



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

September 5, 2024

Connie Clauson  
Leisure Living Mgt of Portage  
Suite 203  
3196 Kraft Ave SE  
Grand Rapids, MI 49512

RE: License #: AL390007092  
**Fountain View Ret Vil of Port #1**  
**7818 Kenmure Drive**  
**Portage, MI 49024**

Dear Connie Clauson:

A six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled.

Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan within 15 days and it 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 or licensee designee.

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". The script is cursive and fluid, with the first name "Cathy" and last name "Cushman" clearly legible.

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>              | AL390007092  |
| <b>Licensee Name:</b>          | Leisure Living Mgt of Portage                            |
| <b>Licensee Address:</b>       | Suite 203<br>3196 Kraft Ave SE<br>Grand Rapids, MI 49512 |
| <b>Licensee Telephone #:</b>   | (616) 285-0573   |
| <b>Licensee Designee:</b>      | Connie Clauson   |
| <b>Administrator:</b>          | Connie Clauson   |
| <b>Name of Facility:</b>       | Fountain View Ret Vil of Port #1                         |
| <b>Facility Address:</b>       | 7818 Kenmure Drive<br>Portage, MI 49024                  |
| <b>Facility Telephone #:</b>   | (269) 327-9595   |
| <b>Original Issuance Date:</b> | 05/02/1989   |
| <b>Capacity:</b>               | 20   |
| <b>Program Type:</b>           | AGED<br>ALZHEIMERS                                       |

## II. METHODS OF INSPECTION

Date of On-site Inspection: 08/28/2024

Date of Bureau of Fire Services Inspection if applicable: 06/14/2024

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed

2

No. of residents interviewed and/or observed

14

No. of others interviewed

1

Role: Licensee's regional director

- 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.  
A meal was not observed due to timing of renewal inspection.
- 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? 2 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:

**MCL 400.726b      Adult foster care; description of services to patients or residents with Alzheimer's disease; contents; "represents to the public" defined.**

**(1) Beginning not more than 90 days after the effective date of the amendatory act that added this section, an adult foster care large group home, an adult foster care small group home, or an adult foster care congregate facility that represents to the public that it provides inpatient or residential care or services, or both, to persons with Alzheimer's disease or related conditions shall provide to each prospective patient, resident, or surrogate decision maker a written description of the services provided by the home or facility to patients or residents with Alzheimer's disease or related conditions. A written description shall include, but not be limited to, all of the following:**

**(a) The overall philosophy and mission reflecting the needs of residents with Alzheimer's disease or related conditions.**

**(b) The process and criteria for placement in or transfer or discharge from a program for residents with Alzheimer's disease or related conditions.**

**(c) The process used for assessment and establishment of a plan of care and its implementation.**

**(d) Staff training and continuing education practices.**

**(e) The physical environment and design features appropriate to support the function of residents with Alzheimer's disease or related conditions.**

**(f) The frequency and types of activities for residents with Alzheimer's disease or related conditions.**

**(g) Identification of supplemental fees for services provided to patients or residents with Alzheimer's disease or related conditions.**

**FINDING:** Documentation was not available for review confirming the facility's prospective patients, residents, or surrogate decision makers are provided with a written description of the services provided by the facility to patients or residents with Alzheimer's disease or related conditions despite the facility advertising or marketing the facility as providing specialized Alzheimer's or dementia care services.

**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, Marchelle McKissic, did not have fingerprints completed through the Workforce Background Check, as required; despite her date of hire being identified as 07/23/2024 and Ms. McKissic being identified on the facility's August staff schedule.

**REPEAT VIOLATION ESTABLISHED**

**SEE SIR 2023A0581015, DATED 01/20/2023, CAP DATED 02/03/2023**

**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:**

**(a) Reporting requirements.**

**FINDING:** Direct care staff, Marchelle McKissic, did not have verification in her staff file confirming she completed and was competent in reporting requirements.

**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, Marchelle McKissic, did not have verification she completed first aid training, as required.

**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, Marchelle McKissic, did not have verification she completed cardiopulmonary resuscitation (CPR) training, as required.

**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:**

**(g) Prevention and containment of communicable diseases.**

**FINDING:** Direct care staff, Marchelle McKissic, did not have verification she completed a prevention and containment of communicable diseases training, as required.

**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:** Neither direct care staff, Marchelle McKissic nor Malayna Curtis, had initial physical health statements in their employee files; despite hire dates of 07/23/2024 and 07/17/2023, respectively.

**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:** There was no verification tuberculosis (TB) testing had been completed for direct care staff, Marchelle McKissic or Malayna Curtis; despite hire dates of 07/23/2024 and 07/17/2023, respectively. Additionally, direct care staff, Melvina Higgins', last TB test result was dated, 03/30/2020, which is not every three years, as required.

**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 of an annual health review for the year of 2023 for direct care staff, Melvina Higgins.

**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:**

**(f) Verification of reference checks.**

**FINDING:** Neither direct care staff, Marchelle McKissic nor Malayna Curtis, had reference checks in their employee files.

**R 400.15301**      **Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

**(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after**

**admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.**

**FINDING:** Resident health care appraisals (HCA) were not being completed annually, as required. Resident A's last HCA was dated, 06/27/2023, Resident C's last HCA was dated 03/30/2023 and Resident D's last HCA was dated 06/17/2019.

**R 400.15301      Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

**(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.**

**FINDING:** Six resident files were reviewed and none of them demonstrated the licensee, or all required persons, participated in the development of resident assessment plans as there were either no signatures on the assessment plans or the assessment plans were signed by the licensee's formerly identified "Executive Director" who had neither been appointed as the facility's Administrator as she did not meet the requirements to be Administrator nor was she designated by the licensee to sign adult foster care (AFC) documents.

Signatures of the licensee, resident and/or resident's representative and responsible agency, demonstrate all required persons have participated in the development of the written assessment plan.

Additionally, the most current assessment plans in Resident B's and Resident D's resident files were dated for the year 2022. Consequently, these assessment plans were not completed annually, as required.

**R 400.15301      Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

**(9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency, if applicable, at least annually or more often if necessary.**

**FINDING:** Four out of six resident files reviewed determined the resident's Resident Care Agreements (RCAs) were not reviewed by the licensee, as required. The RCA's were signed by either the licensee's Regional Director or the licensee's formerly identified Executive Director; neither of which have or had been appointed as the facility's Administrator or designated by the licensee to sign AFC documents.

Additionally, the most current RCA's available for review in Resident A's and Resident D's files were dated 11/21/2022 and 04/01/2022, respectively. Consequently, these RCAs were not reviewed annually, as required.

Resident E did not have an RCA available for review in her resident file, as required.

Signatures of the licensee, resident and/or resident's representative and responsible agency, demonstrate all required persons have participated in the review of the RCAs.

**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:** Resident G's bed was observed with half bed rails; however, there was no order available during the inspection authorizing the bed rails, the reason for their use, and the term of their authorization, as required.

**R 400.15310            Resident health care.**

**(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.**

**FINDING:** Monthly weights were not being recorded for multiple residents, as required.

**R 400.15312            Resident medications.**

**(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:**  
**(a) Be trained in the proper handling and administration of medication.**

**FINDING:** Direct care staff, Malayna Curtis, was identified as a medication passer on the facility's staff schedule; however, there was no verification in her employee

file she had been trained in the proper handling and administration of medication, as required.

**R 400.15315            Handling of resident funds and valuables.**

**(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.**

**FINDING:** Multiple Resident Funds I forms were not being completed by the licensee as they were either not signed by the licensee or they were signed by the licensee's former Executive Director, who was neither identified as the facility's Administrator nor was she designated to sign AFC documents.

Additionally, adult foster care payments were not being recorded on the Resident Funds II form, as required. The licensee utilizes an electronic system to track AFC payments; however, a variance has not been submitted or approved to utilize such a system.

**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:** A wooden spindle on the facility's front porch was broken. The facility's 2<sup>nd</sup> floor bathroom shower was in disrepair as the tile was damaged, cracked and broken in areas near the floor. Resident G's apartment door was damaged on the lower half with an observable crack and scraped paint. Resident G's bathroom door also was scraped paint.

**R 400.15403            Maintenance of premises.**

**(4) A roof, exterior walls, doors, skylights, and windows shall be weathertight and watertight and shall be kept in sound condition and good repair.**

**FINDING:** On or around May 7, 2024, a tornado damaged multiple areas of the facility's roof, siding, soffit and fascia. Areas of the roof were covered in a plastic type material identifying the damage and areas of the soffit were observably damaged as it was bent and buckled. The facility's Regional Director provided a copy of the contracts to repair the damages, which were in excess of \$5,000.

**R 400.15403            Maintenance of premises.**

**(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.**

**FINDING:** The laundry room flooring was in disrepair as it was torn near the floor drain. Water was observed under the torn flooring near the drain.

**R 400.15403            Maintenance of premises.**

**(15) A written report shall be made to the adult foster care licensing division of the department, the resident's designated representative, and the responsible agency within 48 hours, excluding holidays and weekends, of the occurrence of any fire and property damage of more than \$5,000.00.**

**FINDING:** On or around May 7, 2024, a tornado damaged the facility's roof, siding, soffit and fascia. The costs to repair the damages are well over \$5,000; however, the damage was not reported to the Department within 48 hours, as required.

#### IV. RECOMMENDATION

Contingent upon an acceptable corrective action plan, issuance of a provisional license is recommended due to the substantial and repeated quality of care violations.



08/30/2024

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Date

Licensing Consultant

Approved:



09/5/2024

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Date

Area Manager