



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

October 13, 2024

Cavel Young  
Comfort Living Home L.L.C.#3  
2111 North Drake  
Kalamazoo, MI 49006

RE: License #: AM140409800  
**Comfort Living Home L.L.C. #3**  
**50253 M-51 N**  
**Dowagiac, MI 49047**

Dear Ms. Young:

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.

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.

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,

*Nile Khabeiry, LMSW*

Nile Khabeiry, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503

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

**I. IDENTIFYING INFORMATION**

**License #:** AM140409800

**Licensee Name:** Comfort Living Home L.L.C.#3

**Licensee Address:** 2111 North Drake  
Kalamazoo, MI 49006

**Licensee Telephone #:** (269) 760-1182

**Licensee/Licensee Designee:** Cavel Young

**Administrator:** Cavel Young

**Name of Facility:** Comfort Living Home L.L.C. #3

**Facility Address:** 50253 M-51 N  
Dowagiac, MI 49047

**Facility Telephone #:** (269) 760-1182

**Original Issuance Date:** 02/02/2022

**Capacity:** 10

**Program Type:** PHYSICALLY HANDICAPPED  
DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
AGED  
TRAUMATICALLY BRAIN INJURED  
ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 8/1/2024

Date of Bureau of Fire Services Inspection if applicable: 12/11/23

Date of Health Authority Inspection if applicable: 4/18/24

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 6

No. of others interviewed 0 Role: N/A

- 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. Funds not held by the facility
- 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:

**MCL 400.734**

**Criminal Background Checks. REPEAT VIOLATION**

Employing or contracting with certain employees providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; failure to conduct criminal history check; automated fingerprint identification system database; report to legislature; costs; definitions.

**FINDINGS:** No workforce background check for Staff #1. Background check for Staff #2 and Staff #3 completed for the wrong facility.

**R 400.14103**

**Licenses; required information; fee; effect of failure to cooperate with inspection or investigation; posting of license; reporting of changes in information.**

(4) The current license, whether regular, provisional, or temporary, shall be posted in the home and shall be available for public inspection.

**FINDINGS:** License not posted in the facility.

**R 400.14201**

**Qualifications of administrator, direct care staff, licensee, and members of household; provision of names of employee, volunteer, or member of household on parole or probation or convicted of felony; food service staff.**

(2) A licensee shall have the financial and administrative capability to operate a home to provide the level of care and program stipulated in the application.

**FINDINGS:** Licensee expressed being very nervous prior to the inspection and was incapable of having the staff files in the facility for review.

**R 400.14204**

**Direct care staff; qualifications and training. REPEAT VIOLATION**

(2) Direct care staff shall possess all of the following qualifications:

(b) First aid.

(b) Cardiopulmonary resuscitation.

**FINDINGS:** Staff #2 did not have verification of first aid or CPR training.

**R 400.14205**

**Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household. REPEAT VIOLATION**

(2) A licensee shall have, on file with the department, 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 the licensee and administrator. The statement shall be signed within 6 months before the issuance of a temporary license and at any other time requested by the department.

**FINDINGS:** There were no pre-employment physicals for staff in their files.

**R 400.14205**

**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.

**FINDINGS:** No TB tests for Staff #1 and Staff #2.

**R 400.14301**

**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:** Resident A's Health Care Appraisal

**R 400.14301**

**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:** Resident B's Assessment Plan was not signed.

**R 400.14312**

**Resident medications.**

(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being S333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.

**FINDINGS:** The facility was unable to locate one medication for Resident A despite having passed it the morning of the inspection.

**R 400.14401**

**Environmental health. REPEAT VIOLATION**

(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.

**FINDINGS:** The water temperature was 98.4 degrees Fahrenheit.

**R 400.14403**

**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.

**FINDINGS:** Gutter in the rear of the home was falling off the home.

**R 400.14403**

**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.

**FINDINGS:** One bedroom and a sitting room was not fully painted and the light switch plates were missing.



#### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license is recommended.

*Nile Khabeiry, LMSW*

10/13/24

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Nile Khabeiry  
Licensing Consultant

Date