



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 8, 2026

Rachel Mol and Teunis Mol
3026 Witters Ct.
Portage, MI 49024

RE: License #: AF390338387
Bethesda Ranch
3026 Witters Ct.
Portage, MI 49024

Dear Rachel Mol and Teunis Mol:

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 (517) 335-5985.

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

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

I. IDENTIFYING INFORMATION

License #:	AF390338387
Licensee Name:	Rachel Mol and Teunis Mol
Licensee Address:	3026 Witters Ct. Portage, MI 49024
Licensee Telephone #:	(269) 903-2237
Licensee Designee:	N/A
Administrator:	N/A
Name of Facility:	Bethesda Ranch
Facility Address:	3026 Witters Ct. Portage, MI 49024
Facility Telephone #:	(269) 903-2237
Original Issuance Date:	01/03/2014
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection: 06/05/2026

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

Date of Health Authority Inspection if applicable: 02/19/2026

No. of staff interviewed and/or observed 1
No. of residents interviewed and/or observed 6
No. of others interviewed N/A Role: [REDACTED]

- 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 400.619 Emergency preparedness plan.

(2) An emergency preparedness plan must include all of the following:

(c) Locations of alarm signals and fire extinguishers.

FINDING: The licensee's emergency preparedness plan did not include the location of alarm signals and fire extinguishers.

R 400.619 Emergency preparedness plan.

(3) A licensee must have a written fire safety plan that includes all of the following:

(a) Use of and response to alarms.

(b) Notification of an alarm to the fire department.

(c) Isolation of fire.

(d) Evacuation of the facility.

(e) Closure of bedroom doors and corridor access doors on exiting.

(f) Use of fire extinguishers.

FINDING: The licensee's fire safety plan did not include the use of and response to alarms, notifications of an alarm to the fire department, if applicable, isolation of fire, evacuation of facility, closure of bedroom doors on exiting, and use of fire extinguishers.

R 400.619 Emergency preparedness plan.

(7) A licensee shall ensure that all staff are instructed and retrained quarterly per calendar year, and new staff on hire, with respect to their duties and responsibilities under the emergency preparedness plan, on the operation of the fire alarm and other fire protection equipment. A record of the instruction must be maintained for 2 years.

FINDING: There was no verification the licensee was instructing and retraining all staff quarterly on their duties and responsibilities under the emergency preparedness plan, on the operation of the fire alarm and other fire protection equipment.

R 400.619 Emergency preparedness plan.

(8) A licensee shall practice the emergency preparedness plan, including the fire safety plan, at least once a quarter per calendar year during each shift, 7 a.m. to 3 p.m., 3 p.m. to 11 p.m. and 11 p.m. to 7 a.m. A record of the practices must be maintained for 2 years.

FINDING: The licensee was only practicing fire drills four times per year rather than at least once a quarter per calendar year during each shift, 7 a.m. to 3 p.m., 3 p.m. to 11 p.m. and 11 p.m. to 7 a.m., as required.

R 400.639 Staff records.

(3) A licensee shall maintain for 90 days a daily work schedule and assignments that includes all of the following:

- (a) Names of staff on duty.**
- (b) Job titles.**
- (c) Hours or shifts worked.**
- (d) Date of schedule.**
- (e) Scheduling changes when made.**

FINDING: A staff schedule containing names of staff on duty, job titles, hours or shifts worked, date of schedule and any changes, was not available for review during the inspection.

R 400.663 Nutrition; adoption by reference.

(6) Menus, excluding special diets, must be written at least 1 week in advance and posted. Any change or substitution must be documented.

FINDING: Menus written at least 1 week in advance were not available for review during the inspection. Additionally, menus were not posted.

R 400.665 Food service.

(7) When food is removed from its original packaging and stored, it must be clearly labeled to identify the prepared or opened date and an expiration or discard date. The discard

date must be no more than 7 days on all perishable foods that are opened or if food is prepared and held at safe storage temperatures. The day of opening or day of preparation must be counted as day 1. If there are signs of spoilage, food must be discarded immediately. If any residents of the home have known food allergies, the label must also indicate that this food contains the food or ingredient that the resident is allergic to.

FINDING: Leftovers were labeled in the refrigerator without a discard date.

R 400.675 Resident medications.

(4) A licensee, administrator, or direct care staff shall comply with the following when supervising the taking of medication by a resident:

(b) Complete an individual medication log that contains all of the following:

(i) Medication name.

(ii) Dosage.

(iii) Label instructions for use.

(iv) Time to be administered.

(v) Initials of the individual who administered the medication at the time given.

(vi) Resident's refusal to accept prescribed medication or procedures at time of refusal.

FINDING: The licensee did not document on the Medication Administration Records (MARs) when residents refused to accept their prescribed medications.

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.

FINDING: Resident's Health Care Appraisals (HCAs) were not updated annually, as required.

R 400.685 **Resident admission; resident assessment plan; resident care agreement; health care appraisal.**

(4) A written assessment plan must be completed with and signed by the resident or the resident's designated representative, responsible agency if applicable, and the licensee at the time of admission and annually thereafter. A licensee shall maintain a copy of the resident's most recent assessment plan on file at the facility for up to 2 years after discharge.

FINDING: Resident A's assessment plan was not updated annually. The most recent assessment plan on file was signed in 2023.

R 400.725 **Means of egress.**

(1) A means of egress must be considered the entire way and method of passage through the facility and out an exit door to free and safe ground outside the facility and must be arranged and maintained to provide free and unobstructed egress from all parts of the facility.

FINDING: The facility's secondary means of egress was obstructed by an assistive device and discharged into an enclosed dog pen that impeded egress. This area should be free and clear of obstacles and suitable for wheelchair accessibility.

R 400.725 **Means of egress.**

(5) Facilities that accommodate residents who regularly require wheelchairs must be equipped with ramps located at 2 approved means of egress from the first floor. Ramps constructed before the effective date of these rules must not exceed 1 foot of rise in 12 feet of run. Ramps constructed on or after the effective date of these rules must comply with R 400.647(10). A ramp is not required when an egress door is level with the walkway.

FINDING: The facility did not have ramps at two approved means of egress, as required.

R 400.731

Flame-producing equipment; enclosures.

(2) Heating plants and other flame-producing equipment located on the same level as the residents must be enclosed in a room that is constructed of material that has a 1-hour-fire-resistance rating and has a door made of 1-3/4-inch solid core wood. The door must be hung in a fully stopped wood or steel frame and must be equipped with an automatic self-closing device and positive-latching hardware.

FINDING: The furnace enclosure door located in the living room was not equipped with an automatic self closing device and positive latching hardware, as required.

REPEAT VIOLATION ESTABLISHED, SEE RENEWAL LSR DATED 04/11/2024, CAP DATED 04/12/2024

R 400.737

Means of egress.

(3) Doors that form a part of a required means of egress must be equipped with positive-latching, non-locking-against-egress hardware and have a width to allow for residents requiring wheelchairs or other devices to easily navigate through doorways.

FINDING: The facility's primary means of egress was a sliding glass door equipped with locking against egress hardware and could not be opened with a single motion.

IV. RECOMMENDATION

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



06/08/2026

Cathy Cushman
Licensing Consultant

Date