



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

March 21, 2025

Megan Fry  
MCAP Mt. Pleasant OPCO, LLC  
Suite 115  
21800 Haggerty Rd  
Northville, MI 48167

RE: License #: AL370404604  
**Prestige Centre I**  
**5785 E Broadway**  
**Mt. Pleasant, MI 48858**

Dear Ms. Fry:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- You are to submit documentation of compliance by completing on-going trainings and submitting a copy of the OTC medication policy by 4/4/25.

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 cursive script that reads 'Jennifer Browning'.

Jennifer Browning, Licensing Consultant  
Bureau of Community and Health Systems  
browningj1@michigan.gov - 989-444-9614

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL370404604
<b>Licensee Name:</b>	MCAP Mt. Pleasant OPCO, LLC
<b>Licensee Address:</b>	Suite 115 21800 Haggerty Rd Northville, MI 48167
<b>Licensee Telephone #:</b>	(989) 773-9421
<b>Licensee Designee:</b>	Megan Fry
<b>Administrator:</b>	Megan Fry
<b>Name of Facility:</b>	Prestige Centre I
<b>Facility Address:</b>	5785 E Broadway Mt. Pleasant, MI 48858
<b>Facility Telephone #:</b>	(989) 773-9421
<b>Original Issuance Date:</b>	11/02/2020
<b>Capacity:</b>	20
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/20/2025

Date of Bureau of Fire Services Inspection if applicable: 01/10/2025

Date of Health Authority Inspection if applicable: Not applicable

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 15

No. of others interviewed 1 Role: Z. Fisher -Regional director

- 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. There are no personal funds on-site.
- 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 400.15203**

#### **Administrator; qualifications.**

**(1) A licensee and an administrator shall complete the following educational requirements specified in subdivision (a) or (b) of this subrule, or a combination thereof, on an annual basis:**

**(a) Participate in, and successfully complete, 16 hours of training designated or approved by the department that is relevant to the licensee's admission policy and program statement.**

**(b) Have completed 6 credit hours at an accredited college or university in an area that is relevant to the licensee's admission policy and program statement as approved by the department.**

Licensee designee Megan Fry did not complete 16 hours of training each year.

#### **R 400.15312**

#### **Resident medications.**

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

Resident A did not have her PRN Tylenol 325 tab available in the facility. The order was completed on 2/13/2025 however her family was supposed to bring the medication and has not done so.

A corrective action plan was requested and approved on 03/20/2025. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

#### IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.

*Jennifer Browning*

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Jennifer Browning  
Licensing Consultant

\_\_\_\_\_  
03/21/2025

\_\_\_\_\_  
Date