



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

March 12, 2024

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

RE: License #: AL700382076  
Investigation #: 2024A0467022  
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 that reads "Anthony Mullins".

Anthony Mullins, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL700382076
<b>Investigation #:</b>	2024A0467022
<b>Complaint Receipt Date:</b>	02/23/2024
<b>Investigation Initiation Date:</b>	02/26/2024
<b>Report Due Date:</b>	04/23/2024
<b>Licensee Name:</b>	Serenity Homes - North, L.L.C.
<b>Licensee Address:</b>	3109 Lawton Dr. N.E. Grand Rapids, MI 49525
<b>Licensee Telephone #:</b>	(419) 494-4008
<b>Administrator:</b>	Steven Gerdeman
<b>Licensee Designee:</b>	Steven Gerdeman
<b>Name of Facility:</b>	Serenity Homes - North
<b>Facility Address:</b>	830 Hayes Street Marne, MI 49435
<b>Facility Telephone #:</b>	(419) 494-4008
<b>Original Issuance Date:</b>	06/02/2016
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	09/26/2022
<b>Expiration Date:</b>	09/25/2024
<b>Capacity:</b>	20
<b>Program Type:</b>	PHYSICALLY HANDICAPPED, AGED, DEVELOPMENTALLY DISABLED, MENTALLY ILL

**II. ALLEGATION(S)**

	<b>Violation Established?</b>
Staff members are not trained to pass medications to residents.	Yes
There is black mold in the kitchen.	Yes

**III. METHODOLOGY**

02/23/2024	Special Investigation Intake 2024A0467022
02/26/2024	Special Investigation Initiated - On Site
03/04/2024	Contact – document received (email from Briendon Stevens)
03/12/2024	APS Referral – sent via email
03/12/2024	Exit conference with the owner, Steve Gerdeman

**ALLEGATION: Staff members are not trained to pass medications to residents.**

**INVESTIGATION:** On 2/23/24, I received a BCAL online complaint stating that staff are not trained to pass medications to residents.

On 2/26/24, I made an unannounced onsite investigation at the facility. Upon arrival, I spoke to AFC staff member, Briendon Stevens and she agreed to discuss the case allegations. Mrs. Stevens stated that she has no knowledge of staff not being properly trained to pass medications. Mrs. Stevens is under the impression that all staff members are up to date on their trainings. Mrs. Stevens has worked at the facility since August 2023 and confirmed that she was trained on passing medications within 1 month of her hire date. Mrs. Stevens agreed to email me copies of staff's training records.

I then spoke to AFC staff member, Mariza Mojica. Ms. Mojica stated that she has been employed at Serenity Homes – North since September 2023. Ms. Mojica stated that she completed training for medication management and has a certification of completion to confirm this. Ms. Mojica denied any knowledge of staff members not being trained to pass medication to residents.

On 3/4/23, I received an email from Mrs. Stevens with training transcripts for staff at Serenity Homes – North. Mrs. Stevens stated that her colleague, Emily Guernsey misunderstood her and redid her medication training. Mrs. Stevens provided me with a copy of the completed medication training certificate for Ms. Guernsey. The training was completed on 2/29/24, which was 3 days after my onsite investigation. Therefore, Ms. Guernsey had been passing medications without proper training.

Mrs. Stevens also stated that staff member Rebecca Craig doesn't pass medications. However, her initials are on resident's medication administration record (MAR), indicating that she "signed off", indicating that she has passed resident medications despite not being trained. Mrs. Stevens acknowledged that having Ms. Craig sign off on residents receiving medications should not occur and has since ceased this practice.

AFC staff member Chad Eaves did not have a completed medication training certificate available for review at this time. Mrs. Stevens stated that Mr. Eaves is working on completing this training. AFC staff members Connor Leech, Briendon Stevens, Jamie Eaves, and Mariza Mojica are all properly trained to pass medications per the certifications provided by Mrs. Stevens.

On 3/12/24, I conducted an exit conference with the owner, Steve Gerdeman. He was informed of the investigative findings and agreed to complete a corrective action plan within 15 days of receipt of this report.

<b>APPLICABLE RULE</b>	
<b>R 400.15204</b>	<b>Direct care staff; qualifications and training.</b>
	<p><b>(3) 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 competent before performing assigned tasks, which shall include being competent in all of the following areas:</b></p> <ul style="list-style-type: none"> <li><b>(a) Reporting requirements.</b></li> <li><b>(b) First aid.</b></li> <li><b>(c) Cardiopulmonary resuscitation.</b></li> <li><b>(d) Personal care, supervision, and protection.</b></li> <li><b>(e) Resident rights.</b></li> <li><b>(f) Safety and fire prevention.</b></li> <li><b>(g) Prevention and containment of communicable diseases.</b></li> </ul>
<b>ANALYSIS:</b>	Staff members Rebecca Craig and Chad Eaves are not properly trained to pass medications. Despite this, Ms. Craig was “signing off” on passing medications to residents. Staff member Emily Guernsey was trained to pass medications 3 days after my onsite investigation although she has worked at the facility for a few months. Therefore, there is a preponderance of evidence to support this allegation.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**ALLEGATION: There is black mold in the kitchen.**

**INVESTIGATION:** On 2/23/24, I received a BCAL online complaint stating that there is black mold in the kitchen.

On 2/26/24, I made an unannounced onsite investigation at the facility. Upon arrival, I spoke to staff member, Briendon Stevens. Mrs. Stevens confirmed that the ceiling had a leak and staff member Chad Eaves treated it. Regarding the reported mold on the kitchen ceiling, Mrs. Stevens stated, "it was a small spot of mold" and she believes it was appropriately treated. Mrs. Stevens reported that the owner, Steve Gerdeman plans to replace the roof this upcoming spring season.

I then spoke to staff member, Mariza Mojica regarding the black mold in the kitchen. Ms. Mojica stated that the mold on the kitchen ceiling was from the roof leaking. Ms. Mojica confirmed that this occurred after the snow melted during the most recent snowstorm. Ms. Mojica stated that the roof leaks every time it snows. Ms. Mojica also confirmed that the roof is supposed to be replaced this upcoming spring season.

Prior to concluding my onsite inspection, 2 ceiling tiles in the kitchen were observed to be damaged with water. 1 ceiling tile was removed, and the ceiling was observed to have a water damage stain. There also appeared to be a product used to treat the mold that was previously there, and pictures were taken for my records. Both staff members were thanked for their time as this interview concluded.

On 2/26/24, I received an email from the owner/designee, Steve Gerdeman regarding the mold on the ceiling and the ceiling tiles needing to be replaced. Mr. Gerdeman stated, "I had our maintenance team out there today to seal and to take care of any mold patch and paint the ceiling and replace the ceiling tiles that had been damaged." Mr. Gerdeman attached pictures to the email to confirm that the work was completed.

On 2/27/24, I sent Mr. Gerdeman an email requesting information on what product was used to take care of the mold patches in the kitchen. Mr. Gerdeman responded by stating, "we cut out the mold & drywall to completely remove the mold. The rest of the surface was bleached and scrubbed until clean and then we filled in the openings with a coat of drywall filler and drywall and then painted over that with Kilz paint. This is our standard practice for treating any mold on drywall to ensure the issue doesn't persist. We find that cutting it out completely and replacing that section seems to be the best way to do it and it's what the professionals do as well."

On 03/12/24, I conducted an exit conference with the owner/designee, Steve Gerdeman. He was informed of the investigative findings and notified that despite fixing the issue, the facility is still being cited as this should have been addressed prior to licensing being notified of this concern. Mr. Gerdeman was also informed that the roof will need to be replaced as soon as possible to prevent ongoing issues. Mr. Gerdeman confirmed that he plans to have the roof replaced on the upstairs of the facility. Mr. Gerdeman stated that due to replacing the drywall in the kitchen, the

water issue has been rectified. Mr. Gerdeman will have a professional contractor confirm that the roof area above the kitchen no longer needs repair and provide documentation of this. A corrective action plan is due within 15 days of receipt of this report.

<b>APPLICABLE RULE</b>	
<b>R 400.15403</b>	<b>Maintenance of premises.</b>
	<b>(4) A roof, exterior walls, doors, skylights, and windows shall be weathertight and watertight and shall be kept in sound condition and good repair.</b>
<b>ANALYSIS:</b>	Mrs. Stevens and Ms. Mojica both confirmed that the kitchen ceiling had mold on it. Mr. Gerdeman rectified this issue on the same day I completed an onsite investigation. Due to the issue being addressed only after a licensing complaint was filed, a preponderance of evidence exists to support the allegation. Mr. Gerdeman plans to have a professional contractor confirm that the roof above the kitchen no longer needs repair.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**IV. RECOMMENDATION**

Upon receipt of an acceptable corrective action plan, I recommend no change to the current license status.

*Anthony Mullins*

03/12/2024

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 Anthony Mullins  
 Licensing Consultant

\_\_\_\_\_  
 Date

Approved By:

*Jerry Hendrick*

03/12/2024

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 Jerry Hendrick  
 Area Manager

\_\_\_\_\_  
 Date