



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

August 6, 2024

Jeffrey Shepard
Elder Ridge Manor II, LLC
PO Box 518
Stockbridge, MI 49285

RE: License #: AL330380274
Investigation #: 2024A0466045
Elder Ridge Manor II, LLC

Dear Mr. Shepard:

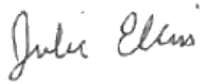
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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) 284-9727.

Sincerely,

A handwritten signature in cursive script that reads "Julie Elkins".

Julie Elkins, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
SPECIAL INVESTIGATION REPORT**

I. IDENTIFYING INFORMATION

License #:	AL330380274
Investigation #:	2024A0466045
Complaint Receipt Date:	06/20/2024
Investigation Initiation Date:	06/25/2024
Report Due Date:	08/19/2024
Licensee Name:	Elder Ridge Manor II, LLC
Licensee Address:	4101 Oakley Road Stockbridge, MI 49285
Licensee Telephone #:	(517) 851-7501
Administrator:	Jeffrey Shepard
Licensee Designee:	Jeffrey Shepard
Name of Facility:	Elder Ridge Manor II, LLC
Facility Address:	4101 Oakley Road Stockbridge, MI 49285
Facility Telephone #:	(517) 851-7501
Original Issuance Date:	04/06/2017
License Status:	REGULAR
Effective Date:	10/05/2023
Expiration Date:	10/04/2025
Capacity:	20
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. ALLEGATION:

	Violation Established?
The facility received a disapproved fire safety report.	Yes

III. METHODOLOGY

06/20/2024	Special Investigation Intake 2024A0466045.
06/25/2024	Special Investigation Initiated - On Site.
06/25/2024	Contact - Document Sent LD Jeff Shepard documents requested.
06/25/2024	Exit conference with LD Jeff Shepard.
06/25/2024	Contact - Document Received from LD Jeff Shepard, inspections that I sent to fire marshal Davis.
06/26/2024	Contact - Document Sent to/from Fire Marshal Brian Davis.
08/05/2024	APS- referral not required, no suspected abuse/neglect.

ALLEGATION: The facility received a disapproved fire safety report.

INVESTIGATION:

On 06/20/2024, the Bureau of Fire Services (BFS) provided the Department of Licensing and Regulatory Affairs (LARA) with an annual *Inspection Report* that documented Elder Ridge Manor II, LLC had a disapproved, substantial noncompliance fire safety report. I reviewed the *Inspection Report* completed by BFS Fire Marshal Brian Davis. The *Inspection Report* documented the facility's safety certification was disapproved and found to be in substantial non-compliance with fire safety rules. The Inspection Report, dated 05/15/2024, noted the following deficiencies:

"A fire safety inspection was completed on this date. The following deficiencies must be corrected. Disapproved status.

1-Any device, equipment, system, condition, arrangement, level of protection, fire resistive construction, or any other feature requiring periodic testing, inspection, or operation to ensure its maintenance shall be tested, inspected, or operated as specified elsewhere in this code or as directed by the authority having jurisdiction.
4.6.12.4.

Inspector Comments: The facility has not had the kitchen hood fire suppression system serviced in the past year.

2 - To ensure operational integrity, the fire alarm system shall have an approved maintenance and testing program complying with the applicable requirements of NFPA 70 and NFPA 72. 9.6.1.5.

Inspector comments: Facility did not have a current fire alarm inspection within the last year.

3 - All automatic sprinkler and standpipe systems shall be inspected, tested and maintained in accordance with NFPA 25. 9.7.5.

Inspector comments: Facility did not have a current sprinkler system inspection within the last year. Room 107 has had the sprinkler head removed due to a leak in the system.

4 - Emergency egress and relocation drills shall be conducted not less than once per quarter per scheduled shift; daytime, 7 a.m. to 3 p.m., evening 3 p.m. to 11 p.m., and night, 11 p.m. to 7 a.m. Rule 401; 33.7.3.1.

Inspector comments: facility did not document any fire drills for the 4th quarter 2023 2023.

5 - For large facilities, portable fire extinguishers shall be provided in accordance with 9.7.4.1. 33.3.3.5.6.

Inspector comments: Facility did not have portable fire extinguishers serviced within the last year.”

On 06/25/2024, I conducted an unannounced investigation interviewed licensee designee Jeffrey Shepard who reported that at the time of the fire inspection and still currently the facility did not have documentation that the kitchen hood fire suppression system was serviced in the past year, facility did not have a current fire alarm inspection within the last year, resident bedroom 107 had the sprinkler head removed, facility did not have documentation of any fire drills for the 4th quarter 2023 and portable fire extinguishers had not been serviced within the last year.

I reviewed the facility’s 2023 fire drills and found no documentation that the 4th quarter 2023 fire drills were completed. I went into resident bedroom 107 and I observed the missing sprinkler head.

On 06/26/2024, Fire Marshal Davis reported that he has not received a plan of correction from the disapproved fire report. Fire Marshal Davis reported that this is an annual occurrence for BFS and the facility remains disapproved at this time. Fire Marshal Davis reported that a re-inspection will be required after all the inspection/maintenance reports are submitted along with a plan of correction for the fire drills and an explanation as to how the facility will prevent the violations from occurring in the future.

On 07/08/2024, licensee designee Shepard emailed me documentation that of a *Fire Suppression Inspection Certificate* dated 07/08/2024 and inspection certificate for fire extinguishers dated 07/08/2024.

APPLICABLE RULE	
R 400.15209	Home records generally.
	(1) A licensee shall keep, maintain, and make available for department review, all the following home records: (p) Fire detection and sprinkler equipment inspection and approval records, if applicable.
ANALYSIS:	<p>The licensee received a substantial non-compliance report dated 05/15/2024 in part because the facility did not have a current fire alarm inspection within the last year and the facility did not have a sprinkler system inspection within the last year. Additionally, resident room107 had a sprinkler head removed. On 06/25/2024 when I conducted an unannounced investigation and met with licensee designee Shepard he could not provide verification of current fire alarm inspection within the last year or a current sprinkler system inspection. Additionally, I observed resident room107 without the sprinkler head therefore a violation has been established.</p>
CONCLUSION:	VIOLATION ESTABLISHED

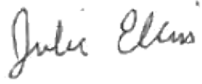
APPLICABLE RULE	
R 400.15318	Emergency preparedness; evacuation plan; emergency transportation.
	(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.
ANALYSIS:	<p>The licensee received a substantial non-compliance fire inspection report dated 05/15/2024 in part because the facility did not have 4th quarter 2023 fire drills. On 06/25/2024, I conducted an unannounced investigation and I found no documentation that the 4th quarter 2023 fire drills were completed.</p>
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.15402	Food service.
	(6) Household and cooking appliances shall be properly installed according to the manufacturer's recommended safety practices. Where metal hoods or canopies are provided, they shall be equipped with filters. The filters shall be maintained in an efficient condition and kept clean at all times. All food preparation surfaces and areas shall be kept clean and in good repair.
ANALYSIS:	The licensee received a substantial non-compliance report dated 05/15/2024 in part because the facility has not had the kitchen hood fire suppression system serviced in the past year. On 06/25/2024 when I conducted an unannounced investigation and met with licensee designee Shepard he could not provide verification that the kitchen hood fire suppression had been serviced within the past year therefore a violation has been established.
CONCLUSION:	VIOLATION ESTABLISHED

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 licensee received a substantial non-compliance report dated 05/15/2024 from the Bureau of Fire Services after multiple violations that impacted the health and safety of residents were identified. Fire Marshal Davis reported on 06/26/2024 that he has not received anything from the facility as far as a plan of correction, he reported that this is an annual occurrence and the facility remains disapproved at this time therefore a violation has been established.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan and fire safety approval, I recommend no change in license status.



08/05/2024

Julie Elkins
Licensing Consultant

Date

Approved By:



08/06/2024

Dawn N. Timm
Area Manager

Date