



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

January 8, 2026

Pamela Reese and Todd Dockerty
Kauhale Otsego
700 Eley Street
Otsego, MI 49078

RE: License #: AH030413477
Kauhale Otsego
700 Eley Street
Otsego, MI 49078

Dear Pamela Reese and Todd Dockerty:

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 action plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result. Please review the enclosed documentation for accuracy and contact me with any questions. In the event I am not available, and you need to speak to someone immediately, please feel free to contact the local office at (517) 335-5985.

Sincerely,

A handwritten signature in cursive script, appearing to read "Julie Viviano".

Julie Viviano, Licensing Staff
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 #:	AH030413477
Licensee Name:	Kauhale Otsego, LLC
Licensee Address:	72 Dorchester Square N Westerville, OH 43081
Licensee Telephone #:	(330) 289-0971
Authorized Representative:	Pamela Reese
Administrator/Licensee Designee:	Pamela Reese
Name of Facility:	Kauhale Otsego
Facility Address:	700 Eley Street Otsego, MI 49078
Facility Telephone #:	(269) 694-1621
Original Issuance Date:	05/18/2023
Capacity:	56
Program Type:	AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 1/5/2026

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

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 1/5/2026

No. of staff interviewed and/or observed 11

No. of residents interviewed and/or observed 23

No. of others interviewed 0 Role N/A

- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication records(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain. The home does not keep resident funds in trust.
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
Reviewed disaster plans along with interviewed staff on policies and procedures.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes IR date/s: N/A
- Corrective action plan compliance verified? Yes CAP date/s and rule/s: N/A
- Number of excluded employees followed up? 0 N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

R 325.1923	Employee's health.
	(2) A home shall provide initial tuberculosis screening at no cost for its employees. New employees shall be screened within 10 days of hire and before occupational exposure.
ANALYSIS:	Review of 8 employee records revealed that while employees received the TB screenings, two of the employees TB screenings were completed outside of the 10 days of hire. Therefore, the facility is in violation.
CONCLUSION:	VIOLATION ESTABLISHED

R 325.1931	Employees; general provisions.
	(5) The home shall have adequate and sufficient staff on duty at all times who are awake, fully dressed, and capable of providing for resident needs consistent with the resident service plans.
ANALYSIS:	Review of the working staff schedules from October 2025 to January 2026 revealed multiple call-ins across all shifts, shifts not filled, and that there were not enough staff assigned and/or working third shift during this time. Therefore, the facility is in violation.
CONCLUSION:	VIOLATION ESTABLISHED

R 325.1932	Resident medications.
	(2) The giving, taking, or applying of prescription medications shall be supervised by the home in accordance with the resident's service plan.
ANALYSIS:	During the onsite inspection, a medication cart in the memory care unit was found unlocked and unattended, making it easily

	accessible to anyone in the facility. Therefore, the facility is in violation.
CONCLUSION:	VIOLATION ESTABLISHED

R 325.1954	Meal and food records.
	The home shall maintain a record of the meal census, to include residents, personnel, and visitors, and a record of the kind and amount of food used for the preceding 3-month period.
ANALYSIS:	Inspection revealed the meal census and food records from October 2025 to January 2026 were incomplete and/or missing entries. It could not be determined the kind of food or the amount of food that was served during the preceding 3-month period. Therefore, the facility is in violation.
CONCLUSION:	VIOLATION ESTABLISHED

R 325.1975	Laundry and linen requirements.
	(1) A new construction, addition, major building change, or conversion after November 14, 1969 shall provide all of the following: (a) A separate soiled linen storage room. (b) A separate clean linen storage room.
ANALYSIS:	Inspection revealed that the facility does not have a designated clean linen storage area. Clean linens were found stored on top of mobile linen carts. This poses a risk for cross-contamination. Inspection also revealed soiled linen items are stored along side the garbage receptacle area. The soiled linens do not have a designated storage space, and this poses a risk for cross-contamination. Therefore, the facility is in violation.
CONCLUSION:	VIOLATION ESTABLISHED

R 325.1976	Kitchen and dietary.
	(13) A multi-use utensil used in food storage, preparation, transport, or serving shall be thoroughly cleaned and sanitized after each use and shall be handled and stored in a manner which will protect it from contamination.
ANALYSIS:	Review of the dishwasher sanitization logs from October 2025 to January 2026 revealed incomplete and/or blank entries of dishwasher sanitization temperatures. It could not be determined if the dishwasher was tested thoroughly to ensure cleanliness and sanitization of dishware and utensils due to the incomplete and/or blank entries. Therefore, the facility is in violation.
CONCLUSION:	VIOLATION ESTABLISHED

R 325.1976	Kitchen and dietary.
	(3) The kitchen and dietary area shall be restricted to kitchen and dietary activities.
ANALYSIS:	Inspection of the kitchen and dietary area revealed that employee personal belongings such as extra pairs of shoes, coats, winter wear, and a satchel were found in the kitchen and in the dry food storage area. Employees must keep all personal belongings in the designated employee area. Personal belongings cannot be kept or stored in the kitchen and dietary areas. Therefore, the facility is in violation.
CONCLUSION:	VIOLATION ESTABLISHED

R 325.1976	Kitchen and dietary.
	(6) Food and drink used in the home shall be clean and wholesome and shall be manufactured, handled, stored, prepared, transported, and served so as to be safe for human consumption.

ANALYSIS:	<p>Inspection revealed multiple food items were found unlabeled in the main kitchen refrigerator, freezer, and dry food storage area. These items were not labeled with the appropriate open date, and it could not be determined if the food items were safe for human consumption. An open date must be placed on all food items served to residents in the facility once opened.</p> <p>Also, scoops were found stored in the flour container and sugar container in the dry food storage area. Scoops cannot be stored in food containers, as this poses a risk for cross-contamination. Therefore, the facility is in violation.</p>
CONCLUSION:	VIOLATION ESTABLISHED

R 325.1976	Kitchen and dietary.
	(8) A reliable thermometer shall be provided for each refrigerator and freezer.
ANALYSIS:	Inspection revealed residents with refrigerators in their apartments were missing a reliable thermometer for the refrigerator and freezer. Therefore, the facility is in violation.
CONCLUSION:	VIOLATION ESTABLISHED

R 325.1979	General maintenance and storage.
	(3) Hazardous and toxic materials shall be stored in a safe manner.
ANALYSIS:	Inspection revealed hazardous and toxic chemicals were found easily accessible on a housekeeping cart in the assisted living unit and the memory care unit of the facility. Sharp items such as scissors and other items that can be considered hazardous and toxic if ingested were found easily accessible to anyone in the assisted living area because the activities room was left unlocked and unattended. Also, a cabinet in the activities room that contained alcohol was found unlocked and easily accessible to anyone in the assisted living area. Hazardous and/or toxic items and/or chemicals that are easily accessible to anyone in the facility present a potential risk of ingestion, harm,

	and/or injury to residents in the home with impaired cognition and/or function. Therefore, the facility is in violation.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Due to the violations found, an acceptable corrective action plan is requested and due by 1/23/2026.

John Marino

1/8/2026

Licensing Consultant Date