



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

January 19, 2024

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

RE: License #: AL390007094  
**Park Place Living Centre #C**  
**4222 S Westnedge**  
**Kalamazoo, MI 49008**

Dear Connie Clauson:

Attached is the Renewal Licensing Study Report for the facility referenced above. The study has determined substantial quality of care violations of applicable licensing statutes and administrative rules. Therefore, refusal to renew the license is recommended. You will be notified in writing of the Department's intention and your options for resolution of this matter.

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".

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**

<b>License #:</b>	AL390007094
<b>Licensee Name:</b>	Pleasant Homes I L.L.C.
<b>Licensee Address:</b>	Suite 203 3196 Kraft Ave SE Grand Rapids, MI 49512
<b>Licensee Telephone #:</b>	(616) 285-0573
<b>Licensee Designee:</b>	Connie Clauson
<b>Administrator:</b>	Janet White
<b>Name of Facility:</b>	Park Place Living Centre #C
<b>Facility Address:</b>	4222 S Westnedge Kalamazoo, MI 49008
<b>Facility Telephone #:</b>	(269) 388-7303
<b>Original Issuance Date:</b>	09/21/1989
<b>Capacity:</b>	20
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspections: 01/08/2024 – renewal inspection  
10/06/2023 – interim inspection

Date of Bureau of Fire Services Inspection if applicable: 10/11/2023 – temporary C rating

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 2  
No. of residents interviewed and/or observed 6  
No. of others interviewed 3 Role: HR and upper management

- 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:  
Renewal Licensing Study Report, dated 04/07/2023, rule cited was MCL  
400.713(3)(b) N/A
- Number of excluded employees followed-up? 2 N/A
- Variances? Yes  (please explain) No  N/A   
The licensee was granted a variance to R 400.15315(3) on 06/15/2022 to use their own electronic system to track 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 substantial non-compliance with the following rules:

**MCL 400.734b**      **Employing or contracting with certain individuals providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; determination of existence of national criminal history; failure to conduct criminal history check; automated fingerprint identification system database; electronic web-based system; 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, Darnesha Singleton and Rae'Sheona Robertson, did not have Workforce Background Checks (WBC) in their employee files deeming them eligible to work in the facility.

The licensee had WBC eligibility letters in both staff files; however, these background checks were completed for different facilities under the licensee.

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

**R 400.15204            Direct care staff; qualifications and training.**

**(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas:**

**(b) First aid.**

**FINDING:** Direct care staff, Rae'Sheona Robertson (hire date of 10/23/2023) and Aleah Shepherd (hire date of 12/01/2023) did not have verification in either of their staff files documenting they were competent in first aid.

**R 400.15204            Direct care staff; qualifications and training.**

**(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas:**

**(c) Cardiopulmonary resuscitation.**

**FINDING:** Direct care staff, Rae'Sheona Robertson (hire date of 10/23/2023) and Aleah Shepherd (hire date of 12/01/2023) did not have verification in either of their staff files documenting they were competent in CPR. Additionally, the facility's Administrator, Janet White, stated Rae'Sheona Robertson, had been working independently during the overnight shifts despite not taking CPR.

**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:** Multiple direct care staff did not have statements signed by a licensed physician attesting to his or her knowledge of the staff's physical health 30 days prior to the staff's assumption of duties including direct care staff, Michael Cuff (hire date 08/2023), Rae'Sheona Robertson (hire date 10/2023), and Aleah Shepherd (hire date of 12/2023).

**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:** Multiple direct care staff did not have verification of TB tests every three years in their employee files, as required.

- Direct care staff, Darnesha Singleton's, last TB test was completed 10/2020.
- Direct care staff, Michael Cuff, did not have a TB test completed despite being hired in 08/2023. Documentation in his staff file documented he went in for his first TB test; however, there was no documentation he went back to have his skin test read 48-72 hours later.
- Direct care staff, Lynette Gabbidon's, last TB chest x-ray was completed 09/2020.
- Direct care staff, Kanika Steele, did not have verification of a TB test.

**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 verification in direct care staff, Darnesha Singleton's, employee file her health status had been reviewed in 2023.

**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:**

**(d) Verification of the age requirement.**

**FINDING:** There was no verification of age in direct care staff, Aleah Shepherd's, staff file such as a picture of an identification card or driver's license.

**R 400.15303**      **Resident care; licensee responsibilities.**

**(2) A licensee shall provide supervision, protection, and personal care as defined in the act and as specified in the resident's written assessment plan.**

**FINDING:** Resident G's "Resident Evaluation" (assessment plan), dated 12/18/2023, documented he is on a "Mechanical soft diet"; however, the licensee did not have a

current order for the mechanical soft diet. Rather, the most current diet order for Resident G, dated 08/23/2023, was for a regular diet. Subsequently, the licensee was not providing the personal care required for Resident G. The facility's Administrator, Ms. White, indicated Resident G's previous assessment plan information (e.g., mechanical soft diet) automatically populated into the new assessment plan when it was completed.

**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:** Upon review of resident records, there were multiple residents who required the use of therapeutic supports; however, either there were no physician's orders available for review during the inspection or the physician's order did not state the reason for the support and/or the term of the authorization, as required.

- There was no physician's order available for review during the inspection for Resident A's wheelchair.
- There was no physician's order available for review during the inspection, which stated the reason and terms of the authorization for Resident C's walker and cane, as required.
- There was no physician's order available for review during the inspection for Resident F's walker or hospital bed. While I did observe a physician's order for a "trapeze", the physician's order neither stated the reason for the trapeze or the terms of its authorization.

**R 400.15312            Resident medications.**

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

**FINDING:** Upon review of multiple resident's November and December electronic Medication Administration Records (eMARs), residents were not receiving their medications, as required, because medications were not in the facility.

According to documentation on Resident A's generated November eMAR, she was prescribed the following medication, but the eMAR notations of "pill is out", "pill on order" and "ran out of them" indicated the medication was not administered:



- Omeprazole DR 20 mg capsule, to be administered by taking 1 capsule by mouth once daily at 6 am. This medication was not administered to Resident A on 11/26 or 11/27.

- Quetiapine 50 mg tablet, to be administered by taking 1 tablet by mouth at bedtime. This medication was not administered to Resident A on 11/29.

According to documentation on Resident B's generated November eMAR, he was prescribed the following medication, but the eMAR notations of "pharmacy has not sent. Ordered last week will check on today", "not in cart", as well as no staff initials being documented on the eMAR indicated the medication was not administered:

- Lisinopril 10 mg tablet, to be administered by taking 1 tablet by mouth once daily \*hold for SBP <110 or HR <55. This medication was not administered to Resident B on 11/18, 11/19, or 11/20.

- Metoprolol SUCC ER 25 mg tablet, to be administered by taking 1 tablet by mouth once daily \*hold for SBP <100 or HR <55. This medication was not administered to Resident B on 11/25.

According to documentation on Resident C's generated November eMAR, she was prescribed the following medication, but the eMAR notations of "out", "couldn't find it", "on order", "not in cart", "ran out of them" and "don't have any" indicated the medications were not administered:

- Atorvastatin 80 mg tablet, to be administered by taking 1 tablet by mouth at bedtime. This medication was not administered to Resident C on 11/08.

- Ammonium Lactate 12% lotion, to be administered by applying thin layer topically to bilateral lower extremity twice a day. This medication was not administered to Resident C at 8 pm on 11/21, 8 am on 11/24, 8 pm on 11/24, and 8 pm on 11/25.

- Pantoprazole SOD DR 20 mg tablet, to be administered by taking 1 tablet by mouth once daily. This medication was not administered to Resident C on 11/24.

According to documentation on Resident C's generated December eMAR, she was prescribed the following medication, but the eMAR notations of "not in cart", "on order", and "does not have reordered" indicated the medication was not administered:

- Ammonium Lactate 12% lotion, to be administered by applying thin layer topically to bilateral lower extremity twice a day. This medication was not administered to Resident C at 8 am on 12/08.

- Lispro 100 unit / ML Pen Correction scale 8 units then add units as needed 150-200 = 1U, 201-250= 2U, 251-300 = 3U, 301-350 = 4U, 351-400= 5U, above 400 =

6U. This medication was not administered to Resident C on 12/12 despite her blood sugar levels at 322.

- Glipizide ER 10 mg tablet, to be administered by taking 1 tablet by mouth once daily. This medication was not administered to Resident C on 12/17.

- Diclofenac 1% gel to be administered by applying 2G topically to affected area(s) once daily in the morning. This medication was not administered to Resident C on 12/22.

According to documentation on Resident D's generated December eMAR, he was prescribed the following medication, but the eMAR notations of "not in cart" and "ran out of them" indicated the medication was not administered:

- Aripiprazole 5 mg, to be administered by taking 1 tablet by mouth once daily for schizophrenia. This medication was not administered to Resident D on 12/13.

- Divoproex 250mg, to be administered by taking five tablets by mouth at bedtime for mood. This medication was not administered to Resident D on 12/22.

- Quetiapine 200 mg, to be administered by taking 1 tablet by mouth at bedtime (antipsychotic). This medication was not administered to Resident D on 12/27 and 12/29.

- Sertraline 100 mg, to be administered by taking 1 tablet by mouth at bedtime. This medication was not administered to Resident D on 12/29.

According to documentation on Resident E's generated November eMAR, he was prescribed the following medication, but the eMAR notations of "rant out of them", "not in cart", and "don't got it" indicated the medication was not administered:

- Fiber Laxative Capsule, to be administered by taking 1 capsule by mouth twice daily. This medication was not administered to Resident E at 8 pm on 11/28, 8 am on 11/29, 8 pm on 11/29 and 8 pm on 11/30.

- Psyllium Oral Capsule, to be administered by taking 1 tablet by mouth twice daily. This medication was not administered to Resident E at 8 pm on 11/29, 8 am on 11/30, and 8 pm on 11/30.

**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.**

**FINDING:** Extension cords were observed in bedrooms #7 and #9. While only 7 residents were residing in the facility, multiple rooms were being renovated. There was no toilet observed in bedroom #17 and the toilet in bedroom #14 did not have a toilet seat.

Additionally, an approved Bureau of Fire Services (BFS) report is needed at the time of the renewal. The last BFS inspection report, dated 10/11/2023, only gave temporary approval to the facility until 02/23/2024 due to not following multiple fire safety standards, which included the following:

- The exterior oxygen storage cabinet was observed to have cylinders not secured to prevent dislocation or accidental damage.
- There were no fire drill records available at time of inspection.
- There were no records of monthly 30-second tests of the emergency lighting system from April - September.
- There was no record of an annual 90-minute test of the emergency light system.

**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, non-locking-against-egress hardware.**

**FINDING:** Bedrooms #3 and #15 had locking against egress hardware on the doors.

On 01/11/2024 I attempted to conduct my exit conference with the licensee designee, Connie Clauson, via telephone. I was unable to reach her but left a message explaining my findings. On 01/12/2024, I emailed Connie Clauson my recommendation and encouraged her to contact me.

**IV. RECOMMENDATION**

Due to the continued quality of care and physical plant violations, refusal to renew the license is recommended.

*Cathy Cushman*

01/12/2024

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Cathy Cushman  
Licensing Consultant

Date

Approved:

*Dawn Timm*

01/19/2024

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Dawn Timm  
Area Manager

Date