



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 30, 2024

Rose Ogolla
Precious Care Assisted Living, LLC
720 W. Walnut Street
Kalamazoo, MI 49007

RE: License #: AS390406106
Comstock Assisted Living
1155 N. 26th St.
Kalamazoo, MI 49004

Dear Rose Ogolla:

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, appearing to read "Eli DeLeon". The signature is fluid and cursive, with a long horizontal stroke at the end.

Eli DeLeon, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(269) 251-4091

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

I. IDENTIFYING INFORMATION

License #: AS390406106

Licensee Name: Precious Care Assisted Living, LLC

Licensee Address: 720 W. Walnut Street
Kalamazoo, MI 49007

Licensee Telephone #: (269) 414-8013

Licensee/Licensee Designee: Rose Ogolla

Administrator: Rose Ogolla

Name of Facility: Comstock Assisted Living

Facility Address: 1155 N. 26th St.
Kalamazoo, MI 49004

Facility Telephone #: (269) 365-9698

Original Issuance Date: 04/01/2022

Capacity: 6

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

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/19/2024

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 3

No. of others interviewed 0 Role: 0

- 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 in non-compliance with the following rules and requirements:

R 400.14306 Use of assistive devices.
(2) An assistive device shall be specified in a resident's written assessment plan and agreed upon by the resident or the resident's designated representative and the licensee.

Resident A did not have the bed railing installed on his bed identified and agreed upon in his written assessment plan.

R 400.14306 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.

Resident A did not have a prescription from a physician for the bed railing installed on his bed.

IV. RECOMMENDATION

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



Eli DeLeon
Licensing Consultant

Date