



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 7, 2023

Steven Gerdeman
Serenity Homes - North, L.L.C.
3109 Lawton Dr. N.E.
Grand Rapids, MI 49525

RE: License #: AL700382076
Investigation #: 2023A0583029
Serenity Homes - North

Dear Mr. Gerdeman:

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 responsible party and a date.

If you desire technical assistance in addressing these issues, please 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 (616) 356-0183.

Sincerely,

A handwritten signature in cursive script, appearing to read "Toya Zylstra".

Toya Zylstra, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 333-9702

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL700382076
Investigation #:	2023A0583029
Complaint Receipt Date:	05/24/2023
Investigation Initiation Date:	05/24/2023
Report Due Date:	06/23/2023
Licensee Name:	Serenity Homes - North, L.L.C.
Licensee Address:	3109 Lawton Dr. N.E. Grand Rapids, MI 49525
Licensee Telephone #:	(419) 494-4008
Administrator:	Steven Gerdeman
Licensee Designee:	Steven Gerdeman
Name of Facility:	Serenity Homes – North
Facility Address:	830 Hayes Street Marne, MI 49435
Facility Telephone #:	(419) 494-4008
Original Issuance Date:	06/02/2016
License Status:	REGULAR
Effective Date:	09/26/2022
Expiration Date:	09/25/2024
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED, DEVELOPMENTALLY DISABLED, MENTALLY ILL, AGED

II. ALLEGATION(S)

	Violation Established?
The facility is “filthy” and smells of “urine and feces”.	Yes
Resident As’ bed lacks adequate linens.	Yes
Additional Findings	Yes

III. METHODOLOGY

05/24/2023	Special Investigation Intake 2023A0583029
05/24/2023	Contact - Telephone call made Complainant
05/24/2023	APS Referral
05/24/2023	Special Investigation Initiated - Telephone Complainant
05/25/2023	Inspection Completed On-site
06/02/2023	Contact – Email Licensee Designee Steven Gerdeman
06/06/2023	Contact – Email Licensee Designee Steven Gerdeman
06/07/2023	Exit Conference Licensee Designee Steven Gerdeman

ALLEGATION: The facility is “filthy” and smells of “urine and feces”.

INVESTIGATION: On 05/24/2023 complaint allegations were received from the BCAL Online Reporting System. The allegations stated that the facility was observed to be “filthy” and smelled of “urine and feces” on 05/22/2023. The complaint allegations further stated that the facility was observed by complainant to be “very dirty”, “was not an acceptable dwelling place for any resident”, and “there were flies landing on the residents”.

On 05/24/2023 I interviewed the complainant via telephone. The complainant stated she visited the facility on 05/22/2023 and observed the conditions of the facility to be “terrible” as evidenced by dirty bed lines, flies, urine odors, and “disgusting flooring” throughout the facility.

On 05/24/2023 I emailed complaint allegations to Adult Protective Services Centralized Intake.

On 05/26/2023 I completed an unannounced onsite investigation at the facility and privately interviewed staff Nancy Robinson, Jamie Eaves, Merry Harris, Amber Leech AKA Conner Leech, Resident A, Resident B, and Resident C.

Staff Nancy Robinson stated the current condition of the facility was not consistent with the regular standard of cleanliness maintained at the facility and just recently became unclean. Ms. Robinson stated the facility is currently in need of “deep cleaning” however staff have not had the time to do so given the level of care residents require and due to a lack of staffing. Ms. Robinson stated the facility is always staffed with two staff during waking hours for up to twenty residents, however the facility would benefit from a third staff to focus solely on facility cleaning.

Staff Jamie Eaves stated the facility is currently in need of cleaning and repairs. Ms. Eaves stated that Resident B’s personal bathroom toilet has been leaking for a month or two onto the floor. Ms. Eaves stated she informed Licensee Designee Steven Gerdeman that Resident B’s toilet required repairs over a month ago however Licensee Designee Steven Gerdeman has not taken steps to repair the toilet which continues to leak water on Resident B’s personal bathroom flooring. Ms. Eaves stated staff Nancy Robinson’s cleaning of the facility “has been slacking for a while”. Ms. Eaves stated Nancy Robinson has not been regularly cleaning residents’ bedrooms and communal areas. Ms. Eaves stated the facility is currently infested with flies and has been since last week. Ms. Eaves stated the facility needs a deep cleaning and repairs.

Staff Merry Harris stated the facility needs deep cleaning and just within the past week the level of cleanliness started to decline. Ms. Harris stated staff clean resident rooms and communal areas daily. Ms. Harris stated the facility just within the past week became infested with flies because residents leave the doors open.

Staff Conner Leech stated the facility is currently in need of cleaning however Conner Leech stated she had “deep cleaned” the facility two days prior. Conner Leech stated staff generally clean resident bedrooms and communal areas daily.

I attempted to interview Resident A however she declined to be interviewed.

Resident B reported he is “completely blind”. Resident B stated he has never smelled urine odors at the facility and has no direct knowledge of the facility’s cleanliness given his disability.

Resident C stated the current condition of the facility is “basically how it always is”. Resident C stated there are “normally flies” in the facility and the facility needs cleaning and repairs. Resident C stated staff do not clean daily.

While onsite I completed a walk-through inspection of the facility kitchen, bathrooms, resident bedrooms, dining room, and living areas. The kitchen appeared unclean and unsanitary. I observed flies and a used sticky fly trap located above the kitchen sink. The kitchen flooring was caked in dirt and grime and the corners were filled with dirt. The kitchen counters and cabinets were dirty as evidenced by old food, sticky substances, and overall grime. The stoves required cleaning and the ovens were caked in old food. I observed multiple refrigerators and freezers were dirty as evidenced by sticky substances and old food throughout. The kitchen was cluttered, and the cleaning trolley was located inside the kitchen with no lid to the dirty trash can. The dining room and living room floors were dirty and tables required cleaning. I observed the communal water cooler was dirty. I observed facility's communal bathroom toilet was clogged and required repair. I observed multiple resident bedrooms required cleaning and bedrooms with carpet required replacement or steam cleaning. Resident B's personal bathroom flooring was wet due to a leaking toilet. Resident M's shared bathroom contained feces on the wall. The entire facility smelled of urine and flies were observed throughout the facility. I observed multiple baseboard heaters in disrepair which pose a resident safety hazard.

On 06/07/2023 I completed an Exit Conference with Licensee Designee Steven Gerdeman via telephone. Mr. Gerdeman stated he would submit an acceptable Corrective Action Plan. Mr. Gerdeman stated he had been out of town for three weeks prior to the investigation and upon his return he observed the facility to need cleaning and repairs. Mr. Gerdeman stated he has started the process of cleaning and repairing items within the facility.

APPLICABLE RULE	
R 400.15403	Maintenance of premises.
	(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.
ANALYSIS:	While onsite I completed a walk-through inspection of the facility kitchen, bathrooms, resident bedrooms, dining room, and living areas. The kitchen appeared unclean and unsanitary. I observed flies and a used sticky fly trap located above the kitchen sink. The kitchen flooring was caked in dirt and grime and the corners were filled with dirt. The kitchen counters and cabinets were dirty as evidenced by old food, sticky substances, and overall grime. The stoves required cleaning and the ovens were caked in old food. I observed multiple refrigerators and freezers were dirty as evidenced by sticky substances and old food throughout. The kitchen was cluttered, and the cleaning trolley was located inside the kitchen with no lid to the dirty trash can. The dining room and living room floors were dirty and tables required cleaning. I observed the communal water cooler

	<p>was dirty. I observed facility’s communal bathroom toilet was clogged and required repair. I observed multiple resident bedrooms required cleaning and bedrooms with carpet required replacement or steam cleaning. Resident B’s personal bathroom flooring was wet due to a leaking toilet. Resident M’s shared bathroom contained feces on the wall. The entire facility smelled of urine and flies were observed throughout the facility. I observed multiple baseboard heaters in disrepair which pose a resident safety hazard.</p> <p>Resident C stated the current condition of the facility is “basically how it always is”. Resident C stated there are “normally flies” in the facility and the facility needs cleaning and repairs. Resident C stated staff do not clean daily.</p> <p>A preponderance of evidence indicates that the facility is not maintained to provide adequately for the health, safety, and well-being of occupants.</p>
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION: Resident As’ bed lacks adequate linens.

INVESTIGATION: On 05/24/2023 complaint allegations were received from the BCAL Online Reporting System. The allegations stated that on 05/22/2023 Resident A’s “mattress did not have a fitted sheet, top sheet, or clean bedding”.

On 05/24/2023 I interviewed the complainant via telephone. The complainant stated she visited the facility on 05/22/2023 and observed Resident A’s mattress did not have a fitted sheet, top sheet, or clean bedding.

On 05/26/2023 I completed an unannounced onsite investigation at the facility and privately interviewed staff Nancy Robinson, Jamie Eaves, Merry Harris, Conner Leech, Resident A, Resident B, and Resident C.

Staff Nancy Robinson, Jamie Eaves, Merry Harris, and Conner Leech each stated that to their knowledge all residents’ have adequate and clean bedding and staff change residents’ bedding at least weekly.

I attempted to interview Resident A in her bedroom however she declined to be interviewed. Resident A’s bedding appeared clean and appropriate.

Resident B reported he is “completely blind”. Resident B stated staff do not change his bedding weekly. Resident B stated his bedding was just recently changed after

he requested that staff do so. Resident B stated his bedding had not been changed in two weeks until he requested it be laundered and changed.

Resident C stated staff do not launder and change his bed linens weekly. Resident C stated he routinely asks staff to do so every two weeks.

While onsite I completed a walk-through inspection of the facility and observed all resident bedrooms. I observed multiple residents' bedding was unclean and smelled of urine. I observed multiple resident beds lacked a top sheet.

On 06/07/2023 I completed an Exit Conference with Licensee Designee Steven Gerdeman via telephone. Mr. Gerdeman stated he would submit an acceptable Corrective Action Plan and was unaware that residents' linens were not laundered weekly and did not receive adequate bed linens.

APPLICABLE RULE	
R 400.15411	Linens.
	(1) A licensee shall provide clean bedding that is in good condition. The bedding shall include 2 sheets, a pillow case, a minimum of 1 blanket, and a bedspread for each bed. Bed linens shall be changed and laundered at least once a week or more often if soiled.
ANALYSIS:	<p>Resident B stated staff do not change his bedding weekly. Resident B stated his bedding had not been changed in two weeks until he requested it be laundered and changed.</p> <p>Resident C stated staff do not launder and change his bed linens weekly. Resident C stated he routinely asks staff to do so every two weeks.</p> <p>While onsite I completed a walk-through inspection of the facility and observed all resident bedrooms. I observed multiple residents' bedding was unclean and smelled of urine. I observed multiple resident beds lacked a top sheet.</p> <p>A preponderance of evidence indicates residents' bed linens are not laundered at least once a week and do not all contain the required amount of bed linens.</p>
CONCLUSION:	VIOLATION ESTABLISHED

ADDITIONAL FINDINGS: Residents are not adequately supervised.

INVESTIGATION: On 05/26/2023 I completed an unannounced onsite investigation at the facility and privately interviewed staff Nancy Robinson, Jamie Eaves, Merry Harris, Conner Leech, Resident A, Resident B, and Resident C.

Staff Nancy Robinson stated that the facility “doesn’t technically have third shift staff”. Ms. Robinson stated that three staff reside fulltime in an attached upstairs apartment and each night one of the three staff are designated as the “on call staff” in case there is a resident emergency from 9:00 pm until 8:00 am the following morning. Ms. Robinson stated the three live-in staff are Jamie Eaves, Chad Eaves, and Conner Leech and they are only paid if there is a resident emergency. Ms. Robinson stated residents must ring the outside doorbell to alert the “on call staff” of their emergent need. Ms. Robinson stated no staff are documented on the facility’s staff schedule from 9:00 pm until 8:00 am and the “on call staff” decide amongst themselves who will handle the “emergencies” nightly. Nancy Robinson stated she has asked for third shift staffing because residents require more milieu supervision, but Licensee Designee Steven Gerdeman has denied her request.

Staff Jamie Eaves stated she resides fulltime in an attached upstairs staff apartment with Chad Eaves and Conner Leech. Ms. Eaves stated, “we have no third shift” and the facility “is not open 24/7” because “it closes at 9:00 pm”. Ms. Eaves stated the facility provides an “on call” staff from 9:00 pm until 8:00 am daily which consists of one of the three live-in staff attending to residents’ emergencies. Jamie Ms. Eaves stated residents are required to ring the outside doorbell to alert one of the staff residing in the upstairs should they require staff assistance for an emergency. Ms. Eaves stated that the on-call staff are not documented on the staffing schedule as Ms. Eaves, Chad Eaves, and Conner Leech decide amongst each other who will be the daily “on call staff”.

Staff Conner Leech stated she resides fulltime in an attached upstairs apartment with Jamie Eaves and Chad Eaves. Conner Leech stated from 9:00 pm until 8:00 am the facility utilizes live-in staff as “on call staff”. Conner Leech stated that the facility’s staff schedule does not document which staff works from 9:00 pm until 8:00 am “on call” because the “on call staff” decides amongst themselves daily who will perform “on call” duties. Conner Leech stated no staff are located in the main level of the facility from 9:00 pm until 8:00 am and residents are instructed to “ring the doorbell” which is located outside.

Resident B stated that facility staff cease to work at 9:00 pm daily and retreat to their upstairs apartment. Resident B stated residents often “argue” amongst each other when staff are not present after 9:00 pm. Resident B stated residents are required to ring the outside doorbell for staff assistance after 9:00 pm and staff are “upset” when residents request their assistance. Resident B stated staff “complain that they are watching TV or with their kids” when residents request staff assistance after 9:00 pm.

Resident C stated at 9:00 pm staff go upstairs to their apartment. Resident C stated residents are required to ring the outside doorbell for assistance after 9:00 pm and staff have informed residents that, "it better be an emergency at night" to request staff assistance. Resident C stated while staff are located in their upstairs apartment residents often argue and "turn porn on the living room tv".

While onsite I observed the facility's 05/2023 staffing schedule. I observed that the schedule indicates no staff are working from 9:00 pm until 8:00 am daily.

On 06/02/2023 I received an email from Licensee Designee Steven Gerdeman. The email contained a scanned attachment of eighteen Resident Assessment Plans. I noted that the Assessment Plans for Resident B, Resident C, Resident D, Resident E, Resident F, Resident G, Resident H, Resident I, Resident J, Resident K, Resident L, Resident M, Resident N, Resident O, Resident P, Resident Q, Resident R, and Resident S are not signed by the Licensee Designee Steve Designee.

I observed Resident B's Assessment Plan, drafted 10/13/22, states Resident B does not move independently within the community and is "legally blind". I observed Resident G's Assessment Plan, drafted 08/26/22, stated Resident G "had a problem in the past" with controlling sexual behavior. I observed Resident J's Assessment Plan, drafted 03/21/2023, stated Resident J is not able to move independently within the community, "sometimes" controls aggressive behavior, and "sometimes" gets along with others. I observed Resident M's Assessment Plan, drafted 05/05/23, states Resident M does not move independently within the community and is a "run away risk". I observed Resident Q's Assessment Plan, drafted 01/25/2023, states Resident Q is not able to move independently within the community. I observed Resident R's Assessment Plan, drafted 12/06/22, states Resident R controls sexual behaviors "sometimes".

On 06/06/2023 I received an email from Licensee Designee Steven Gerdeman. The email contained a scanned attachment of Resident A's Assessment Plan, signed 04/25/2023. Resident A's Assessment Plan stated Resident A does not move independently within the community, "sometimes" communicates her needs, and "is very confused and forgetful". I observed Resident A's Assessment Plan stated Resident A is "somewhat" alert to her surroundings" and "gets confused" when following directions.

On 06/07/2023 I completed an Exit Conference with Licensee Designee Steven Gerdeman via telephone. Mr. Gerdeman stated he would submit an acceptable Corrective Action Plan. Mr. Gerdeman stated he was unaware that staff were not completing "thirty-minute rounds" each night. Mr. Gerdeman stated he was unaware that residents were forced to use a doorbell located outside of the facility to request care.

APPLICABLE RULE	
R 400.15206	Staffing requirements.
	(2) A licensee shall have sufficient direct care staff on duty at all times for the supervision, personal care, and protection of residents and to provide the services specified in the resident's resident care agreement and assessment plan.
ANALYSIS:	<p>The facility's 05/2023 staffing schedule indicates there are no staff working from 9:00 pm until 8:00 am daily.</p> <p>Staff Jamie Eaves stated, "we have no third shift" and the facility is not open 24/7 because it closes at 9:00 pm. Ms. Eaves stated the facility provides an "on call" staff from 9:00 pm until 8:00 am which consists of one of the three live-in staff attending to residents' "emergencies. Ms. Eaves stated residents are required to ring the outside doorbell to alert one of the staff residing in the upstairs should they require staff assistance for an emergency.</p> <p>Resident B stated that facility staff cease to work at 9:00 pm daily and retreat to their upstairs apartment.</p> <p>Resident C stated at "9:00 pm staff go upstairs" to their apartment. Resident C stated staff have informed residents that "it better be an emergency at night" to request staff assistance.</p> <p>Resident A's Assessment Plan stated Resident A does not move independently within the community, "sometimes" communicates her needs, and "is very confused and forgetful". I observed Resident A's Assessment Plan stated Resident A is "somewhat" alert to her surroundings" and "gets confused" when following directions. I observed Resident B's Assessment Plan, drafted 10/13/22, states Resident B does not move independently within the community and is "legally blind". I observed Resident G's Assessment Plan, drafted 08/26/22, stated Resident G "had a problem in the past" with controlling sexual behavior. I observed Resident J's Assessment Plan, drafted 03/21/2023, stated Resident J is not able to move independently within the community, "sometimes" controls aggressive behavior, and "sometimes" gets along with others. I observed Resident M's Assessment Plan, drafted 05/05/23, states Resident M does not move independently within the community and is a "run away risk". I observed Resident Q's Assessment Plan, drafted 01/25/2023, states Resident Q is not</p>

	<p>able to move independently within the community. I observed Resident R's Assessment Plan, drafted 12/06/22, states Resident R controls sexual behaviors "sometimes".</p> <p>A preponderance of evidence indicates staff seclude themselves on the upper level of the facility daily from 9:00 pm until 8:00 am. Evidence indicates staff instruct residents not to request assistance while they are on the upper level of the facility unless it is an emergency thus leaving residents without adequate supervision to provide for their needs. Residents in the current milieu require a higher level of supervision than the facility is providing per their current Assessment Plans.</p>
CONCLUSION:	VIOLATION ESTABLISHED

ADDITIONAL FINDINGS: The facility staff schedule is incomplete.

INVESTIGATION: While onsite on 05/26/2023 I observed the facility's 05/2023 staffing schedule. The schedule indicates no staff are working from 9:00 pm until 8:00 am daily.

On 06/07/2023 I completed an Exit Conference with Licensee Designee Steven Gerdeman via telephone. Mr. Gerdeman stated he would submit an acceptable Corrective Action Plan and was unaware that third shift staffing was not being documented.

APPLICABLE RULE	
R 400.15208	Direct care staff and employee records.
	<p>(3) A licensee shall maintain a daily schedule of advance work assignments, which shall be kept for 90 days. The schedule shall include all of the following information:</p> <ul style="list-style-type: none"> (a) Names of all staff on duty and those volunteers who are under the direction of the licensee. (b) Job titles. (c) Hours or shifts worked. (d) Date of schedule. (e) Any scheduling changes.
ANALYSIS:	While onsite on 05/26/2023 I observed the facility's 05/2023 staffing schedule. I observed that the schedule indicates no staff are working from 9:00 pm until 8:00 am daily.

	A preponderance of evidence indicates the licensee does not maintain a daily schedule that includes names of staff on duty, job titles, hours worked, and any scheduling changes.
CONCLUSION:	VIOLATION ESTABLISHED

ADDITIONAL FINDINGS: Resident Assessment Plans are incomplete.

INVESTIGATION: On 06/02/2023 I received an email from Licensee Designee Steven Gerdeman. The email contained a scanned attachment of eighteen Resident Assessment Plans. Resident B, Resident C, Resident D, Resident E, Resident F, Resident G, Resident H, Resident I, Resident J, Resident K, Resident L, Resident M, Resident N, Resident O, Resident P, Resident Q, and Resident R's assessment plans were not signed by the Licensee Designee Steve Gerdeman.

On 06/02/2023 I received an email from Licensee Designee Steven Gerdeman which stated the following: *"All assessment plans have been signed by me in the past, Nancy was unaware she needed to send them to me for my signature. I told her every time we have someone new move in or update a file annually everyone needs to sign including myself and she agreed she would send me all future paperwork so I can review and sign"*.

On 06/07/2023 I completed an Exit Conference with Licensee Designee Steven Gerdeman via telephone. Mr. Gerdeman stated he would submit an acceptable Corrective Action Plan. Mr. Gerdeman stated he did not sign Resident Assessment Plans because of a lack of communication with his staff and he thought the Assessment Plans were up to date.

APPLICABLE RULE	
R 400.15301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.
ANALYSIS:	Resident B, Resident C, Resident D, Resident E, Resident F, Resident G, Resident H, Resident I, Resident J, Resident K, Resident L, Resident M, Resident N, Resident O, Resident P, Resident Q, and Resident R's assessment plans were not signed by the Licensee Designee Steven Gerdeman.

	A preponderance of evidence indicates the licensee did not sign the Resident Assessment Plans of eighteen residents.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Upon receipt of an acceptable Corrective Action Plan, I recommend the license remain unchanged.

06/07/2023

Toya Zylstra
Licensing Consultant

Date

Approved By:

06/07/2023

Jerry Hendrick
Area Manager

Date