GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

03/20/2025

Marcia Curtiss
CSM Alger Heights, LLC
1019 28th St.
Grand Rapids, MI 49507

RE: License #: AL410398969
Investigation #: 2025A0583021
Willow Creek - West

Dear Mrs. Curtiss:

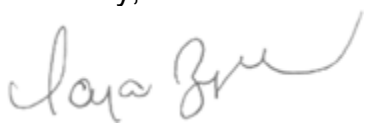
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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,



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 #:	AL410398969
Investigation #:	2025A0583021
Complaint Receipt Date:	02/06/2025
Investigation Initiation Date:	02/06/2025
Report Due Date:	03/08/2025
Licensee Name:	CSM Alger Heights, LLC
Licensee Address:	1019 28th St. Grand Rapids, MI 49507
Licensee Telephone #:	(616) 258-0268
Administrator:	Marcia Curtiss
Licensee Designee:	Marcia Curtiss
Name of Facility:	Willow Creek - West
Facility Address:	1011 28th St. SE Grand Rapids, MI 49507
Facility Telephone #:	(616) 432-3074
Original Issuance Date:	11/02/2020
License Status:	REGULAR
Effective Date:	05/02/2023
Expiration Date:	05/01/2025
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED, DEVELOPMENTALLY DISABLED, MENTALLY ILL, AGED, ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
Staff are not providing Resident A with a specific bedroom per a physician's order to do so.	No
Resident A's dinner has been served late on multiple occasions.	No
Resident A went three weeks without receiving a shower.	Yes
The facility is infested with mice.	No
The facility is unclean.	Yes

III. METHODOLOGY

02/06/2025	Special Investigation Intake 2025A0583021
02/06/2025	Special Investigation Initiated - Telephone
02/10/2025	Inspection Completed On-site
02/12/2025	APS Referral
03/19/2025	Exit Conference Licensee Designee Marcia Curtiss

ALLEGATION: Staff are not providing Resident A with a specific bedroom per a physician's order to do so.

INVESTIGATION: On 02/04/2025 LARA-BCHS-Complaints received complaint allegations that were assigned for investigation on 02/09/2025. The complaint alleged that Resident A's "Dr. ordered they move her room to the front of the facility, and she is still at the back".

On 02/06/2025 I interviewed Relative 1 via telephone. Relative 1 stated that Resident A has a previous leg injury which limits Resident A's mobility. Relative 1 stated that Resident A's physician, Dr. Warda Zaidi, has ordered that Resident A be provided with a bedroom located at the front of the facility which is closer to the communal kitchen and living area.

On 02/10/2025 I completed an unannounced onsite investigation at the facility and privately interviewed staff Miranda Cockrell and Resident A.

Staff Miranda Cockrell stated that Resident A does have limited mobility however there is no physician's order in place mandating that Resident A must be appointed a bedroom located at the front of the building. Ms. Cockrell stated that Resident A's Primary Care Physician is Dr. Warda Zaidi.

On 02/12/2025 I emailed the complaint allegations to Adult Protective Services centralized intake.

On 03/04/2025 I interviewed Beth Urban, Register Nurse from Corewell Health. Ms. Urban confirmed that Dr. Warda Zaidi is Resident A's Primary Care Provider. Ms. Urban stated that she is Dr. Zaidi's assigned registered nurse and is familiar with Resident A's medical care. Ms. Urban stated that there is no medical order in place specifying the location of Resident A's bedroom within the facility.

On 03/19/2025 I completed an exit conference via telephone with licensee designee Marcia Curtiss. Ms. Curtiss stated that she agreed with the Special Investigation findings.

APPLICABLE RULE	
R 400.15312	**Resident medications.**
	(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being S333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.
ANALYSIS:	I interviewed Beth Urban, Register Nurse from Corewell Health. Ms. Urban confirmed that Dr. Warda Zaidi is Resident A's Primary Care Provider. Ms. Urban stated that she is Dr. Zaidi's assigned registered nurse and is familiar with Resident A's medical care. Ms. Urban stated that there is no medical order specifying the location of Resident A's bedroom in the facility. A preponderance of evidence was not discovered to substantiate a violation of the applicable rule. A physician's order does not exist that mandates Resident A have a bedroom located at the front of the building.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: Resident A's dinner has been served late on multiple occasions.

INVESTIGATION: On 02/06/2025 I interviewed Relative 1 via telephone. Relative 1 stated that Resident A eats her meals in her bedroom. Relative 1 stated that on multiple occasions Resident A has reported not being served her dinner until 7:30 PM and 8:00 PM. Relative 1 stated that the staff serve residents in the dining room first and then provide Resident A her food afterwards.

While onsite on 02/10/2025 I interviewed staff Miranda Cockrell, Nita Hewlett, Michael Madison, and Resident A.

Ms. Cockrell stated that the facility serves breakfast from 6:00 AM until 9:30 AM, lunch from 11:30 AM until 12:30 PM, and dinner from 4:30 PM until 5:30 PM. Ms. Cockrell stated that staff serve residents in the dining room first and then deliver meals to residents in their bedrooms. Ms. Cockrell stated that Resident A is served her meals within thirty minutes of the meal being served to residents in the dining room. Ms. Cockrell stated that Resident A can eat her meals in the dining room but prefers to eat in her bedroom. Ms. Cockrell stated that she has never observed Resident A served dinner between 7:30 PM and 8:00 PM.

Ms. Hewlett and Mr. Madison both stated that Resident A is provided meals in her bedroom per her request. Both staff stated that Resident A is served her dinner right after residents in the dining room receive their dinner at approximately 4:30 PM. Both staff denied Resident A has been provided dinner at 7:30 PM or later.

Resided A stated that she is provided meals in her bedroom upon her request. Resident A stated that she is provided lunch a little after noon and dinner at about 5:00-5:30 PM. Resident A denied being served at 7:30 PM.

While in Resident A's bedroom, I observed several stored snacks.

On 03/19/2025 I completed an exit conference via telephone with licensee designee Marcia Curtiss. Ms. Curtiss stated that she agreed with the Special Investigation findings.

APPLICABLE RULE	
R 400.15313	**Resident nutrition.**
	(1) A licensee shall provide a minimum of 3 regular, nutritious meals daily. Meals shall be of proper form, consistency, and temperature. Not more than 14 hours shall elapse between the evening and morning meal.
ANALYSIS:	Staff Miranda Cockrell stated the facility serves breakfast from 6:00 AM until 9:30 AM, lunch from 11:30 AM until 12:30 PM, and dinner from 4:30 PM until 5:30 PM. Ms. Cockrell stated that she has never observed Resident A served dinner between 7:30 PM and 8:00 PM.

	Resident A stated that she is provided meals in her bedroom upon her request. Resident A stated that she is provided lunch a little after noon and dinner at about 5:00-5:30 PM. A preponderance of evidence was not discovered to substantiate a violation of the applicable rule. Resident A is provided three regular meals and 14 hours does not lapse between Resident A's lunch and dinner.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: Resident A went three weeks without receiving a shower.

INVESTIGATION: On 02/06/2025 I interviewed Relative 1 via telephone. Relative 1 stated that Resident A requires staff assistance with showering due to mobility issues. Relative 1 stated that Resident A has been provided a shower once per week and recently went three weeks without receiving a shower. Relative 1 stated that she addressed this concern with staff Miranda Cockrell who agreed Resident A must be showered more often.

While onsite on 02/10/2025 I interviewed Miranda Cockrell, Nita Hewlett and Resident A.

Ms. Cockrell stated that Resident A requires staff assistance with showering. Ms. Cockrell stated that Resident A is showered twice weekly. Ms. Cockrell denied Resident A went three weeks without showering.

Ms. Hewlett stated that Resident A is provided a shower twice weekly. She denied that Resident A went three weeks without showering.

Resident A stated that she typically receives a shower twice weekly but last month went three weeks without showering. Resident A stated that she could not recall the exact dates she went three weeks without showering but characterized it as "last month". Resident A stated that she last received a shower on 02/08/2025.

On 02/13/2025 I received an email from Licensee Designee Marcia Curtiss. The email contained documents entitled "skin assessment". Each document provides a skin assessment before a shower is provided by facility staff. A skin assessment/shower was provided to Resident A on the following dates: 01/01/2025, 01/04/2025, 01/08/2025, 01/11/2025, 01/15/2025, 01/18/2025, 01/22/2025, 01/25/2025, 01/29/2025, 02/01/2025, 02/05/2025, and 02/08/2025.

On 03/04/2025 I interviewed Beth Urban, Registered Nurse from Corewell Health. Ms. Urban stated that Resident A has been observed on multiple occasions as ungroomed and unbathed while at Dr. Zaidi's medical practice. Ms. Urban stated

that during multiple office visits, Resident A has stated that facility staff are not bathing her regularly and Resident A's physical appearance confirmed this as true. On 03/04/2025 I received a fax from Beth Urban, Registered Nurse from Corewell Health. I observed that the fax contained a document titled "(Resident A): Primary Care Visits-11/24-3/4/25". The document stated that on 02/05/24 Resident A "is to be bathed twice a week and it is reported by patient that she is not getting bathed and her poor grooming at time of visit". The document stated that on 11/13/2024 Resident A was observed "poorly groomed and unbathed at time of visit, her clothing was disheveled and malodorous".

On 03/19/2025 I received an email from staff Jeannine Hayes which stated that Resident A has resided at the facility since 09/30/2024.

On 03/19/2025 I completed an exit conference via telephone with licensee designee Marcia Curtiss. Ms. Curtiss stated that "this is the first" she has heard regarding Resident A's lack of care. Ms. Curtiss stated that she did not dispute the Special Investigation findings and would submit an acceptable Corrective Action Plan.

APPLICABLE RULE	
R 400.15314	**Resident hygiene.**
	(1) A licensee shall afford a resident the opportunity, and instructions when necessary, for daily bathing and oral and personal hygiene. A licensee shall ensure that a resident bathes at least weekly and more often if necessary.
ANALYSIS:	Resident A stated that she typically receives a shower twice weekly but last month went three weeks without showering. Resident A stated that she could not recall the exact dates she went three weeks without showering but stated it was "last month". Resident A stated that she last received a shower on 02/08/2025. Staff Miranda Cockrell stated that Resident A is provided a shower by staff twice weekly. Ms. Cockrell denied Resident A went three weeks without showering. Staff Nita Hewlett stated that Resident A is provided a shower twice weekly by facility staff. She denied that Resident A went three weeks without showering. I observed facility documents entitled "skin assessment". Each document provides a skin assessment before a shower is provided by facility staff. I observed that a skin assessment/shower was provided to Resident A on the following dates: 01/01/2025, 01/04/2025, 01/08/2025, 01/11/2025,

	01/15/2025, 01/18/2025, 01/22/2025, 01/25/2025, 01/29/2025, 02/01/2025, 02/05/2025, and 02/08/2025. Beth Urban, Registered Nurse from Corewell Health stated that Resident A has been observed on multiple occasions as ungroomed and unbathed while at Dr. Zaidi's medical practice. Ms. Urban stated that during multiple office visits, Resident A has stated that facility staff are not bathing her regularly and Resident A's physical appearance confirmed this as true. I observed a document titled "(Resident A): Primary Care Visits-11/24-3/4/25" which was drafted by Beth Urban, RN. The document stated that on 02/05/24 Resident A "is to be bathed twice a week and it is reported by patient that she is not getting bather and her poor grooming at time of visit". The document stated that on 11/13/2024 Resident A was observed "poorly groomed and unbathed at time of visit, her clothing was disheveled and malodorous". A preponderance of evidence was discovered to substantiate a violation of the applicable rule. Resident A reports that she has not been showered regularly. Documentation from Dr. Warda Zaidi confirms that Resident A has been observed as unbathed during medical appointments.
CONCLUSION:	**VIOLATION ESTABLISHED**

ALLEGATION: The facility is infested with mice.

INVESTIGATION: On 02/06/2025 I interviewed Relative 1 via telephone. Relative 1 stated that she observed mouse feces in Resident A's dresser drawer and on her windowsill this week.

While onsite on 02/10/2025 I interviewed staff Miranda Cockrell, Nita Hewlett, and Resident A.

Ms. Cockrell stated that the facility has an ongoing contract with Orkin Pest Control services. Ms. Cockrell stated that Orkin Pest Control visits the facility monthly to provide mouse abatement services. Ms. Cockrell stated that she has not observed any mice at the facility and has not observed any mouse feces.

Staff Nita Hewlett stated that she last observed a mouse at the facility "a couple months ago". She stated that she observed mouse feces at the facility "a couple months ago". She stated that the facility is being treated by Orkin Pest Control and she has not observed any recent indications of mice infestation.

Resided A stated that she has observed mouse feces in her dresser drawer. She stated she has informed staff, but the fecal matter is still located in her dresser. Resident A stated that she did not observe an actual mouse. Resident A stated that staff empty her trash when she requests.

Resident B stated that she observed mouse fecal matter in her drawer today which is new as she had not observed it the day before. Resident B stated that she did not notify staff of the mouse fecal matter. Resident B stated that she removed the mouse fecal matter herself.

While onsite I observed Resident A's bedroom. I observed that Resident A's bedroom is cluttered with personal items. I observed that her trash was not overflowing. I did observe mouse fecal matter in Resident A's dresser drawer located under her clothing. I observed mouse fecal matter in a second empty dresser drawer.

On 02/13/2025 I received an email from Licensee Designee Marcia Curtiss. The email contained Service Reports from Orkin Pest Control. The contractor is proving mice abatement services monthly with the last visit occurring on 01/28/2025.

On 03/19/2025 I completed an exit conference via telephone with licensee designee Marcia Curtiss. Ms. Curtiss stated that she agreed with the Special Investigation findings.

APPLICABLE RULE	
R 400.15401	**Environmental health.**
	(5) An insect, rodent, or pest control program shall be maintained as necessary and shall be carried out in a manner that continually protects the health of residents.
ANALYSIS:	I observed Service Reports from Orkin Pest Control which indicate the contractor is providing mice abatement services monthly, with the last visit occurring on 01/28/2025. A preponderance of evidence was not discovered to substantiate a violation of the applicable rule. The facility is actively treating the facility for mice with Orkin Pest Control Services.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: The facility is unclean.

INVESTIGATION: While onsite on 02/10/2025 I interviewed staff Miranda Cockrell, Resident A, and Resident B.

Ms. Cockrell stated that she has not observed indications of a mouse infestation. Ms. Cockrell stated the facility contracts with Orkin Pest Control services and the company provides monthly remediation services.

Resided A stated that she has observed mouse feces in her dresser drawer. She stated that has informed staff, but the fecal matter is still located in her dresser. Resident A stated that she did not observe an actual mouse. Resident A stated that staff empty her trash when she requests.

Resident B stated that she observed mouse fecal matter in her drawer today which is new as she had not observed it the day before. Resident B stated that she did not notify staff of the mouse fecal matter. Resident B stated that she removed the mouse fecal matter herself.

While onsite I observed Resident A's bedroom, which is cluttered with personal items. I observed that her trash was not overflowing. I did observe mouse fecal matter in Resident A's dresser drawer located under her clothing. I observed mouse fecal matter in a second empty dresser drawer.

On 03/19/2025 I completed an exit conference via telephone with licensee designee Marcia Curtiss. Ms. Curtiss stated that the facility staff have contracted with several pest remediation services in an attempt to eradicate the mice. Ms. Curtiss stated that she did not dispute the rule violation and would submit an acceptable Corrective Action Plan.

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:	Resided A stated that she has observed mouse feces in her dresser drawer. She stated that has informed staff, but the fecal matter is still located in her dresser. Resident B stated that she observed mouse fecal matter in her drawer today which is new as she had not observed it the day before. Resident B stated that she did not notify staff of the mouse fecal matter. Resident B stated that she removed the mouse fecal matter herself.

	While onsite I observed Resident A's bedroom, which is cluttered with personal items. I observed that her trash was not overflowing. I did observe mouse fecal matter in Resident A's dresser drawer located under her clothing. I observed mouse fecal matter in a second empty dresser drawer. A preponderance of evidence was discovered to substantiate a violation of the applicable rule. While facility has contracted pest control services with a private company, mouse droppings have been observed in resident bedrooms and requires cleaning.
CONCLUSION:	**VIOLATION ESTABLISHED**

IV. RECOMMENDATION

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

03/20/2025

Toya Zylstra Date
Licensing Consultant

Approved By:

03/20/2025

Jerry Hendrick Date
Area Manager