STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

GRETCHEN WHITMER
GOVERNOR

MARLON I. BROWN, DPA
DIRECTOR

September 30, 2025

Megan Rheingans
Serene Gardens of Grand Blanc
1481 E. Hill Road
Grand Blanc, MI 48439

RE: License #: AH250385140
Investigation #: 2025A0784087
Serene Gardens of Grand Blanc

Dear Megan Rheingans:

Attached is the Special Investigation Report for the above-mentioned 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.
- Indicate how continuing compliance will be maintained once compliance is achieved.
- Be signed and dated.

Please review the enclosed documentation for accuracy and contact me with any questions. If I am not available and you need to speak to someone immediately, please contact the local office at (517) 335-5985.

Sincerely,

Aaron L. Clum

Aaron Clum, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 230-2778

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH250385140
Investigation #:	2025A0784087
Complaint Receipt Date:	09/24/2025
Investigation Initiation Date:	09/26/2025
Report Due Date:	11/23/2025
Licensee Name:	1481 E. Hill, LLC
Licensee Address:	3520 Davenport Avenue Saginaw, MI 48602
Licensee Telephone #:	(989) 892-0658
Administrator:	Kelly Jackson
Authorized Representative:	Megan Rheingans
Name of Facility:	Serene Gardens of Grand Blanc
Facility Address:	1481 E. Hill Road Grand Blanc, MI 48439
Facility Telephone #:	(810) 603-7029
Original Issuance Date:	01/26/2018
License Status:	REGULAR
Effective Date:	08/01/2025
Expiration Date:	07/31/2026
Capacity:	79
Program Type:	ALZHEIMERS AGED

II. ALLEGATION(S)

	Violation Established?
Inadequate care for Resident A	Yes
The facility is storing moldy food	No
Additional Findings	Yes

III. METHODOLOGY

09/24/2025	Special Investigation Intake 2025A0784087
09/26/2025	Special Investigation Initiated - On Site
09/26/2025	Inspection Completed On-site
09/26/2025	Exit Conference Conducted with administrator Kelly Jackson

ALLEGATION:

Inadequate care for Resident A

INVESTIGATION:

On 9/24/2025, the department received this online complaint. Due to the anonymous nature of the complaint, additional information could not be obtained.

According to the complaint, Resident A has a bed sore on her buttock and staff are not rotating her as they are supposed to.

On 9/26/2025, I interviewed staff 1 at the facility. Staff 1 stated Resident A does have a bed sore being treated by hospice care. Staff 1 stated that as a part of Residents A's care, she is supposed to be rotated every two hours per physician's order. Staff 1 stated she has not had any concerns brought to her attention by hospice regarding Resident A's wound. Staff 1 stated Resident A has been receiving wound care from hospice for approximately one week. Staff 1 stated Resident A's orders for being rotated started sooner in an attempt to keep her from developing bed sores as she does not move a lot on her own. Staff 1 stated the facility does maintain activities of daily living (ADLs) tracking log for Resident A as it pertains to her two-hour checks. Staff 1 stated the log is maintained in the facilities computer system. Staff 1 stated staff are supposed to note their checks in the system every two hours which leaves staff initials on the log.

During the onsite, I observed Resident A sleeping in her bed. She appeared comfortable and well groomed.

During the onsite, I reviewed Resident A’s ADL log. Under a section titled SAFETY CHECKS, the log provided a spot for staff to enter initials every two hours, for a 24 hour period, as stated by staff 1. Review of the log for September 2025 revealed 58 times over the course of the month between 9/01/2025 and the present date which did not include any staff initials and were blank. Staff 1 stated staff have been inconsistent with documentation in the system. Staff 1 stated she could not be certain if the missing initials on the log were due to staff not completing the task or staff just not entering the data into the log.

On 9/26/2025, I interviewed administrator Kelly Jackson at the facility. Administrator provided statements consistent with those of staff 1. Administrator stated she is actively trying to address issues related to documentation with staff.

I reviewed Resident A’s physician’s orders which read consistently with staff 1’s statements.

I reviewed hospice notes for Resident A which read consistently with staff 1’s statements indicating Resident A has been receiving wound care since 9/19/2025.

APPLICABLE RULE	
R 325.1931	**Employees; general provisions.**
	(2) A home shall treat a resident with dignity and his or her personal needs, including protection and safety, shall be attended to consistent with the resident's service plan.
R 325.1942	**Resident records.**
	(2) A home shall assure that a current resident record is maintained and that all entries are dated and signed. **(3) The resident record shall include at least all of the following:** **(f) Health information, as required by MCL 333.20175(1), and other health information needed to meet the resident's service plan.**

ANALYSIS:	The complaint alleged that Resident A was not being rotated as physician ordered. The investigation revealed Resident A is currently receiving wound care due to an open wound on her coccyx. Staff 1 reported Resident A had a rotation order in place since prior to a wound developing since she does not move on her own very much, which was confirmed with the facilities ADL charting. While there did not appear to be any immediate concerns regarding the wound being treated, review of the ADL charting revealed 58 times during the month of September 2025 where staff did not chart in the system. While administrator and staff 1 both reported staff have been inconsistent with making sure to chart the system, there is no way to confirm if these missed data entries represent staff neglect of entering data or staff neglect of performing the duty in the first place. Based on the findings, the facility is not in compliance with these rules.
CONCLUSION:	**VIOLATION ESTABLISHED**

ALLEGATION:

The facility is storing moldy food

INVESTIGATION:

According to the complaint, the facility has moldy food stored in refrigerators. No additional information was provided about this complaint.

During the interview, staff 1 stated all food is stored in the kitchen. During the onsite, I inspected the refrigerators, freezer and dry storage in the kitchen. I did not find any moldy food during that time.

APPLICABLE RULE	
R 325.1976	**Kitchen and dietary.**
	(6) Food and drink used in the home shall be clean and wholesome and shall be manufactured, handled, stored, prepared, transported, and served so as to be safe for human consumption.
ANALYSIS:	Based on the findings, the allegation is not substantiated.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ADDITIONAL FINDINGS:

INVESTIGATION:

I reviewed Resident A’s service plan, provided by staff 1. The plan was dated 4/21/2025. Review of the plan revealed no information was updated to include Resident A’s wound care.

APPLICABLE RULE	
R 325.1922	**Admission and retention of residents.**
	(5) A home shall update each resident's service plan at least annually or if there is a significant change in the resident's care needs. Changes shall be communicated to the resident and his or her authorized representative, if any.
ANALYSIS:	Based on the findings, the facility is not in compliance with this rule.
CONCLUSION:	**VIOLATION ESTABLISHED**

IV. RECOMMENDATION

Upon receipt of an acceptable corrective action plan, it is recommended that the status of the license remain unchanged.

Aaron L. Clum 9/29/2025

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Aaron Clum Date
Licensing Staff

Approved By:

Andrea Moore 09/30/2025

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