



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

April 19, 2023

Connie Clauson  
Pleasant Homes I L.L.C.  
Suite 203  
3196 Kraft Ave SE  
Grand Rapids, MI 49512

RE: License #: AL390007090  
**Park Place Living Centre #B**  
**4218 S Westnedge**  
**Kalamazoo, MI 49008**

Dear Mrs. Clauson:

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.

A six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan within 15 days.

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) 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

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

**I. IDENTIFYING INFORMATION**

**License #:** AL390007090

**Licensee Name:** Pleasant Homes I L.L.C.

**Licensee Address:** Suite 203  
3196 Kraft Ave SE  
Grand Rapids, MI 49512

**Licensee Telephone #:** (616) 285-0573

**Licensee Designee:** Connie Clauson

**Administrator:** Janet White

**Name of Facility:** Park Place Living Centre #B

**Facility Address:** 4218 S Westnedge  
Kalamazoo, MI 49008

**Facility Telephone #:** (269) 388-7303

**Original Issuance Date:** 01/01/1989

**Capacity:** 20

**Program Type:** PHYSICALLY HANDICAPPED  
AGED  
ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection: 04/11/2023

Date of Bureau of Fire Services Inspection if applicable: 10/13/2022 – C rating

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 16

No. of others interviewed 1 Role: Business Office Manager

- Medication pass / simulated pass observed? Yes  No  If no, explain.
- 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.
- 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? 8 N/A
- Variances? Yes  (please explain) No  N/A   
On 12/03/2010, a variance was granted for the R 400.15304(1)(b)(2) allowing the facility to have a secured fence. As part of the variance, the facility is supposed to have residents or their designated responsible persons sign a form consenting to their placement in secured facility.

On 06/15/2022, a variance was granted for R 400.15315(3) allowing the licensee to use an electronic tracking system for Adult Foster Care payments rather than the Department's Resident Funds II form.

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

**MCL 400.720**            **Certificate of approval from state fire marshal division or state department of mental health; compliance; denial or certification with limitations; hearing.**

**(1) The department shall not issue a temporary, provisional, or regular license to an adult foster care facility whose capacity is more than 6 adults until the facility receives a certificate of approval from the state fire marshal division of the department of state police after compliance with fire safety standards prescribed in rules promulgated by the state fire safety board pursuant to section 10(2).**

**FINDING:** The facility's last Bureau of Fire Safety (BFS) inspection report, dated 10/13/2022, indicated there were deficiencies that needed to be corrected prior to an approval being given. The reported indicated the facility's mechanical room, off the laundry room, was observed to have an approximately 2" conduit penetrating the ceiling that was not properly fire stopped, the laundry room was observed to have storage within 18" of a sprinkler head, review of the annual fire sprinkler system inspection report dated 08/09/2022 revealed the dry fire sprinkler system air alarm failed to operate when tested, and room 17 corridor door was observed to have locking against egress hardware.

As of the date of this report, no report has been received by BFS indicating the facility is in compliance with fire safety standards.

**MCL 400.734b**            **Employing or contracting with certain employees providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; failure to conduct criminal history check; automated fingerprint identification system database; report to legislature; costs; definitions.**

**(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, 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.

**FINDING:** Direct care staff, Patricia Valez, Nichole Scott, and Alicia Wilson, had hire dates of 10/18/2021, 03/30/2020, and 05/11/2022, respectively; however, these three staff did not have Workforce Background Checks deeming them eligible to work in Park Place Living Centre #B, despite the licensee having eligibility letters indicating background checks had been completed for these staff, but for neighboring facilities.

Even if a licensee has several facilities, each facility must be able to provide an eligibility letter from the Workforce Background Check stating the direct care staff is eligible to work in that **specific** facility.

**R 400.15205**      **Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.**

**(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the physician's knowledge of the physical health of direct care staff, other employees, and members of the**

**household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.**

**FINDING:** Direct care staff, Patricia Valez', hire date was 10/18/2021; however, her initial medical was dated 09/2020. According to my review of her file, it appeared she was a rehired staff; however, a new initial medical was not obtained.

Direct care staff, Quar'Nautica Robertson's hire date was 06/17/2022; however, there was no initial medical statement in her file for review.

**R 400.15205 Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.**

**(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.**

**FINDING:** Direct care staff, Nichole Scott's, last TB test was dated 3/25/20, which is not within the last three years, as required.

**R 400.15205 Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.**

**(6) A licensee shall annually review the health status of the administrator, direct care staff, other employees, and members of the household. Verification of annual reviews shall be maintained by the home and shall be available for department review.**

**FINDING:** There was no annual review of direct care staff, Patricia Valez' and Nichole Scott's, health statuses, as required, despite them being hired 10/18/2021 and 03/30/2020, respectively.

**R 400.15208            Direct care staff and employee records.**

**(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:**

**(e) Verification of experience, education, and training.**

**FINDING:** Multiple direct care staff did not have verification of training as required.

Direct care staff, Michael Scott, Quar' Nautica Robertson, Alicia Wilson, and Adriana Smith, had no verification of CPR/1<sup>st</sup> aid training in their employee record.

**R 400.15208            Direct care staff and employee records.**

**(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:**

**(f) Verification of reference checks.**

**FINDING:** Direct care staff, Quar' Nautica Robertson, Alicia Wilson, and Adriana Smith, had no verification reference checks had been completed, as required.

**R 400.15301            Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

**(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.**



**FINDING:** Multiple residents did not have Health Care Appraisals (HCA) completed on an annual basis, as required.

- Resident B's last HCA was dated 11/10/2021.
- Resident F's last HCA was dated 10/23/2020.
- Resident Q's last HCA was dated 03/16/2021.
- Resident I did not have an HCA available for review in her resident file.

REPEAT VIOLATION, SEE 2021 RENEWAL LSR, DATED 04/11/2021, CAP DATED 04/28/2021

REPEAT VIOLATION, SEE SIR 2020A0578029, DATED 05/11/2020, CAP DATED 05/27/2020

**R 400.15301**

**Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

**(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.**

**FINDING:** Multiple resident assessment plans were either not completed on an annual basis, as required, or did not contain the required signatures (i.e. licensee/licensee designee, resident and/or resident's representative and responsible agency) demonstrating all required persons participated in the development of the written assessment plan.

Resident B's assessment plan indicated it was completed 12/21/2022; however, there were no signatures by Resident B or Resident B's responsible person.

Resident C's assessment plan was signed by the Administrator, Janet White, dated, 12/07/2022; however, it was not signed by the resident, responsible person, or responsible agency, if applicable.

Resident I had no available assessment plan to review in her resident file.

Resident J's assessment plan was dated 08/03/2021; therefore, it was not completed on an annual basis, as required.

Resident K's assessment plan was dated 09/21/2021; therefore, it was not completed on an annual basis, as required.

Resident N's assessment plan was dated 07/09/2021; therefore, it was not completed an annual basis, as required.

REPEAT VIOLATION, SEE 2021 RENEWAL LSR, DATED 04/11/2021, CAP DATED 04/28/2021

REPEAT VIOLATION, SEE SIR 2020A0578029, DATED 05/11/2020, CAP DATED 05/27/2020

**R 400.15306            Use of assistive devices.**

**(2) An assistive device shall be specified in a resident's written assessment plan and agreed upon by the resident or the resident's designated representative and the licensee.**

**FINDING:** Half bed rails were observed on Resident M's, Resident O's and Resident Q's bed indicating they were being utilized as assistive devices; however, the use of the bed rails was not inputted into any of the resident's assessment plans, as required.

REPEAT VIOLATION, SEE SIR 2022A0462023, DATED 04/22/2022, CAP DATED 05/05/2022

**R 400.15306 Use of assistive devices.**

**(3) Therapeutic supports shall be authorized, in writing, by a licensed physician. The authorization shall state the reason for the therapeutic support and the term of the authorization.**

**FINDING:** Half bed rails were observed on Resident O's and Resident Q's bed; however, there were no physician's orders available for review authorizing the bed rails, indicating the reason for them and the term in which they could be utilized.

REPEAT VIOLATION, SEE SIR 2022A0462023, DATED 04/22/2022, CAP DATED 05/05/2022

**R 400.15312 Resident medications.**

**(2) Medication shall be given, taken, or applied pursuant to label instructions.**

**FINDING:** Upon review of the Resident B's, J's, M's, P's, and Q's March electronic Medication Administration Records (MARs), I determined medications were not being administered, as required.

According to the March eMAR, Resident B was prescribed the following medication, but the eMAR notation such as "out" indicated the medication was not administered:

- Trazadone 50 mg tablet, to be administered by giving 1 tablet by mouth at bedtime. This medication was not administered to Resident B on 03/06, 03/07, 03/08, and 03/09.
- Mirtazapine 7.5 mg tablet, to be administered by giving 1 tablet by mouth at bedtime. This medication was not administered to Resident B on 03/09.

According to documentation on Resident J's generated March eMAR, Resident J was prescribed the following medication, but eMAR notations of "out" and "on order" indicated the medication was not administered:

- Melatonin Cr 10 mg tablet, to be administered by giving 1 tablet by mouth at bedtime. This medication was not administered to Resident J on 03/08, 03/09, 03/30, and 03/31.
- Mirtazapine 15mg tablet, to be administered by giving 1 tablet by mouth at bedtime. This medication was not administered to Resident J on 03/25, 03/30, and 03/31.

According to documentation on Resident M's generated March eMAR, Resident M

was prescribed the following medication, but eMAR notations of “on order”, “has not arrived yet”, “not in cart”, “hasn’t came yet”, “not on med cart”, “not on med cart will[sic] follow up”, “out”, and “out will follow up” indicated the medication was not administered:

- Atenolol 100 mg, to be administered by giving 1 tablet by mouth once daily. This medication was not administered to Resident M on 03/02, 03/06, 03/11, 03/12, 03/13, 03/22, and 03/23.
- Atenolol 50 mg, to be administered by giving 1 tablet by mouth once daily. This medication was not administered to Resident M on 03/11, 03/12, 03/25, 03/29, 03/30, and 03/31.
- Buspirone Hcl 5 mg caplet, to be administered by giving 1 tablet by mouth twice daily with meals may crush. This medication was not administered to Resident M at 5 pm on 03/03.
- Loperamide 2 mg tablet, to be administered by giving 1 tablet by mouth at bedtime. This medication was not administered to Resident M on 03/08 and 03/10.
- Quetiapine fumarate 25 mg tablet, to be administered by giving 1 tablet by mouth with dinner may crush. This medication was not administered to Resident M on 03/14.
- Furosemide 40 mg tablet, to be administered by mouth once daily may crush. This medication was not administered to Resident M on 03/22.

According to documentation on Resident P’s generated March eMAR, Resident P was prescribed the following medication, but eMAR notations of “not in cart”, “will call pharma cy[sic]”, “not on cart”, “on order”, “out”, and “not in cart” indicated the medication was not administered:

- Levetiracetam 500 mg tablet, to be administered by giving 1 tablet by mouth once daily. This medication was not administered to Resident P on 03/06, 03/12, 03/16, 03/17, and 03/22.
- Metoprolol tartrate 50 mg tablet, to be administered by giving 2 tablets by mouth every morning and 1 tablet once daily hold and notify provider if SBP<110 HR<55. This medication was not administered to Resident P on 03/25, 03/26, 03/27, and 03/28.
- Mirtazapine 30 mg tablet, to be administered to by giving 1 tablet by mouth at bedtime. This medication was not administered to Resident P on 03/27.

- Quetiapine fumarate 25 mg tablet, to be administered by giving 1 tablet by mouth once daily. This medication was not administered to Resident P on 03/30.

According to documentation on Resident Q's generated March eMAR, Resident Q was prescribed the following medication, but eMAR notations of "meds not available", "med not available", "on order", "out", "resident is out of medication", "out", "medication not in", and "out will call pharmacy[sic]" indicated the medication was not administered:

- Loratadine 10 mg tablet, to be administered by giving 1 tablet by mouth once daily. This medication was not administered to Resident Q on 03/22, 03/23, 03/25, 03/26, 03/27, 03/30, and 03/31.
- Levothyroxine 75 mcg tablet, to be administered by giving 1 tablet by mouth once daily. This medication was not administered to Resident Q on 03/28, 03/29, 03/30, and 03/31.

REPEAT VIOLATION, SEE SIR 2023A0581021, DATED 04/06/2023, CAP NOT YET RECIEVED

**R 400.15312 Resident medications.**

**(7) Prescription medication that is no longer required by a resident shall be properly disposed of after consultation with a physician or a pharmacist.**

**FINDING:** Resident N had the medication, Ondansetron 4 mg tablet, with the instruction of "take 1 tablet by mouth every eight hours as needed (nausea)" in the medication cart; however, direct care staff, Alicia Wilson, stated it had been discontinued 11/30/2022 and not removed from the cart.

**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.**

**FINDING:** There was no documentation confirming fire drills had been completed during daytime, evening, and sleeping drills during the last quarter of 2022 (i.e. October, November, December) or the first quarter of 2023 (i.e. January, February, March).

**R 400.15403          Maintenance of premises.**

**(10) Scatter or throw rugs on hard finished floors shall have a nonskid backing.**

**FINDING:** Resident bedroom #13 had a rug in the hallway outside of the bathroom that did not have nonskid backing.

**R 400.15403          Maintenance of premises.**

**(2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.**

**FINDING:** The bathroom in resident bedroom #6 had urine on the floor.

**R 400.15407          Bathrooms.**

**(1) Bathrooms and toilet facilities that do not have windows shall have forced ventilation to the outside. Bathroom windows that are used for ventilation shall open easily.**

**FINDING:** The bathroom fan in resident bedroom #20 wasn't functioning properly.

**R 400.15408          Bedrooms generally.**

**(4) Interior doorways of bedrooms that are occupied by residents shall be equipped with a side-hinged, permanently mounted door that is equipped with positive-latching, nonlocking-against-egress hardware.**

**FINDING:** Resident bedroom #17 had locking against egress hardware on the door leading to the hallway.

#### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan and approved inspection report from Bureau of Fire Safety, issuance of a provisional license is recommended.

*Cathy Cushman*

04/12/2023

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Cathy Cushman  
Licensing Consultant

Date

Approved:

*Dawn Timm*

04/19/2023

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Dawn Timm  
Area Manager

Date