICAPPED

ALZHEIMERS

AGED

II. METHODS OF INSPECTION

Date	of On-site Inspection(s):	09/23/20)22	
Date	of Bureau of Fire Services Inspection if appl	icable:	2/15/2022	
Date of Health Authority Inspection if applicable: 9/23/2022				
No. c	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed Role:		3 7	
• 1	Medication pass / simulated pass observed?	Yes 🖂	No ☐ If no, explain.	
• [Medication(s) and medication record(s) revie	wed? Ye	es 🗵 No 🗌 If no, explain.	
`	Resident funds and associated documents reviewed for at least one resident? Yes \boxtimes No \square If no, explain. Meal preparation / service observed? Yes \boxtimes No \square If no, explain.			
• [Fire drills reviewed? Yes ⊠ No □ If no, ex	oplain.		
• [Fire safety equipment and practices observed	d? Yes [⊠ No lf no, explain.	
I	E-scores reviewed? (Special Certification On If no, explain. Water temperatures checked? Yes ⊠ No [•		
• i	Incident report follow-up? Yes $oxtimes$ No $oxtimes$ If r	no, expla	in.	
	Corrective action plan compliance verified? ` N/A Number of excluded employees followed-up?		CAP date/s and rule/s: N/A ⊠	
• \	Variances? Yes ☐ (please explain) No ☐	N/A 🖂		

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

R 400.15318

Emergency preparedness; evacuation plan; emergency transportation.

(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.

IV. RECOMMENDATION

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

Ribecca Rice	ard October 18, 2022
Rebecca Piccard Licensing Consultant	Date