



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

January 20, 2023

Connie Clauson  
Leisure Living Mgt of Portage  
Suite 203  
3196 Kraft Ave SE  
Grand Rapids, MI 49512

RE: License #: AL390007092  
Investigation #: 2023A0581015  
Fountain View Ret Vil of Port #1

Dear Mrs. Clauson:

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 "Cathy Cushman". The signature is written in a cursive, flowing style.

Cathy Cushman, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(269) 615-5190

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL390007092
<b>Investigation #:</b>	2023A0581015
<b>Complaint Receipt Date:</b>	01/05/2023
<b>Investigation Initiation Date:</b>	01/09/2023
<b>Report Due Date:</b>	03/06/2023
<b>Licensee Name:</b>	Leisure Living Mgt of Portage
<b>Licensee Address:</b>	Suite 203 3196 Kraft Ave SE Grand Rapids, MI 49512
<b>Licensee Telephone #:</b>	(616) 285-0573
<b>Administrator:</b>	Connie Clauson
<b>Licensee Designee:</b>	Connie Clauson
<b>Name of Facility:</b>	Fountain View Ret Vil of Port #1
<b>Facility Address:</b>	7818 Kenmure Drive Portage, MI 49024
<b>Facility Telephone #:</b>	(269) 327-9595
<b>Original Issuance Date:</b>	05/02/1989
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	09/04/2022
<b>Expiration Date:</b>	09/03/2024
<b>Capacity:</b>	20
<b>Program Type:</b>	AGED ALZHEIMERS

**II. ALLEGATION(S)**

	<b>Violation Established?</b>
Direct cares staff were fired for abuse and then rehired.	No
Direct care staff did not have fingerprints completed through the Workforce Background Check.	Yes

**III. METHODOLOGY**

01/05/2023	Special Investigation Intake 2023A0581015
01/09/2023	Special Investigation Initiated - Letter AFC consultant, Ondrea Johnson, emailed Karen Hodge, Regional Operations Director at the facility to obtain names of employees.
01/10/2023	Contact - Document Sent Email to Workforce Background Check
01/17/2023	Inspection Completed On-site Interview with staff, reviewed staff files.
01/17/2023	Contact - Telephone call made Interview with direct care staff, Shelly Simmons.
01/17/2023	Inspection Completed-BCAL Sub. Compliance
01/18/2023	Exit conference with Administrator and Licensee Designee, Connie Clauson.

**ALLEGATION:**

- **Direct cares staff were fired for abuse and then rehired.**
- **Direct care staff did not have fingerprints completed through the Workforce Background Check.**

**INVESTIGATION:**

On 01/05/2023, I received this complaint through the Bureau of Community Health Systems (BCHS) online complaint system. The complaint alleged facility administration had two direct care staff, Jackie [Unknown] and Shelly [Unknown],

who were investigated and fired for abuse, but when management changed at the facility these two staff were rehired. The complaint indicated these two staff were ineligible to work in an Adult Foster Care facility.

On 01/09/2023, Adult Foster Care Consultant, Ondrea Johnson, confirmed with the facility's Regional Operations Director, Karen Hodge, that the facility had direct care staff by the names of Shelley Simmons and Jackie Murrell who were currently working and also indicated there had been a staff by the name of Jackie Johnson who worked at the facility, but left in August 2022.

On 01/10/2023, I emailed Department Analyst, Kaitlyn Haskins, in the Workforce Background Check (WBC) department, if there were any direct care staff that had been deemed eligible or ineligible to work at the facility by the name of "Jackie" or "Shelly". I also informed Ms. Haskins of the direct care staff names provided by Ms. Hodge.

Ms. Haskins stated in her email to me that Jackie Johnson, who was also listed in the system as, Jackie Murrell, had been entered in the WBC system on 03/25/2020, but it showed she was no longer employed with the facility effective 01/09/2023. Ms. Haskins indicated Ms. Murrell was eligible to work in an AFC. Ms. Haskins also stated in her email that Shelley Simmons had been entered in the WBC system on 06/12/2019 and showed she was still employed and eligible to work in an AFC.

On 01/17/2023, I conducted an unannounced onsite inspection at the facility as part of my investigation. I interviewed Regional Operations Director, Karen Hodge. Ms. Hodge provided me with a staff schedule for the facility confirming the only staff who had been working at the facility with the names of "Jackie" or "Shelly" were Jackie Murrell and Shelley Simmons. Ms. Hodge indicated Jackie Murrell was also known as Jackie Johnson.

Ms. Hodge stated Ms. Murrell first worked at the facility from 03/24/2020 through 07/17/2020. She denied anything being in Ms. Murrell's personnel file indicating she had been terminated from employment due to the abuse or neglect of a resident. She stated Ms. Murrell was then rehired at the facility on 08/17/2022; however, due to an oversight, Ms. Murrell never had her fingerprints completed through the WBC upon rehire. She indicated she discovered this oversight within the last week and Ms. Murrell was scheduled for fingerprints on 01/20/2023.

Ms. Hodge stated Ms. Simmons first worked at the facility from 08/02/2016 through 03/02/2020. She also denied anything being in Ms. Simmons' personnel file indicating she had been terminated from employment due to the substantiated abuse or neglect of a resident. Ms. Hodge stated Ms. Simmons was then rehired at the facility on 04/01/2022; however, fingerprints were not completed on Ms. Simmons either at any point since her rehire date. She stated the only eligibility letter through the WBC for Ms. Simmons was dated 06/12/2019. Ms. Hodge had no

explanation why Ms. Simmons did not have updated fingerprints completed upon her rehire.

I reviewed both Ms. Murrell’s and Ms. Simmons’ personnel files, which neither had any substantiated cases of abuse or neglect in them. Ms. Simmons’ file indicated on 02/13/2020 she received a verbal warning and subsequent mandatory counseling due to reports of her talking down to residents and talking to them “like children.”

I interviewed direct care staff, Jackie Murrell, at the facility. Ms. Murrell clarified that “Murrell” was her maiden name and “Johnson” was her former married name. Her statement to me regarding the time frame of her working at the facility and being rehired was consistent with Ms. Hodge’s statement to me and my review of her employee file. Ms. Murrell denied ever being investigated for abuse or neglect of a resident. She stated she had gotten a background check completed when she was first hired; however, she stated it was not redone when she was rehired in August 2022. She confirmed having an upcoming background check appointment.

On 01/17/2023, I interviewed direct care staff, Shelley Simmons, via telephone. Ms. Simmons also stated she had a background check completed when she first worked at the facility around 2019; however, she stated she did not get a new background check when she was rehired in April 2022. She indicated she left the facility in 2020 because a resident made false allegations against her; however, she denied abusing or neglecting any residents.

<b>APPLICABLE RULE</b>	
<b>MCL 400.734b</b>	<b>Employing or contracting with certain employees providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; determination of existence of national criminal history; use of criminal history record information; disclosure; failure to conduct criminal history check; automated fingerprint identification system database; electronic web-based system; costs; definitions.</b>
	<b>(1) In addition to the restrictions prescribed in sections 13, 22, and 31, and except as otherwise provided in subsection (2), an adult foster care facility shall not employ or independently contract with an individual who regularly has direct access to or provides direct services to residents of the adult foster care facility if the individual satisfies 1 or more of the following: (h) Is the subject of an order or disposition under section 16b of chapter IX of the code of criminal procedure, 1927 PA 175, MCL 769.16b.</b>

	<b>(i) Engages in conduct that becomes the subject of a substantiated finding of neglect, abuse, or misappropriation of property by a state or federal agency according to an investigation conducted in accordance with 42 USC 1395i-3 or 1396r.</b>
<b>ANALYSIS:</b>	There is no evidence any current direct care staff at the facility by the name of “Shelly” or “Jackie” engaged in conduct that was the subject of a substantiated finding of abuse or neglect by a state or federal agency, was fired or terminated, and then rehired.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

<b>APPLICABLE RULE</b>	
<b>MCL 400.734b</b>	<b>Employing or contracting with certain employees providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; determination of existence of national criminal history; use of criminal history record information; disclosure; failure to conduct criminal history check; automated fingerprint identification system database; electronic web-based system; costs; definitions.</b>
	<b>(2) Except as otherwise provided in this subsection or subsection (6), an adult foster care facility shall not employ or independently contract with an individual who has direct access to residents until the adult foster care facility or staffing agency has conducted a criminal history check in compliance with this section or has received criminal history record information in compliance with subsections (3) and (11). This subsection and subsection (1) do not apply to an individual who is employed by or under contract to an adult foster care facility before April 1, 2006. On or before April 1, 2011, an individual who is exempt under this subsection and who has not been the subject of a criminal history check conducted in compliance with this section shall provide the department of state police a set of fingerprints and the department of state police shall input those fingerprints into the automated fingerprint identification system database established under subsection (14). An individual who is exempt under this subsection is not limited to working within the adult foster care facility with which he or she is employed by or under independent contract with on April 1, 2006 but may transfer to another adult foster care facility,</b>

	<p><b>mental health facility, or covered health facility. If an individual who is exempt under this subsection is subsequently convicted of a crime or offense described under subsection (1)(a) to (g) or found to be the subject of a substantiated finding described under subsection (1)(i) or an order or disposition described under subsection (1)(h), or is found to have been convicted of a relevant crime described under 42 USC 1320a-7(a), he or she is no longer exempt and shall be terminated from employment or denied employment.</b></p>
<b>ANALYSIS:</b>	<p>Based on my investigation, direct care staff, Jackie Murrell, worked at the facility from 03/24/2020 until 07/17/2020 and was rehired 08/17/2022; however, she did not have a background check completed through the Workforce Background Check at the time of rehire.</p> <p>Additionally, my investigation determined a second direct care staff, Shelley Simmons, also worked at the facility from 08/21/2016 until 03/02/2020 and was rehired 04/01/2022; however, she also did not have a background checked completed through the Workforce Background Check at the time of rehire. Subsequently, the facility allowed two direct care staff to assume direct care staff duties prior to completing a criminal history check as required.</p>
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

On 01/18/2023, I conducted the exit conference with Administrator and Licensee Designee, Connie Clauson, via telephone. Ms. Clauson acknowledged my findings and indicated Ms. Hodge would obtain current criminal history checks for both Ms. Simmons and Ms. Murrell quickly.

#### **IV. RECOMMENDATION**

Upon receipt of an acceptable plan of correction, I recommend no change in the current license status.



*Cathy Cushman*

01/18/2023

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Cathy Cushman  
Licensing Consultant

Date

Approved By:

*Dawn Timm*

01/20/2023

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Dawn N. Timm  
Area Manager

Date