



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

May 18, 2023

Lisa Sikes  
Care Cardinal Kentwood  
4352 Breton Rd SE  
Kentwood, MI 49546

RE: License #: AH410413166  
Investigation #: 2023A1021054  
Care Cardinal Kentwood

Dear Mrs. Sikes:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. 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 time frames 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 authorized representative and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action. Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (517) 284-9730.

Sincerely,

*Kimberly Horst*  
Kimberly Horst, Licensing Staff  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
Lansing, MI 48909

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
SPECIAL INVESTIGATION REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH410413166
<b>Investigation #:</b>	2023A1021054
<b>Complaint Receipt Date:</b>	04/18/2023
<b>Investigation Initiation Date:</b>	04/20/2023
<b>Report Due Date:</b>	06/18/2023
<b>Licensee Name:</b>	CSM Kentwood LLC
<b>Licensee Address:</b>	1435 Coit Ave. NE Grand Rapids, MI 49505
<b>Licensee Telephone #:</b>	(616) 308-6915
<b>Administrator:</b>	Chelsea Lindsey
<b>Authorized Representative:</b>	Lisa Sikes
<b>Name of Facility:</b>	Care Cardinal Kentwood
<b>Facility Address:</b>	4352 Breton Rd SE Kentwood, MI 49546
<b>Facility Telephone #:</b>	(616) 288-4151
<b>Original Issuance Date:</b>	04/13/2023
<b>License Status:</b>	TEMPORARY
<b>Effective Date:</b>	04/13/2023
<b>Expiration Date:</b>	10/12/2023
<b>Capacity:</b>	131
<b>Program Type:</b>	AGED ALZHEIMERS

**II. ALLEGATION(S)**

	<b>Violation Established?</b>
Facility has insufficient staff.	No
Residents do not have access to water.	No
Facility serves unappetizing food and food is cold.	Yes
Additional Findings	No

**III. METHODOLOGY**

04/18/2023	Special Investigation Intake 2023A1021054
04/20/2023	Special Investigation Initiated - Letter referral sent to APS
04/20/2023	Contact - Document Sent email sent to admin requesting menus
04/26/2023	Inspection Completed On-site
05/18/2023	Exit Conference

The complainant alleged Spanish speaking caregivers are employed at the facility. This complaint was investigated under special investigation AH41041366\_SIR\_2023A1010045.

**ALLEGATION:**

**Facility has insufficient staff.**

**INVESTIGATION:**

On 04/18/2023, the licensing department received a complaint from Adult Protective Services (APS) with allegations the facility does not have sufficient staff. The complainant alleged that there typically on the weekends there is no staff. The complainant alleged residents have their call lights on for hours with no response and residents do not receive showers.

On 04/20/2023, I contacted the administrator Chelsea Lindsey for additional information on the facility.

On 04/26/2023, I interviewed Ms. Lindsey at the facility. Ms. Lindsey reported staffing has improved and the facility is fully staffed. Ms. Lindsey reported the facility has 63 residents with 18 residents in memory care and 46 residents in assisted living. Ms. Lindsey reported in assisted living on first and second shift there is four employees and on third shift there is three employees. Ms. Lindsey reported in memory care for all shifts there are two employees. Ms. Lindsey reported if there is a staff shortage, employees are asked to stay over and/or come in early. Ms. Lindsey reported if no one can do this, then the house manager or herself will work the floor. Ms. Lindsey reported on average once a week there is a staff call in. Ms. Lindsey reported in memory care all residents require assistance with dressing, all residents are on two-hour checks, and there is one resident with behaviors. Ms. Lindsey reported in assisted living there are five residents that are a two person assist, one resident with behaviors, and five residents that require two-hour toileting assistance. Ms. Lindsey reported the expectation is for call lights to be responded to within 20 minutes. Ms. Lindsey reported residents receive showers as their service plan states. Ms. Lindsey reported there is significant staff on duty to meet the needs of the residents.

On 04/26/2023, I interviewed Resident B at the facility. Resident B reported her needs are met at the facility. Resident B reported the caregivers respond to her calls for assistance. Resident B reported at times her room is not clean, but she has no concerns about living at the facility.

On 04/26/2023, I interviewed Resident C at the facility. Resident C reported staff always responds to her call light. Resident C reported staff treat her well and she has no concerns.

On 04/26/2023, I interviewed Resident D at the facility. Resident D reported staff are excellent at the facility. Resident D reported she is happy to be at the facility.

On 04/26/2023, I interviewed staff person 2 (SP2) at the facility. SP2 reported staffing has improved. SP2 reported if there is a staff shortage, everyone pitches in to care for the residents. SP2 reported call lights are answered and residents receive showers.

On 04/26/2023, I interviewed SP4 at the facility. SP4 reported staffing is good at the facility. SP4 reported there is sufficient staff to meet the needs of the residents. SP4 reported call lights are answered and residents receive showers.

I reviewed call light response time 4/17-4/21. The document revealed on average residents had to wait 17 minutes for staff assistance.

I reviewed staff schedule for 04/09/2023-04/22/2023. The schedule revealed the facility staffing levels were consistent with statements made by Ms. Lindsey.

<b>APPLICABLE RULE</b>	
<b>R 325.1931</b>	<b>Employees; general provisions.</b>
	<b>(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.</b>
<b>ANALYSIS:</b>	Interviews conducted and review of documentation revealed lack of evidence to support the allegation there is lack of staff at the facility.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION:**

**Residents do not have access to water.**

**INVESTIGATION:**

The complainant alleged that residents ask for drinks throughout the day and never get them.

Ms. Lindsey reported the bistro is always open and the facility now has lemonade in the bistro. Ms. Lindsey reported when a resident requests water, the caregiver provides water in a facility tumbler cup. Ms. Lindsey reported all residents have a sink in their room and they can get a drink that way as well. Ms. Lindsey reported medication technicians have water on their medication cart.

SP2 and SP4 reported residents have access to water and beverages throughout the day.

I observed multiple residents in the facility with tumblers of water that were provided to them by the facility.

Resident B reported she always has access to water and has no concerns about availability of beverages.

Resident D reported she always has water available to her.

<b>APPLICABLE RULE</b>	
<b>R 325.1952</b>	<b>Meals and special diets.</b>

	<b>(1) A home shall offer 3 meals daily to be served to a resident at regular meal times. A home shall make snacks and beverages available to residents.</b>
<b>ANALYSIS:</b>	Interviews conducted and observations made revealed lack of evidence to support the allegation residents do not have access to beverages.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION:**

**Facility serves unappetizing food and food is cold.**

**INVESTIGATION:**

The complainant alleged the food is “shitty” and is cold.

On 04/26/2023, I interviewed Resident E at the facility. Resident E reported the food is good but sometimes the food is cold. Resident E reported at times her food must be warmed up.

Resident D reported at times there are a lot of vegetables with the meals but overall, the food is good. Resident D reported the food is not very hot, but it is acceptable.

On 04/26/2023, I interviewed SP5 at the facility. SP5 reported it is difficult to ensure the food is at the correct temperature. SP5 reported once the food is prepared it is placed on a steam table to keep hot until it is served. SP5 reported the food temperature is to be taken once it is placed on the steam table. SP5 reported room plates are placed under a warming light but the temperature is not taken prior to being served to the residents.

At the facility I observed pork, potatoes, and pees in the warming trays in the kitchen. The temperatures of the food were as followed:

Pork: 165 degrees; Potatoes 166 degrees; Pees 155 degrees

I observed food temperature logs for the facility. The facility only had temperature logs for the following days: 1/29, 2/3, 2/4, 2/20, 2/21, 2/23, 2/25, 3/26-34/1.

<b>APPLICABLE RULE</b>	
<b>R 325.1976</b>	<b>Kitchen and dietary.</b>
	<b>(6) Food and drink used in the home shall be clean and wholesome and shall be manufactured, handled, stored,</b>

	<b>prepared, transported, and served so as to be safe for human consumption.</b>
<b>ANALYSIS:</b>	The facility was unable to demonstrate that food is handled, stored, prepared, and transported safely for human consumption by not appropriately taking and recording the temperature of the food.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**IV. RECOMMENDATION**

Contingent upon receipt of an acceptable corrective action plan, I recommend no change in the status of the license.



4/27/2023

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Kimberly Horst  
Licensing Staff

Date

Approved By:



05/18/2023

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Andrea L. Moore, Manager  
Long-Term-Care State Licensing Section

Date