



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 12, 2025

Eric Simcox
Charter Senior Living of Stepping Stone Falls
4444 W. Court Street
Flint, MI 48532

RE: License #: AH250236841
Investigation #: 2025A1035048
Charter Senior Living of Stepping Stone Falls

Dear Mr. Simcox:

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 feel free to contact me. In any event, the corrective action plan is due within 15 days.

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) 335-5985.

Sincerely,

Jennifer Heim, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
Lansing, MI 48909
(313) 410-3226
enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH250236841
Investigation #:	2025A1035048
Complaint Receipt Date:	04/23/2025
Investigation Initiation Date:	04/23/2025
Report Due Date:	06/23/2025
Licensee Name:	Flint Michigan Retirement Housing LLC
Licensee Address:	14005 Outlook Street Overland Park, KS 66223
Licensee Telephone #:	(240) 595-6064
Administrator/ Authorized Representative:	Sondra Yantz
Name of Facility:	Charter Senior Living of Stepping Stone Falls
Facility Address:	4444 W. Court Street Flint, MI 48532
Facility Telephone #:	(810) 720-5184
Original Issuance Date:	02/01/2001
License Status:	REGULAR
Effective Date:	08/01/2024
Expiration Date:	07/31/2025
Capacity:	114
Program Type:	AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
Resident A is receiving poor quality of care. Resident A was locked in her room.	Yes
The facility has poor staffing.	No
Resident A does not receive all meals.	Yes
The facility has a bed bug infestation.	No
Additional Findings: The facility does not maintain a meal census log.	Yes

III. METHODOLOGY

04/23/2025	Special Investigation Intake 2025A1035048
04/23/2025	Special Investigation Initiated - Letter
05/19/2025	Contact - Face to Face
06/12/2025	Inspection Complete. BCAL Sub Compliance.
06/12/2025	Exit Conference.

ALLEGATION:

Resident A is receiving poor quality of care. Resident A was locked in her room.

INVESTIGATION:

On April 23, 2025, the Department received a complaint forwarded from Adult Protective Services (APS) which read:

“Resident A utilizes oxygen, and she is in a wheelchair. Resident A relies on someone to care for her daily living skills. Resident A was heard yelling from her room and her call light was on. Resident A was locked in her room, unknown why. When staff entered Resident A’s room, she had started to fall off her bed, her diaper was full of old and new feces. Resident A had been on her oxygen pace machine; she reported that no one had checked on the

machine in 2 to 3 days. Resident A also stated that she had not had clothes for 5 days and that her brief was put on incorrectly the night before.”

On May 8, 2025, the Department received an anonymous complaint through the online complaint system which read:

“They only have 1 staff member at a time in a building with more than 15 to 20 residents or more. Residents are getting medication late and some are not getting dirty diapers changed in a timely manner. This has caused rashes and sores. I have brought this up to both the Nurse manager as well as the Administrator. They blow me off as if it is not a big deal. My sister used her call light and it took over 35 min for someone to respond.”

On May 19, 2025, an onsite investigation was conducted. While onsite I interviewed Staff Person (SP)1 who states there are two Residents with the name provided, Resident A is closest to the age provided in complaint. SP1 is unaware of care concerns related to Resident A. SP1 states Resident A is alert and orientated and can state concerns.

While onsite, I interviewed Staff person (SP)2 who states Resident A’s service plan was recently updated. SP2 states she is unaware of care concerns Resident A has. SP2 states there is no record of Resident A having a fall and she is not on monitored charting.

While onsite, I interviewed Resident A who states the door automatically locks when the door opens and hits the wall. The facility placed a door stopper which has resolved the problem. Resident A states there are staff that care and do a good job but there are several staff that don’t care and do not do a good job. Resident A states there was an incident recently where she needed help getting cleaned up related to loose stools where staff would not assist. Resident A reports wearing dirty clothes related to her laundry not being returned timely and multiple items missing. Resident A states she has voiced her concern to management. The concerns have not been rectified at this time. Resident A states she has not received a shower in “months.” Resident A states she was not fed dinner on 5/18/2025.

Through direct observation Resident A’s room is cluttered. Housekeeping was in the process of cleaning the bathroom. Resident A states “they must have known you were coming otherwise they would not be cleaning my room.”

Through record review of Resident A service plan, Resident A will bathe safely and as often as needed. Staff to give moderate assistance while Resident A bathes. Showers are scheduled for Tuesdays and Fridays. Resident A will be offered assistance with toileting, staff will offer assistance while the resident uses the bathroom for a set amount of time.

While onsite, I interviewed Resident B who states, “some help and some don’t.” Resident B states there are long wait times, sometimes an hour will pass before the call light is answered. Resident B states over the weekend a staff member was “messing with my phone and now won’t stop ringing.” The land line was answered and turned off then continued to ring. Resident B states “they don’t treat me right.”

Through direct observation, two free standing oxygen tanks noted in the room, Resident B’s land phone line continues to ring unless left on. Resident B’s call light was placed on during visit; it took fifteen minutes for light to be answered.

While onsite, I interviewed SP3 who states call lights are expected to be answered within ten minutes. There are times the wait is a little longer related to assisting other residents. SP3 states oxygen tanks should be stored in oxygen room. The two free standing oxygen tanks were taken to oxygen room where additional oxygen tanks were noted free standing.

Through a record review of Medication Administration Record for Resident A and Resident B. Medications had been administered as ordered.

Through a record review it was noted that Resident A “Reported Care Report” 4/1/25 through 5/19/25 indicates 14 showers scheduled, showers outcomes state completed except one stating not completed. Detail section states on three accounts Resident at PACE. One statement states “Out at PACE, need shower days changed from her PACE days which are Tuesday’s & Friday’s.” Allotted shower time indicates 10 minutes per shower all “time taken” indicates “N/A.”

APPLICABLE RULE	
R 325.1921	Governing bodies, administrators, and supervisors.
	(1) The owner, operator, and governing body of a home shall do all of the following: (b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.

ANALYSIS:	<p>Through direct observation and interview, Resident A states her care needs are not being met with long call light response times and Resident A's room is cluttered with many fall hazards. The facility was unable to generate a call light report to evaluate call light response times.</p> <p>Through interview, Resident B states her care needs are not being met with long call light response times.</p> <p>Through record review, Resident A showers are documented as completed with "N/A" as the time taken to complete each shower. Notes indicating shower not completed related to Resident A being at PACE. Based lack of documentation on the time taken to complete the shower and Resident A's statement that showers have not been given as indicated on the service plan.</p> <p>Through direct observation, multiple free standing oxygen tanks noted as being stored in Resident B's room, as well as multiple freestanding takes not properly stored in oxygen storage rack in the oxygen storage room.</p> <p>For the reasons outlined above, a violation has been identified.</p>
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

The facility has poor staffing.

INVESTIGATION:

On May 8, 2025, the Department received an additional anonymous complaint through the online complaint system which read:

"They only have 1 staff member at a time in a building with more than 15 to 20 residents or more."

On May 19, 2025, an onsite investigation was conducted. While onsite I interviewed SP1 who states the facility staffing goals are Floor 1 two Resident Aides (RA) and one med technician each shift, Floor 2 & 3 one RA and one med technician each shift, and Floor 4 one RA/Med technician each shift.

While onsite I interviewed SP2 who states the facility is hiring new staff member and "getting ride of the bad ones."

Through record review facility staff according to their staffing goals. The facility staff's twelve-hour shifts.

APPLICABLE RULE	
R 325.1931	Employees; general provisions.
	(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.
ANALYSIS:	Through record review the facility staff according to staffing goals. SP1 states the facility continues to interview and hire staff to fill vacancies. No violation could be established for this allegation.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

The facility has bed bug infestation.

INVESTIGATION:

On May 8, 2025, the Department received an additional anonymous complaint through the online complaint system which read:

“The memory care building has a bed bug infestation, in which my loved one had to be evacuated from the building and placed in another one. The bites have gotten so bad that I had to seek medical attention.”

On May 19, 2025, an onsite investigation was conducted. While onsite I interviewed SP1 who states the facility has experienced a recent outbreak of bed bugs that had been addressed promptly and treated using Orkin.

While onsite, I interviewed SP4 who states she was notified that bed bugs had been observed on the memory care unit. SP4 contacted Orkin 4/23/25, initial treatment completed on 4/26/25, additional treatment completed on 5/5/25 and 5/14/25. SP4 states the management team prepared the rooms 24 hours prior to treatment by removing outlet covers, wall pictures, flipping furniture, and placing stuffed animals into plastic garbage bags.

APPLICABLE RULE	
R 325.1978	Insect and vermin control.
	(1) A home shall be kept free from insects and vermin. (2) Pest control procedures shall comply with MCL 324.8301 et seq.
ANALYSIS:	Through record review and interview facility is following policy and procedure to address bed bugs within the facility. The facility is working with Orkin to eradicate bed bug infestation. No violation could be established for this allegation.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDINGS:

The facility does not maintain a meal census log.

INVESTIGATION:

While onsite Resident A stated she had not received her dinner 5/18/ 2025.

Through record review the facility does not maintain a meal census. The food log kept at the dining room counter had multiple missed instances of documentation.

While onsite, I interviewed SP5 who states the food log is to keep track of residents who receive a room tray. SP5 was unable to explain why some days all resident names had been checked off. SP5 was able to produce a dietary calendar. SP5 stated the facility does not maintain a food census log.

APPLICABLE RULE	
R 325.1954	Meal and food records.
	The home shall maintain a record of the meal census, to include residents, personnel, and visitors, and a record of the kind and amount of food used for the preceding 3-month period.

ANALYSIS:	<p>Through record review and interview there is no documentation to confirm Resident A received a dinner tray on 5/18/2025. Resident A states she did not receive a tray and was not brought any food when asked.</p> <p>Through record review and interview, facility does not maintain a food census record. Based on the information noted above this allegation has been substantiated.</p>
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, I recommend the status of this license remain unchanged.



06/03/2025

Jennifer Heim, Health Care Surveyor Date
Long-Term-Care State Licensing Section

Approved By:



06/12/2025

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