



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

October 18, 2022

Michelle Jannenga
Thresholds
Suite 130
160 68th St. SW
Grand Rapids, MI 49548

RE: License #: AS410069324
Thresholds Bridle Creek Group Home
2296 Bridle Creek St SE
Kentwood, MI 49508-0958

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.

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,



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

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

I. IDENTIFYING INFORMATION

License #: AS410069324

Licensee Name: Thresholds

Licensee Address: Suite 130
160 68th St. SW
Grand Rapids, MI 49548

Licensee Telephone #: (616) 340-3788

Licensee/Licensee Designee: Michelle Jannenga, Designee

Administrator: Lawrence Davids

Name of Facility: Thresholds Bridle Creek Group Home

Facility Address: 2296 Bridle Creek St SE
Kentwood, MI 49508-0958

Facility Telephone #: (616) 281-3976

Original Issuance Date: 03/13/1996

Capacity: 3

Program Type: DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/18/2022
Date of Bureau of Fire Services Inspection if applicable: 10/18/2022
Date of Environmental/Health Inspection if applicable: 10/18/2022
No. of staff interviewed and/or observed 4
No. of residents interviewed and/or observed 3
No. of others interviewed N/A Role: [redacted]

- Medication pass / simulated pass observed? Yes No If no, explain. Medications were 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: During renewal inspection it was discovered that facility staff did not record Resident A's weights January 2022, February 2022, April 2022, and May 2022.

Exit Conference: Licensee Designee Michelle Jannenga stated the facility experienced significant staff turnover leading to the violation. Ms. Jannenga agreed with the findings and submitted an approved Corrective Action Plan while onsite.

A corrective action plan was requested and approved on 10/18/2022. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

IV. RECOMMENDATION

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



10/18/2022

Toya Zylstra
Licensing Consultant

Date