



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 #: AL390016015
Fountain View Ret Vil Of Port #2
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.

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

License #:	AL390016015
Licensee Name:	Leisure Living Mgt of Portage
Licensee Address:	Suite 203 3196 Kraft Ave SE Grand Rapids, MI 49512
Licensee Telephone #:	(616) 285-0573
Licensee Designee:	Connie Clauson
Administrator:	Connie Clauson
Name of Facility:	Fountain View Ret Vil Of Port #2
Facility Address:	7818 Kenmure Drive Portage, MI 49024
Facility Telephone #:	(269) 327-9595
Original Issuance Date:	08/01/1995
Capacity:	20
Program Type:	ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection: 08/29/2024

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

3

No. of residents interviewed and/or observed

17

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, Cat Ware, did not have fingerprints completed through the Workforce Background Check, as required; despite her date of hire being July 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, Cat Ware, did not have verification in her staff file confirming she 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:

(d) Personal care, supervision, and protection.

FINDING: Direct care staff, Cat Ware, did not have verification in her staff file confirming she was competent in personal care, supervision, and protection.

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:

(e) Resident rights.

FINDING: Direct care staff, Cat Ware, did not have verification in her employee file confirming she was competent in resident rights.

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:

(f) Safety and fire prevention.

FINDING: Direct care staff, Cat Ware, did not have verification she was competent in safety and fire prevention.

REPEAT VIOLATION ESTABLISHED

SEE SIR 2022A0581011, DATED 02/04/2022, CAP DATED 03/01/2022

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, Cat Ware, did not have verification she was competent in the prevention and containment of communicable diseases, 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: Direct care staff, Jessica Kellogg, did not have an initial physical health statement in her employee file; despite a hire date of 05/14/2020.

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, Cat Ware; despite a hire date of July 2023. Additionally, direct care staff, Jessica Kellogg and Tatiana Reed, had TB test results dated 05/20/2020 and 01/08/2021, respectively, 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, Jessica Kellogg and Tatiana Reed.

**REPEAT VIOLATION ESTABLISHED
SEE RENEWAL LICENSING REPORT, DATED 12/15/2020, CAP DATED
12/17/2020**

R 400.15207 Required personnel policies.

(2) The written policies and procedures identified in subrule (1) of this rule shall be given to employees and volunteers at the time of appointment. A verification of receipt of the policies and procedures shall be maintained in the personnel records.

FINDING: Direct care staff, Cat Ware, did not have verification in her personnel file that she was in receipt of personnel policies and job description, as required.

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: Direct care staff, Jessica Kellogg, Cat Ware, and Tatiana Reed did not have verification of 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, 12/09/2022, and Resident E's last HCA was dated 07/28/2021.

Additionally, the HCA available for review in Resident D's file was not dated and there was no HCA available for review in Resident F's file.

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 C's, Resident D's and Resident E's resident files were dated 06/16/2023, 02/20/2023, and 04/06/2023, respectively. 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: Five out of six resident files reviewed determined the resident's Resident Care Agreements (RCAs) were not reviewed by the licensee, as required. The RCAs 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, Resident C's, and Resident E's files were dated 12/29/2022, 03/10/2023, and 01/01/2023, respectively. Consequently, these RCAs were not reviewed annually, as required.

Resident D 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 B's, Resident D's, Resident G's, Resident H's, and Resident I's beds were observed with half bed rails; however, there was no orders available

during the inspection authorizing these bed rails, the reason for their use, and the term of their authorizations, 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 400.15315 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: Four out of six Resident Funds I forms reviewed 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.

A Resident Funds I form was not available for review in Resident F's resident file.

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 400.15402 Food service.

(2) All food shall be protected from contamination while being stored, prepared, or served and during transportation to a facility.

FINDING: The cover on a container of cookies in the facility's pantry was not securely fastened; therefore, the cookies were exposed to spoilage and potential contamination.

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.

FINDING: Several areas within the facility's kitchen were not being kept clean. The facility's icemaker appeared to be leaking and had extensive dust on the front vents.

The facility's dishwasher was also not being kept clean and in good condition. The area beneath the dishwasher appeared rusted and/or had extensive dried liquid caked on the metal in addition to food particles and remnants.

R 400.15403 Maintenance of premises.

(3) All living, sleeping, hallway, storage, bathroom, and kitchen areas shall be well lighted and ventilated.

FINDING: Multiple ceiling lights were not functioning in the facility's shorter hallway during the inspection.

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 more than \$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 walls throughout the facility's kitchen had observable dirt and grime on them. Multiple walls had dried splattered food and liquids. The kitchen's pantry had chipped paint exposing the drywall.

The kitchen floor was not clean and in good condition, particularly near and under shelving and kitchen equipment. The kitchen floors were dirty, grimy, and littered with food debris. The areas particularly concerning were near the icemaker, beneath the racks in the pantry, under food service storage, and under the dishwasher.

These areas did not appear to have been cleaned in some time due to the presence of cobwebs, rust, and the collection of debris on the floor.

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

Cathy Cushman
Licensing Consultant

Date

Approved:



09/05/2024

Dawn Timm
Area Manager

Date