



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

December 13, 2024

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

RE: License #: AL390007095
Investigation #: 2025A0581008
Park Place Living Centre #D

Dear Connie Clauson:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. 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 time frames 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 responsible party and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (517) 284-9730.

Sincerely,

A handwritten signature in black ink that reads "Cathy Cushman". The signature is written in a cursive, flowing style.

Cathy Cushman, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(269) 615-5190

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
SPECIAL INVESTIGATION REPORT**

I. IDENTIFYING INFORMATION

License #:	AL390007095
Investigation #:	2025A0581008
Complaint Receipt Date:	10/24/2024
Investigation Initiation Date:	10/25/2024
Report Due Date:	12/23/2024
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
Administrator:	Janet White
Licensee Designee:	Connie Clauson
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
License Status:	REGULAR
Effective Date:	07/30/2024
Expiration Date:	07/29/2026
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED ALZHEIMERS AGED

II. ALLEGATION

	Violation Established?
Facility is not in compliance with Bureau of Fire Safety rules.	Yes

III. METHODOLOGY

10/24/2024	Special Investigation Intake 2025A0581008
10/24/2024	Referral - Office of Fire Safety - Bureau of Fire Services (BFS) submitted report documenting disapproval of fire safety rules.
10/25/2024	Special Investigation Initiated – Telephone - Interview with BFS inspector, Ken Howe.
10/30/2024	Inspection Completed On-site - Observed facility. Interviewed maintenance director, Dan Foster.
11/12/2024	Inspection Completed On-site - Observed facility again. Interviewed Dan Foster.
11/12/2024	Contact - Telephone call made - Interview with Ken Howe, BFS
11/13/2024	Inspection Completed-BCAL Sub. Compliance
12/10/2024	Contact – Telephone call received – Interview with Ken How, BFS.
12/12/2024	Exit conference with licensee designee, Connie Clauson.
12/13/2024	APS Referral not required. No allegation of abuse or neglect.

ALLEGATION: Facility is not in compliance with Bureau of Fire Safety rules.

INVESTIGATION: On 10/24/2024, I received a disapproved inspection report from the Bureau of Fire Services (BFS). The BFS report completed by BFS inspector, Ken Howe, dated 10/09/2024, documented the following:

“A fire safety inspection was completed on this date. The fire safety certification has been disapproved because the integrity of the required 2-hour fire rated separation between this building and Building E has not been restored.

During this inspection, it was revealed project PR2024BFS-001455 submitted to restore the integrity of the required 2-hour fire rated separation between Buildings D&E has not been completed to date. The project was submitted following the 2/22/24 recheck inspection and received BFS Plan Review Division approval on 4/25/24. However, there have been no requests for project inspection forwarded to BFS Field Services Division to date.

As for the remaining deficiencies identified below, please submit to this office a written plan of correction. The plan must specify how each deficiency was or will be corrected as well as how the facility will deter reoccurrence of each deficiency identified. All corrections must have an expected date of compliance.”

Also documented in the BFS report were the following additional deficiencies:

- Room 15 was observed to have an extension cord in use by the television.
- There was no fire watch procedure regarding fire alarm system outage for 4-hours or more during a 24-hour period available at time of inspection.
- There was no fire watch procedure regarding fire sprinkler system outage for 4-hours or more during a 24-hour period available at time of inspection.
- There were no records of monthly fire extinguisher inspections available at time of inspection.
- There were no records of bi-monthly staff reviews of the emergency plan available at time of inspection.
- There was no record of an annual review of the emergency plan available at time of inspection.
- The emergency plan was not available for review at time of inspection.
- There was no record of an annual 90-minute test of the emergency light fixtures.
- There was only one record dated 3/21/24 of a monthly 30-second test available at time of inspection.

On 10/25/2024, I interviewed BFS inspector, Ken Howe, via telephone. Ken Howe stated he had not received an acceptable Corrective Action Plan (CAP) for the deficiencies documented in the report and had not conducted a follow up inspection because the fire wall had not been completed.

On 10/30/2024, I conducted an unannounced inspection of the facility. I interviewed the facility's Director of Maintenance, Dan Foster, who stated the two hour fire wall construction in building D would begin the first week of November with completion expected to take a week.

On 11/12/2024, I conducted an unannounced follow-up inspection. Dan Foster stated the old wall was removed and the new wall was built; however, it was not finished as the construction company was in the process of obtaining permits through the City of Kalamazoo. Pictures were taken of the fire wall and forwarded to BFS inspector, Ken Howe.

On 11/13/2024, I received an email from BFS inspector, Ken Howe, which documented the facility's Administrator, Janet White, submitted paperwork and corrective measures for the facility; however, Ken Howe documented because the building was disapproved, he would not review the paperwork or complete a recheck annual inspection until the fire rated wall project was completed.

On 12/10/2024, Ken Howe stated he visited the facility that day, along with the City of Kalamazoo building inspector and the contractor who was in charge of the two hour fire wall construction. Ken Howe stated the two hour fire wall had been built and the permits had been obtained; however, the wall was still not completed. He stated the contractor expected completion of the wall the following week, which at that time Ken Howe stated he would return and issue an approval.

APPLICABLE RULE	
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.

ANALYSIS:	Based on my review of the Bureau of Fire Safety (BFS) report, dated 10/09/2024, which was completed by BFS inspector, Ken Howe, the facility was not in compliance with Bureau of Fire Safety rules because the integrity of the required two hour fire rated separation between the facility and Building E had not been restored. Though the construction of the fire wall has started, the facility remains out of compliance with BFS rules and will not receive an approved inspection report until the wall is completed.
CONCLUSION:	VIOLATION ESTABLISHED

On 12/12/2024, I conducted the exit conference with the licensee designee, Connie Clauson, via email. I explained my findings and allowed her an opportunity to ask questions or make comments.

IV. RECOMMENDATION

Upon receipt of an acceptable plan of correction, I recommend no change in the current license status.

Cathy Cushman

12/12/2024

Cathy Cushman
Licensing Consultant

Date

Approved By:

Dawn Timm

12/13/2024

Dawn N. Timm
Area Manager

Date