



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 17, 2024

Connie Clauson
Leisure Living Management of Coopersville
640 West Randall
Coopersville, MI 49404

RE: License #: AL700088278
FV Ret Vill Of Coopersville #3
660 West Randall Street
Coopersville, MI 49404

Dear Ms. Clauson:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. 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 (616) 356-0100.

Sincerely,

A handwritten signature in blue ink that reads 'Rebecca Piccard'.

Rebecca Piccard, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 446-5764

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

I. IDENTIFYING INFORMATION

License #:	AL700088278
Licensee Name:	Leisure Living Management of Coopersville
Licensee Address:	640 West Randall Coopersville, MI 49404
Licensee Telephone #:	(616) 588-9131
Licensee/Licensee Designee:	Connie Clauson
Administrator:	Tara Frazier
Name of Facility:	FV Ret Vill Of Coopersville #3
Facility Address:	660 West Randall Street Coopersville, MI 49404
Facility Telephone #:	(616) 997-9253
Original Issuance Date:	12/15/1999
Capacity:	18
Program Type:	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/16/2024

Date of Bureau of Fire Services Inspection if applicable: 09/16/2024

Date of Health Authority Inspection if applicable: 03/19/2024

No. of staff interviewed and/or observed 4

No. of residents interviewed and/or observed 8

No. of others interviewed Role:

- 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. Home does not manage funds.
- 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:
Previous renewal did not have sufficient file drills.-10/14/22; Fire Rule 1538 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 determined to be in substantial compliance with rules and requirements.

IV. RECOMMENDATION

I recommend issuance of a 2 year regular adult foster care license.

 10/17/24

Rebecca Piccard
Licensing Consultant

Date