



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 17, 2024

Connie Clauson
Pleasant Homes I L.L.C.
Suite 203
3196 Kraft Ave SE
Grand Rapids, MI 49512

RE: License #: AL390007095
Park Place Living Centre #D
4222 S Westnedge
Kalamazoo, MI 49008

Dear Connie 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 (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 #:	AL390007095
Licensee Name:	Pleasant Homes I L.L.C.
Licensee Address:	Suite 203 3196 Kraft Ave SE Grand Rapids, MI 49512
Licensee Telephone #:	(616) 285-0573
Licensee Designee:	Connie Clauson
Administrator:	Janet White
Name of Facility:	Park Place Living Centre #D
Facility Address:	4222 S Westnedge Kalamazoo, MI 49008
Facility Telephone #:	(269) 388-7303
Original Issuance Date:	09/21/1989
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection: 07/17/2024

Date of Bureau of Fire Services Inspection if applicable: 04/25/2024

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 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? 3 N/A ☐
- Variances? Yes ☒ (please explain) No ☐ N/A ☐
The licensee was granted a variance to R 400.15315(3) on 06/15/2022 to use the licensee's own electronic system to track Adult Foster Care payments rather than the Department's Resident Funds II form.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

R 400.15312 Resident medications.

(2) Medication shall be given, taken, or applied pursuant to label instructions.

FINDING: Upon review of multiple resident's July 2024 electronic Medication Administration Records (eMARs), residents were not receiving their medications, as required, because it was documented medications were not in the facility.

According to documentation on Resident A's generated July eMAR, she was prescribed the following medication, but the eMAR notations of "on order", "none", "Out of order", "medication not available", "out", and "not in cart" indicated the medication was not administered:

- Atorvastatin 20 MG tablet, to be administered by taking 1 tablet by mouth once daily at bedtime. This medication was not administered to Resident A on 07/01, 07/03, and 07/04.
- Donepezil HCL 10 MG tablet, to be administered by taking 1 tablet by mouth at bedtime. This medication was not administered to Resident A on 07/01 or 07/02.
- Omeprazole 40 MG capsule, to be administered by taking 1 capsule by mouth every morning before breakfast. This medication was not administered to Resident A on 07/02.

According to documentation on Resident B's generated July eMAR, she was prescribed the following medication, but the eMAR notations of "med on order" and "not in cart/on order" indicated the medication was not administered:

- Calcium 600 MG-VIT D3 5 MCG TB, to be administered by taking 1 tablet by mouth once daily. This medication was not administered to Resident B on 07/03, 07/04, and 07/05.

According to documentation on Resident C's generated July eMAR, he was prescribed the following medication, but the eMAR notations of "med not available will call daughter", "out", "not in cart", "medication not available", "awaiting delivery by family" indicated the medication was not administered:

- Xarelto, to be administered by taking 1 tablet by mouth every day with food. This medication was not administered to Resident C on 07/05.
- Areda 2, to be administered by giving one tablet in AM and giving one tablet at bedtime. This medication was not administered to Resident C at 8 am on 07/04, 8 pm on 07/04, 8 am on 07/05, 8 pm on 07/05, 8 am on 07/06, 8 pm on 07/06, 8 pm on 07/07, 8 am on 07/08, 8 pm on 07/08, 8 am on 07/09, 8 pm on 07/09, 8 am on 07/10, 8 pm on 07/10, 8 am on 07/11, 8 pm on 07/11, and 8 am on 07/12.

According to documentation on Resident D's generated July eMAR, she was prescribed the following medication, but the eMAR notations of "medication not available" and "med on order still waiting on practitioner" indicated the medication was not administered:

- Hydrocodone – APAP 5-325 MG tab, to be administered by taking 1 tablet by mouth four times daily. This medication was not administered to Resident D at 8 pm on 07/03, 8 am on 07/04, 12 pm on 07/04, 4 pm on 07/04, or 8 pm on 07/04.

According to documentation on Resident E's generated July eMAR, he was prescribed the following medication, but the eMAR notations of "not in cart/on order" and "medication not available" indicated the medication was not administered:

- Meclizine 12.5 MG tablet, to be administered by taking 1 tablet by mouth three times daily and three times daily as needed**OTC BOTTLES**. This medication was not administered to Resident E at 8 pm on 07/04, 8 am on 07/05, 2 pm on 07/05, or 8 pm on 07/05.

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: An extension cord was observed in bedroom 16; however, after the inspection, the Administrator sent picture proof the extension cord had been removed and replaced with a power strip.

IV. RECOMMENDATION

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



07/17/2024

Cathy Cushman
Licensing Consultant

Date