



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

January 11, 2024

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

RE: License #: AL390015953
Investigation #: 2024A0581009
Park Place Living Center #E

Dear Connie 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

License #:	AL390015953
Investigation #:	2024A0581009
Complaint Receipt Date:	11/13/2023
Investigation Initiation Date:	11/14/2023
Report Due Date:	01/12/2024
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
Administrator:	Janet White
Licensee Designee:	Connie Clauson
Name of Facility:	Park Place Living Center #E
Facility Address:	4228 S Westnedge Kalamazoo, MI 49008
Facility Telephone #:	(269) 388-7303
Original Issuance Date:	03/21/1995
License Status:	REGULAR
Effective Date:	04/29/2023
Expiration Date:	04/28/2025
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED ALZHEIMERS AGED

II. ALLEGATION

	Violation Established?
The facility's fire suppression system is nonfunctioning and the facility is on a fire watch.	Yes

III. METHODOLOGY

11/13/2023	Special Investigation Intake 2024A0581009
11/14/2023	Referral - Office of Fire Safety BFS is involved, referral not necessary.
11/14/2023	APS Referral Made APS referral via email.
11/14/2023	Special Investigation Initiated - Telephone Interview with Kalamazoo fire marshal, Scott Brooks.
11/14/2023	Contact - Telephone call made Left voicemail with Ken Howe, BFS
11/15/2023	Contact - Face to Face Interview with Janet white, Administrator,
11/28/2023	Contact - Telephone call received Interview with Ken Howe, BFS
12/20/2023	Contact - Telephone call made Interview with licensee designee, Connie Clauson
12/21/2023	Inspection Completed On-site Interview with staff. Inspected facility.
01/03/2024	Contact - Document Sent Email sent to Scott Brooks, Kalamazoo fire marshal
01/03/2024	Contact - Telephone call made Interview with Ken Howe, BFS
01/03/2024	Contact - Telephone call made Voicemail left for Administrator, Janet White.

01/03/2024	Contact - Document Sent Email sent to Janet White.
01/04/2024	Contact – Telephone call received Interview with Ms. White.
01/11/2024	Exit conference with the licensee designee, Connie Clauson.

ALLEGATION:

The facility’s fire suppression system is nonfunctioning and the facility is on a fire watch.

INVESTIGATION:

On 11/13/2023, I received a complaint the facility's sprinkler system was nonfunctioning and the building was on a fire watch. The complaint alleged the licensee was not cooperating with the local fire marshal or Bureau of Fire Services (BFS) inspector to make the facility safe and habitable for the residents.

On 11/13/2023, I received an email from Kalamazoo County Fire Marshal, Scott Brooks, which was also sent to BFS inspector, Ken Howe, and the facility’s Administrator, Janet white. Mr. Brooks’ email documented he had not received any notification the facility’s system was out of service or was being repaired by the management or the ownership of the property. Mr. Brooks documented in his email the City of Kalamazoo Department of Public Safety had requirements for fire watches that needed to be adhered to.

On 11/14/2023, I interviewed Mr. Brooks via telephone who stated anytime a building’s fire suppression system is nonfunctioning the building’s owner is expected to contact the local fire marshal. He stated his agency is to be made aware, so the fire department knows how to appropriately assist the residents in the building. Mr. Brooks stated there is a fire watch form direct care staff are expected to fill out and send to him. He stated either this building or another building on the campus had previously been on a fire watch, so facility staff were aware the fire marshal needed to be notified and were aware of the forms that needed to be completed and the requirements of the fire watch.

Mr. Brooks stated the longest time a building can be on a fire watch is 90 days otherwise, the fire watch is considered permanent, which is unacceptable. He stated during a fire watch, staff are expected every hour to go through every floor and check on every room, which includes storage rooms, to ensure there aren’t any issues. He stated he was informed of the fire watch on 11/03/2023 when BFS inspector, Ken Howe, contacted him. Mr. Brooks stated he received an email

yesterday from the facility's Administrator, Janet White, documenting she would send him the fire watch forms today, but Mr. Brooks stated he has yet to receive them.

On 11/15/2023, I conducted an inspection at the facility and interviewed the facility's Administrator, Ms. White. Ms. White stated she sent all fire watch documents to both Mr. Brooks and Mr. Howe that morning. She stated fire watches were being completed every hour in every room, as required, to ensure there was no smoke or any issues within the building. She stated one quote to repair the fire suppression system had been obtained; however, the licensee is requesting at least two more quotes.

On 11/20/2023, I received an email from Administrator, Ms. White, documenting the facility was empty of residents as all the remaining residents had been moved to other facilities including an adjacent licensed AFC facility owned by the licensee.

On 11/22/2021, I received and reviewed BFS inspector, Mr. Howe's, fire inspection report, dated 10/11/2023, which indicated the following deficiencies within the facility:

"A fire safety inspection was initiated on this date (10/11/2023) with a documentation review followed by inspections on 11/2/23 and 11/20/23.

During the inspection on 11/2/23, it was revealed the fire sprinkler system was out-of-service due to significant leak issues within the system of this facility. Further, the Maintenance Director advised that a firewatch[sic] had been initiated by staff.

During the inspection on 11/20/23, the Administrator advised several residents had already been relocated to other buildings on campus and that staff were working to relocate remaining residents by the end of this day. An email received from the Administrator at 8:33 pm on 11/20/23 confirmed all residents had been relocated.

Therefore, it is understood Building E is now vacant. Further, during the inspection on 11/20/23, the fire alarm system panel was observed to have "Supervisory", "System Trouble" and "Trouble Zone 4" warning signals active. The fire safety certification for this facility is disapproved."

On 11/28/2023, I interviewed BFS inspector, Ken Howe, via telephone, after he conducted another inspection at the facility. Mr. Howe stated while at the facility, he observed contractors also doing inspections for their repair of the fire suppression

system and potentially creating a two hour fire wall between the building and a separate licensed AFC facility, labeled Building D. Mr. Howe stated he inspected the facility's attic and determined the floor separation did not extend into the building's attic. He stated he informed Ms. White architect plans would need to be submitted for any renovations of the facility and building a two hour wall extending into the attic. Mr. Howe stated during his inspection, he observed multiple people in the facilities activities room, which he stated was supposed to be empty per the fire marshal.

On 12/21/2023, I completed a follow-up inspection to ensure residents had been moved out of the building. Upon completing my walk through, I determined there were no residents residing in the building. I observed Christmas presents being stored in the activity's room along with staff visiting this area. The facility's Business Office Manager, Tasha Cummings, stated quotes for the renovations and fixing the fire suppression system are still being obtained.

On 01/03/2024, I interviewed BFS inspector, Mr. Howe, via telephone. He stated he continues receiving fire watch documentation from the licensee every day, as required.

On 01/03/2024, Kalamazoo fire marshal, Mr. Brooks, also documented in an email to me he was also receiving daily fire watch reports; however, he had not received any updates from the licensee or staff on the status of the project.

On 01/04/2024, I interviewed Ms. White via telephone who stated approximately four contractors had come out to the facility. She stated the licensee was waiting on one of the contractors to submit a quote prior to the licensee making a final determination. Ms. White was not entirely sure of which contractor the licensee was choosing, when the expected start date was or how long the process would take; however, she stated she would find out this information and provide it to me.

On 01/04/2024, BFS inspector, Mr. Howe, forwarded me the licensee's corrective action plan (CAP), dated 11/16/2023, for the deficiencies he discovered in the facility. According to the CAP, the licensee documented the facility's census would be reduced to eight residents or less no later than 11/16/2023. The CAP also documented there would be no residents remaining in the facility after 10 pm on 11/21/2023.

The CAP documented fire watches would continue and submitted per BFS' request until all residents have been relocated. The CAP documented the facility would remain a licensed AFC while obtaining proper approvals for replacement of the sprinkler system, including a submission to BFS Plan Review. The CAP documented residents were expected to return to the facility no later than 02/28/2025.

Mr. Howe documented in his email to me the facility an inspection would be required by BFS prior to any resident relocating in this building as the fire safety certification had been disapproved.

APPLICABLE RULE	
R 400.15403	Maintenance of premises.
	(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.
ANALYSIS:	The facility's fire suppression system has been nonfunctioning since approximately 11/02/2023. While the licensee continues to conduct fire watches, the facility has not been approved for residents by BFS or the local fire marshal. Subsequently, the facility is not arranged or maintained to provide for the safety of residents in the facility until the fire suppression system has been fixed and/or restored, as required.
CONCLUSION:	VIOLATION ESTABLISHED

On 01/11/2024, I attempted to conduct the exit conference with the licensee designee, Connie Clauson, via telephone. I was unable to reach her; however, I left her a voicemail explaining my findings.

Cathy Cushman

01/05/2024

Cathy Cushman
Licensing Consultant

Date

Approved By:

Dawn Timm

01/11/2024

Dawn N. Timm
Area Manager

Date