



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

April 6, 2026

Patti Holland  
801 W Geneva Dr.  
Dewitt, MI 48820

RE: License #: AM330073582  
**Simken Adult Foster Care**  
**3600 Simken**  
**Lansing, MI 48910**

Dear Patti Holland:

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.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable.

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) 335-5985.

Sincerely,

A handwritten signature in cursive script that reads "Ondrea Johnson".

Ondrea Johnson, Licensing Consultant  
Bureau of Community and Health Systems

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

**I. IDENTIFYING INFORMATION**

**License #:** AM330073582

**Licensee Name:** Patti Holland

**Licensee Address:** 801 W Geneva Dr.  
Dewitt, MI 48820

**Licensee Telephone #:** (517) 669-8457

**Licensee Designee:** Patti Holland

**Administrator:** Patti Holland

**Name of Facility:** Simken Adult Foster Care

**Facility Address:** 3600 Simken  
Lansing, MI 48910

**Facility Telephone #:** (517) 394-3058

**Original Issuance Date:** 03/12/1997

**Capacity:** 12

**Program Type:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
ALZHEIMERS  
AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/24/2026

Date of Bureau of Fire Services Inspection if applicable: 9/10/25

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 4

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

**R 400.629                      Direct care staff; qualifications and training.**

**(4) Direct care staff shall possess all of the following qualifications before working independently:**

**(a) Be capable of meeting the physical, emotional, intellectual, and social needs of each resident.**

FINDINGS: Employee Autica Allen does not have verification of a background check for the facility.

**R 400.629                      Direct care staff; qualifications and training.**

**(5) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be trained and competent in all of the following areas before performing assigned tasks independently:**

**(a) Reporting requirements.**

**(b) First aid.**

**(c) Cardiopulmonary resuscitation, which includes a hands-on demonstration as part of the training.**

**(f) Safety and fire prevention.**

FINDINGS: Autica Allen does not have CPR, First Aid, Reporting Requirements, Fire Safety and Prevention training verification for the department to review.

**R 400.631                      Health screenings.**

**(2) A licensee shall have on file a statement signed by a licensed physician or physician's designee attesting to the physical health of the licensee, staff, and members of the household. Statements for the licensee and administrator must be signed no more than 6 months before the issuance of a temporary license and at any other time requested by the department. Statements for staff and members of the household must be obtained within 30 days of employment start date, assumption of duties, or occupancy in the facility.**

FINDINGS: Employee Autica Allen does not have a health statement by a physician on file within 30 days of her employment start date.

**R 400.631**

**Health screenings.**

(5) A licensee shall maintain documentation of a baseline screening for communicable diseases and records of illness on hiring. Staff who have direct physical contact with residents or resident food may perform those duties only when they are noninfectious or when proper precautions are taken to prevent the spread of a communicable disease. A licensee shall follow a staff's health care professional or local health department guidance on controlling the spread of a communicable disease when identified.

FINDINGS: Employee Autica Allen does not have documentation of a baseline screening for communicable diseases.

**R 400.637**

**Handling of resident funds and valuables.**

(15) A licensee shall have a written refund agreement with a resident or a resident's designated representative. The agreement must state under what conditions a refund of the unused portion of the monthly charge that is paid to the facility is returned to the resident or resident's designated representative.

FINDINGS: Licensee does not have a written refund agreement that should be signed by all residents/designated representatives and maintained in each resident record.

**R 400.645**

**Environmental health.**

(3) A licensee shall provide hot and cold running water under pressure. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the fixture.

FINDINGS: Water temperature at kitchen faucet exceeds 120 Fahrenheit degrees.

**R 400.647**

**Safety and maintenance of premises.**

(1) A facility must be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

(2) Home furnishings and housekeeping standards must present a comfortable, clean, and orderly appearance.

FINDINGS: Resident A's bedroom unclean and unordered. Resident B has a lighter stored in his bedroom and this resident was found smoking marijuana in his room. Holes are found in Resident B's and Resident C's bedroom walls. Resident bedrooms and entry/exit doors unclean. Entryway stairway rails need to be painted and do not have a clean appearance.

**R 400.685**

**Resident admission; resident assessment plan; resident care agreement; health care appraisal.**

(10) A resident or resident's designated representative shall provide a written health care appraisal or a medical discharge summary by an appropriate health care professional that is completed within the 90-day period before admission. A written health care appraisal must be completed at least annually thereafter. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be completed no later than 30 days after admission.

FINDINGS: Resident D does not have an updated health care appraisal for the department to review

A corrective action plan was requested and approved on 04/01/2026. 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.



Ondrea Johnson  
Licensing Consultant

4/6/2026  
Date