



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

July 7, 2023

Keyur Patel  
Collaborative Care Partners Inc  
10900 James Way  
Portage, MI 49002

RE: License #: AL030406376  
**Stanford Lodge**  
**409 Naomi Street**  
**Plainwell, MI 49080**

Dear Mr. Patel:

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 designee and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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, appearing to be "Orlene Hawks".

Eli DeLeon, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(269) 251-4091

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL030406376
<b>Licensee Name:</b>	Collaborative Care Partners Inc
<b>Licensee Address:</b>	10900 James Way Portage, MI 49002
<b>Licensee Telephone #:</b>	(269) 718-9040
<b>Licensee/Licensee Designee:</b>	Keyur Patel
<b>Administrator:</b>	Keyur Patel
<b>Name of Facility:</b>	Stanford Lodge
<b>Facility Address:</b>	409 Naomi Street Plainwell, MI 49080
<b>Facility Telephone #:</b>	(269) 718-2745
<b>Original Issuance Date:</b>	01/21/2021
<b>Capacity:</b>	20
<b>Program Type:</b>	AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/28/2023

Date of Bureau of Fire Services Inspection if applicable: 06/26/2023

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 5

No. of residents interviewed and/or observed 10

No. of others interviewed 0 Role: 0

- 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? 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 400.15205** 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.**

All direct care staff did not have a TB test or TB test results.

**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.**

All direct care staff did not have their health status reviewed annually.

**R 400.15312** Resident medications.

**(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being {333.1101 et seq. of the Michigan Compiled**

**Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.**

Resident A missed their Finasteride 5 MG on 06/28, 06/29, 06/30, 06/31, 07/01, 07/02, 07/03.

Resident A missed their Mirtazapine 15MG on 06/28, 06/29, 06/30, 06/31, 07/01, 07/02, 07/03.

Resident B missed their Calcium 600MG on 06/28, 06/29, 06/30, 06/31, 07/01.

Resident C missed their Acetaminophen 325MG on 06/28, 06/29, 06/30, 06/31,

Resident C missed their Melatonin on 06/30, 06/31, 07/01, 07/02.

Resident D missed their Guaifenesin 200 MG on 06/28, 06/29, 06/30,

Resident D missed their Memantine Hcl 5MG on 06/28.

Resident D missed their Omeprazole 20mg on 06/28, 06/29, 06/30.

Resident E missed their Ampicillin on 07/01, 07/02.

Resident F missed their Antifungal 2% powder on 06/28, 06/29, 06/30, 06/31.

Resident G missed their Guaifenesin 200 MG on 06/28, 06/29, 06/30.

Resident H missed their Guaifenesin 600 MG on 06/29.

Resident I missed their Acetaminophen 352MG on 06/29, 06/30.

Resident J missed their Latanoprost .005% on 06/28, 06/29, 06/30, 06/31, 07/01, 07/02.

A corrective action plan was requested and approved on 06/28/2023. 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**

Contingent upon receipt of an acceptable corrective action plan signed by the licensee designee, renewal of the license is recommended.



07/07/2023

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Eli DeLeon  
Licensing Consultant

Date