

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

May 26, 2024

Wills Dixon 7320 Lansing Ave Jackson, MI 49201

RE: License #: AF380257231

Pleasant Manor I AFC, LLC

7320 Lansing Ave. Jackson, MI 49201

Dear Wills and Sandra Dixon:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan: You are to submit a Statement of Correction by June 11, 2024.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable.

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,

Mahtina Rubritius

Mahtina Rubritius, Licensing Consultant Bureau of Community and Health Systems 611 W. Ottawa P.O. Box 30664 Lansing, MI 48909 (517) 262-8604

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

I. IDENTIFYING INFORMATION

License#: AF380257231

Licensee Name: Wills Dixon

Licensee Address: 7320 Lansing Ave

Jackson, MI 49201

Licensee Telephone #: (517) 796-1598

Licensee/Licensee Designee: N/A

Administrator: N/A

Name of Facility: Pleasant Manor I AFC, LLC

Facility Address: 7320 Lansing Ave.

Jackson, MI 49201

Facility Telephone #: (517) 796-1598

Original Issuance Date: 07/15/2003

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED

DEVELOPMENTALLY DISABLED

MENTALLY ILL

AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/23/2024		
Date of Bureau of Fire Services Inspection if applicable: N/A		
Date of Health Authority Inspection if applicable: 01/29/2024		
No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed O Role:		
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. Incident reports are no longer required to be submitted to LARA. 		
 Corrective action plan compliance verified? Yes ∑ CAP date/s and rule/s: R 400. 1421 (3) & R 400.1426 (1) N/A ☐ Number of excluded employees followed-up? 1 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 400.1426 Maintenance of premises.

(1) The premises shall be maintained in a clean and safe condition.

There were cardboard boxes stored next to the water heater in the basement.

R 400.1438 Emergency preparedness; evacuation plan; emergency transportation.

(4) Fire drills shall be conducted 4 times a year. Two of the 4 required fire drills shall be conducted during sleeping hours. A record of the fire drills shall be incorporated with the evacuation plan.

The licensee only conducted one fire drill during the sleeping hours in 2023.

A corrective action plan was requested and approved on 05/23/2024. 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

An acceptable corrective action plan has been received. Renewal of the license is recommended.

Mahtina Rubritius	5/26/2024
Mahtina Rubritius	Date
Licensing Consultant	