



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

September 18, 2024

Connie Clauson  
Leisure Living Management of Fremont Inc  
Suite 200  
3196 Kraft Ave SE  
Grand Rapids, MI 49512

RE: License #: AL620007296  
**Fountainview Ret Vil Fremont I**  
**102 Hillcrest Avenue**  
**Fremont, MI 49412**

Dear Mrs. Clauson:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. 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 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 or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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 (616) 356-0183.

Sincerely,



Rebecca Piccard, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 446-5764

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL620007296
<b>Licensee Name:</b>	Leisure Living Management of Fremont Inc
<b>Licensee Address:</b>	Suite 200 3196 Kraft Ave SE Grand Rapids, MI 49512
<b>Licensee Telephone #:</b>	(616) 285-0573
<b>Licensee/Licensee Designee:</b>	Connie Clauson
<b>Administrator:</b>	Shelley McDonald
<b>Name of Facility:</b>	Fountainview Ret Vil Fremont I
<b>Facility Address:</b>	102 Hillcrest Avenue Fremont, MI 49412
<b>Facility Telephone #:</b>	(231) 924-5050
<b>Original Issuance Date:</b>	11/23/1988
<b>Capacity:</b>	20
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/10/2024

Date of Bureau of Fire Services Inspection if applicable: 04/16/2024

Date of Health Authority Inspection if applicable: 09/10/2024

No. of staff interviewed and/or observed 5

No. of residents interviewed and/or observed 8

No. of others interviewed 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.
- Corrective action plan compliance verified? Yes ☐ CAP date/s and rule/s:  
N/A ☒
- Number of excluded employees followed-up? 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 400.15204            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.**
- (b) First aid.**
- (c) Cardiopulmonary resuscitation.**
- (d) Personal care, supervision, and protection.**
- (e) Resident rights.**
- (f) Safety and fire prevention.**
- (g) Prevention and containment of communicable diseases.**

**FINDINGS:** While conducting the renewal inspection I discovered that staff files were not organized in a way to show when trainings were completed. Some First Aid/CPR trainings certificates were expired. Home Manager Shelley McDonald did not have a form of tracking for when trainings were completed or when trainings were due, or other way to show completed trainings.

**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.**

**FINDINGS:** While conducting the renewal inspection I discovered that some staff files did not include statements of health by a physician at the beginning of their employment, nor yearly attestation by staff that they were fit to perform the work in an AFC home thereafter. Home Manager Shelley McDonald did not have an answer as to why they were missing

**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.**

(4) A licensee shall provide the department with written evidence that he or she and the administrator have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken. The results of subsequent testing shall be verified every 3 years thereafter.

**FINDINGS:** While conducting the renewal inspection I discovered that some staff files did not include complete TB testing showing results of the test. Baruch staff nurse completes the TB tests so Ms. McDonald did not know why the TB results were not present in the file.

**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.

**FINDINGS:** While conducting the renewal inspection I discovered that many resident files did not include completed and updated Resident Health Care Appraisals. Ms. McDonald stated she has a spreadsheet and stated at least half of the residents do not have an updated Health Care Appraisal. She did not provide an acceptable reason as to why these were not done.

**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.

**FINDINGS:** While conducting the renewal inspection I discovered that several resident files did not include completed and updated Resident Assessment Plans. Ms. McDonald did not have a reason as to why these were not completed and in the file.

On September 18, 2024, I conducted an exit conference with Designee Connie Clauson. We discussed the findings and I requested a Corrective Action Plan (CAP) for the rule violations found. She understood and agreed to send the CAP and had no further questions.

#### **IV. RECOMMENDATION**

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.



September 18, 2024

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Rebecca Piccard  
Licensing Consultant

Date

