



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

December 29, 2022

Ann Kelso  
Simple Elegance, Inc.  
422 Leland Place  
Lansing, MI 48917

RE: License #: AS230285637  
Investigation #: 2023A1033012  
Simple Elegance II

Dear Ms. Kelso:


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 "Jana Lipps". The signature is written in a cursive style with a large initial 'J' and 'L'.

Jana Lipps, 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**

<b>License #:</b>	AS230285637
<b>Investigation #:</b>	2023A1033012
<b>Complaint Receipt Date:</b>	11/30/2022
<b>Investigation Initiation Date:</b>	12/05/2022
<b>Report Due Date:</b>	01/29/2023
<b>Licensee Name:</b>	Simple Elegance, Inc.
<b>Licensee Address:</b>	422 Leland Place Lansing, MI 48917
<b>Licensee Telephone #:</b>	(517) 507-1332
<b>Administrator:</b>	Ann Kelso
<b>Licensee Designee:</b>	Ann Kelso
<b>Name of Facility:</b>	Simple Elegance II
<b>Facility Address:</b>	4327 Gladys Lansing, MI 48911
<b>Facility Telephone #:</b>	(517) 507-1332
<b>Original Issuance Date:</b>	07/05/2007
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	04/07/2022
<b>Expiration Date:</b>	04/06/2024
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED AGED

## II. ALLEGATION(S)

	<b>Violation Established?</b>
The facility is currently caring for two residents who require wheelchairs, and the facility has not been approved for wheelchair accessibility.	Yes

## III. METHODOLOGY

11/30/2022	Special Investigation Intake 2023A1033012
12/05/2022	Special Investigation Initiated – Telephone call made to Interview with Licensee Designee, Ann Marie Kelso, regarding 30-day discharge notices needed for two current residents who require wheelchair accommodations.
12/05/2022	APS Referral No referral required. No suspected abuse or neglect currently.
12/08/2022	Inspection Completed On-site Interviewed Licensee Designee, Ann Kelso. Reviewed resident records for Resident A & B.
12/08/2022	Exit Conference completed on-site with Licensee Designee, Ann Kelso.
12/08/2022	Inspection Completed-BCAL Sub. Compliance

### **ALLEGATION:**

**The facility is currently caring for two residents who require wheelchairs, and the facility has not been approved for wheelchair accessibility.**

### **INVESTIGATION:**

I completed a licensing renewal inspection for the Simple Elegance II (the facility) adult foster care facility on 3/28/22. During the renewal inspection Licensee Designee, Ann Kelso, was cited for not being in compliance with, “assuring program planning, development, and implementation of services to residents consistent with the home’s program statement and in accordance with the resident’s assessment plan and care agreement.” At the time of the renewal inspection, licensee designee,

Ann Kelso, was caring for two residents, Resident A and Resident B, who both required the use of a wheelchair to assist with mobility even though the facility was not licensed to accommodate residents with wheelchairs. Ms. Kelso completed a Request for the *Modification of the Terms of the Registration/License* form as a condition of her Corrective Action Plan, dated 4/1/22, with the plan to add wheelchair ramps thus making the facility wheelchair accessible.

On 4/19/22 I completed a face-to-face visit with Ms. Kelso, at the facility, and reviewed the facility and the current means of egress. It was discussed with Ms. Kelso that the second means of egress does not have enough run, space leading resident's away from the home to a safe location in the event of a fire. The second exit terminates on a sidewalk which leads to a set of stairs that would need to be traversed by a wheelchair user resident to reach a safe location away from the facility. Ms. Kelso reported that she understood this finding and would investigate ways to modify the run leading from the current wheelchair ramp to provide for the resident's being able to exit the building and get at least 75 feet away from the structure in the event of a fire.

On 5/10/22 I documented, in the bureau's computer system Bureau's Information Tracking System (BITS), this telephone conversation with Ms. Kelso, "Conversation with Licensee Designee, Ann Kelso, regarding plans for modifying existing w/c ramp run to accommodate fire code. Ann noted she has received two bids from contractors and has a third contractor scheduled for 5/11/22 to provide a third estimate. She will be communicating with Community Mental Health (CMH) to see if there is any possibility for assistance with funding for this project."

On 5/17/22 I documented, in BITS, this telephone conversation with Ms. Kelso, "Conversation with Licensee Designee, Ann Kelso, regarding w/c ramp run. LD noted she had spoken with CMH and they were going to be sending a contractor to the facility on 5/18/22 to evaluate the issue and offer guidance. LD to update licensing consultant after this meeting."

On 6/15/22 I documented, in BITS, this telephone conversation with Ms. Kelso, "Conversation with Licensee Designee, Ann Kelso, regarding wheelchair ramp run from the house. LD reported she has started receiving bids on a concrete pathway that will lead wheelchair residents away from the property in the event of a fire as extending the ramp down to the road was not within her budget. She will provide licensing consultant quotes as proof of effort to correct issue by beginning of week, 6/20/22."

On 6/22/22 I received an email from Ms. Kelso with documentation of current quotes she had received on completion of the wheelchair ramp run, from local contractors the quotes were as follows:

- Synergy Concrete and Landscaping: \$96,000
- Able Concrete: \$5875

- Agape Building and Restoration: \$4500

On 7/26/22 I received a fax from Ms. Kelso with a copy of a down payment receipt for the wheelchair ramp run project. Ms. Kelso decided to move forward with the Agape Building and Restoration company and paid a down payment of \$2500. She reported she was told the project would be started in the early Fall of 2022.

On 9/20/22, 10/20/22, and 11/16/22 I sent emails to Ms. Kelso checking on the status of the project. I received a telephone call from Ms. Kelso on 11/28/22 requesting I come to the facility to see the work that had been done.

On 11/29/22 I completed an on-site visit to the facility and found that the project had not been completed. Ms. Kelso reported she feels she has been taken advantage of and found that the company she hired were not licensed contractors. Ms. Kelso reported that they did not know what they were doing, and she has attempted to get her down payment back without success. Ms. Kelso reported she cannot afford to pay the amount that the other contractors were asking, and she will not be able to complete the modifications to the current wheelchair ramp run to make the facility wheelchair accessible.

On 12/8/22 I completed an on-site investigation at the facility. I interviewed Ms. Kelso regarding her plan for Resident A and Resident B. Ms. Kelso reported she will need to provide 30-day discharge notices to these residents.

On 12/8/22, at on-site investigation, I reviewed the *Assessment Plan for AFC Residents* forms for Resident A and Resident B. Under the section entitled, "Self Care Skill Assessment", subsection, *Use of Assistive Devices*, both resident assessment plans indicate the use of wheelchairs.

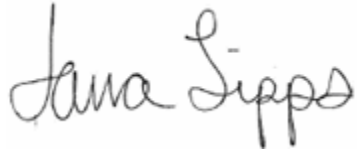
<b>APPLICABLE RULE</b>	
<b>R 400.14201</b>	<b>Qualifications of administrator, direct care staff, licensee, and members of the household; provision of names of employee, volunteer, or member of the household on parole or probation or convicted of felony; food service staff.</b>
	<b>(9) A licensee and the administrator shall possess all of the following qualifications: (c) Be capable of assuring program planning, development, and implementation of services to residents consistent with the home's program statement and in accordance with the resident's assessment plan and care agreement.</b>

<b>ANALYSIS:</b>	Ms. Kelso was found to be in non-compliance of this rule during her renewal inspection on 3/28/22. An attempt was made to modify the license, but the current structure did not support the use of wheelchairs. Ms. Kelso put a plan in place and worked from 4/1/22 until 11/29/22 to develop a plan to modify the existing structure to accommodate wheelchair accessibility and was unable to see the plan through to completion yet she continued to provide care to Resident A and Resident B who both required the use of wheelchairs to assist with mobility. Licensee designee, Ann Kelso, continues to provide care for Resident A and Resident B who have documented use of wheelchairs on their assessment plans even though the facility has never been licensed to provide care to any resident who required the regular use of a wheelchair to assist with mobility. Further, licensee designee, Ann Kelso, has not issued a discharge notice nor did she during the eight months while she attempted to remedy this issue.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

<b>APPLICABLE RULE</b>	
<b>R 400.14509</b>	<b>Means of egress; wheelchairs.</b>
	<b>(2) The slope of ramp shall not be more than 1 foot of rise in 12 feet of run and shall terminate on a firm surface or solid unobstructed ground which will allow the wheelchair occupant to move a safe distance away from the building. Ramps shall have handrails on the open sides and be constructed in accordance with the requirements specified in Section 816.0 of the BOCA National Building Code, 1990, eleventh edition.</b>
<b>ANALYSIS:</b>	Ms. Kelso was not able to complete the intended modification to the existing structure/exits to obtain compliance with wheelchair user residents being able to move a safe distance away from the building, therefore a violation has been established.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**IV. RECOMMENDATION**

Contingent upon receipt of an approved corrective action plan, no change to the status of the license is recommended at this time.




12/29/22

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Jana Lipps  
Licensing Consultant

Date

Approved By:



12/29/2022

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Dawn N. Timm  
Area Manager

Date