



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 27, 2025

Nigel Jordon
Above and Beyond Care, LLC
3287 Stormy Creek Dr., SE
Kentwood, MI 49512

RE: License #: AS410311728
Above and Beyond Care LLC

Dear Mr. Jordon:

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 (616) 356-0100.

Sincerely,

Cassandra Duursma, Licensing Consultant
Bureau of Community and Health Systems
350 Ottawa, N.W., Unit 13
Grand Rapids, MI 49503
(269) 615-5050

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

I. IDENTIFYING INFORMATION

License #:	AS410311728
Licensee Name:	Above and Beyond Care, LLC
Licensee Address:	3287 Stormy Creek Dr., SE Kentwood, MI 49512
Licensee Telephone #:	(508) 203-0654
Licensee Designee:	Nigel Jordon
Administrator:	Nigel Jordon
Name of Facility:	Above and Beyond Care LLC
Facility Address:	3287 Stormy Creek Dr. SE Kentwood, MI 49512
Facility Telephone #:	(508) 203-0654
Original Issuance Date:	01/12/2011
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 6/20/25

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 1

No. of residents interviewed and/or observed 2

No. of others interviewed 1 Role: Licensee Designee

- 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.
Inspection ended prior to meal time, food storage and kitchen observed.
- 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. Not available in home, corrective action requested below.
- 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

During the inspection the following violations were found:

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.

At the time of the renewal inspection, Resident A did not have an assessment plan on file. Resident B's assessment plan did not have the necessary signatures confirming it was completed with the necessary parties. Resident C's assessment plan was dated from 2017.

R 400.14301 **Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

(9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency, if applicable, at least annually or more often if necessary.

At the time of the inspection, Resident A and Resident B's resident care agreements did not have dated signatures indicating when it was completed. Resident C's care agreement was dated from 2017.

R 400.14210 **Resident register.**

Rule 210. A licensee shall maintain a chronological register of residents who are admitted to the home. The register shall include all of the following information for each resident:

- (a) Date of admission.**
- (b) Date of discharge.**
- (c) Place and address to which the resident moved, if known.**

At the time of inspection, a resident register was not maintained in the home.

R 400.14208

Direct care staff and employee records.

(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:

- (e) Verification of experience, education, and training.**
- (f) Verification of reference checks.**

At the time of inspection, verification of employee experience/education/training and of reference checks were not maintained in the employee files.

R 400.14208

Direct care staff and employee records.

(3) A licensee shall maintain a daily schedule of advance work assignments, which shall be kept for 90 days. The schedule shall include all of the following information:

- (a) Names of all staff on duty and those volunteers who are under the direction of the licensee.**
- (b) Job titles.**
- (c) Hours or shifts worked.**
- (d) Date of schedule.**
- (e) Any scheduling changes.**

At the time of the inspection, employee schedules were not maintained in the home.

R 330.1803

Facility environment; fire safety.

(6) Evacuation assessments shall be conducted within 30 days after the admission of each new client and at least annually thereafter. The specialized program shall forward a copy of each completed assessment to the responsible agency and retain a copy in the home for inspection. A home that is assessed as having an evacuation difficulty index of "impractical" using appendix f of the life safety code of the national fire protection association shall have a period of 6 months from the date of the finding to do either of the following:

- (a) Improve the score to at least the "slow" category**

At the time of the inspection, evacuation assessments (E-Scores) were not maintained in the home.

On 6/20/25, I completed an exit conference with Mr. Jordan who did not dispute my findings or recommendations. On 6/20/25, I provided training resources and materials to Mr. Jordan and advised I could complete on-site training with him or staff if needed. Mr.

Jordan agreed to review the materials. On 6/27/25, I confirmed the specific rule violations with Mr. Jordan.

IV. RECOMMENDATION

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

Cassandra Duursma

6/27/25

Cassandra Duursma
Licensing Consultant

Date