



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 16, 2025

Katie Edwards
Cliffside Company
3905 Lorraine Path
St. Joseph, MI 49085

RE: License #: AL110077441
Investigation #: 2025A0790046
Caretel Inns Of Royalton Arlington

Dear Ms. Edwards:

Attached is the Special Investigation Report for the above-referenced facility. Due to the violation 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. 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. If I am not available and you need to speak to someone immediately, please contact the local office at (616) 356-0100.

Sincerely,

A handwritten signature in cursive script that reads "Rodney Gill".

Rodney Gill, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
gillr@michigan.gov
(517)980-1433

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL110077441
Investigation #:	2025A0790046
Complaint Receipt Date:	08/27/2025
Investigation Initiation Date:	09/02/2025
Report Due Date:	10/26/2025
Licensee Name:	Cliffside Company
Licensee Address:	3905 Lorraine Path St. Joseph, MI 49085
Licensee Telephone #:	(947) 282-7555
Administrator:	Katie Edwards
Licensee Designee:	Katie Edwards
Name of Facility:	Caretel Inns Of Royalton Arlington
Facility Address:	3905 Lorraine Path Saint Joseph, MI 49085
Facility Telephone #:	(269) 363-1906
Original Issuance Date:	07/17/1998
License Status:	REGULAR
Effective Date:	12/11/2023
Expiration Date:	12/10/2025
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED AGED

II. ALLEGATION(S)

	Violation Established?
Residents are not administered medications per label instructions.	Yes
Direct care staff members are not tested for communicable tuberculosis.	No
There are not enough direct care staff members working to adequately meet resident needs.	No
Fire drills are not conducted on the night shift.	No
Several rooms have inoperable ventilation fans.	No

III. METHODOLOGY

08/27/2025	Special Investigation Intake 2025A0790046
08/27/2025	APS Referral is not necessary because the allegations do not meet assignment criteria for Adult Protective Services. The allegations pertain to licensing rule violations and not abuse or neglect.
09/02/2025	Special Investigation Initiated - On Site
09/02/2025	<p>Inspection Completed On-site</p> <p>I interviewed administrator Heather Bier, human resources director Sara Flowers, environmental director Gary Jenkins , direct care staff member (DCSM) Araceli Mendez who functions as the director of the assisted living facilities, DCSM Juliane Hahn who functions as the assistant director of the assisted living facilities, and Resident A.</p>
09/03/2025	<p>Contact – Face to Face at the facility</p> <p>I interviewed DCSMs Brianna Perry, Toniya Cornelius, and Shannon Huddleston. I observed and spoke with Resident B.</p>
09/16/2025	Inspection Completed-BCAL Sub. Compliance
09/16/2025	Corrective Action Plan Requested and Due on 10/02/2025

09/23/2025	<p>Comment</p> <p>I emailed administrator Heather Bier requesting additional information regarding one of the allegations.</p>
09/23/2025	Exit Conference / interview with licensee designee Katie Edwards.
09/24/2025	<p>Comment</p> <p>Ms. Bier emailed me with additional information regarding a particular allegation.</p>

ALLEGATION:

Residents are not administered medications per label instructions.

INVESTIGATION:

On 8/27/25, I reviewed a Michigan Department of Licensing and Regulatory Affairs – Bureau of Community and Health Systems Online Complaint Form dated 8/26/25. The complaint indicated residents often miss several dosages of crucial medications such as Locasamide and Lasix because of pharmacy errors/delays. The complaint indicated direct care staff members (DCSMs) consistently call pharmacy and report concerns with the pharmacy to leadership to no resolve.

On 9/2/25, I conducted an unannounced onsite investigation. I interviewed administrator Heather Bier, human resources director Sara Flowers, environmental director Gary Jenkins, direct care staff member (DCSM) Araceli Mendez who functions as the director of the assisted living facilities, DCSM Juliane Hahn who functions as the assistant director of the assisted living facilities, and Resident A.

On 9/3/25, I conducted a second unannounced onsite investigation and interviewed DCSMs Brianna Perry, Toniya Cornelius, and Shannon Huddleston.

Ms. Bier, Ms. Mendez, Ms. Hahn, and Ms. Perry, who is trained in medication administration and often tasked with administering residents’ medications, all admitted there have been issues with administering medications per label instructions.

On 9/2/25, I interviewed Resident A. Resident A had a pleasant affect. She appeared clean, well-kempt, and neatly dressed.

Resident A disclosed she has not received medications per label instructions on several occasions. Resident A stated that most recently she did not receive her prescribed medication Lasix on 9/1/25.

On 9/3/25, I reviewed Resident A's *Medication Administration Record (MAR)* for the month of 9/25. I found that Resident A did not receive her Lasix Oral Tablet 20 MG on 9/1/25. The reason listed for Resident A not receiving the prescribed medication was (9) Other / See Nurse Notes.

Resident A disclosed that the DCSM who was administered medication on 9/1/25 informed her that the facility had run out of her Lasix medication and the pharmacy had not yet delivered a refill for this prescription. Resident A said the DCSM was unaware why the Lasix had not yet been delivered.

Ms. Bier stated that she and her team are in the process of developing a new policy and procedure to ensure that all residents' medications are delivered by their pharmacy in a timely manner and administered per label instructions.

APPLICABLE RULE	
R 400.15312	Resident medications.
	(2) Medication shall be given, taken, or applied pursuant to label instructions.
ANALYSIS:	Based on the information gathered during this special investigation through review of documentation and interviews with Ms. Bier, Ms. Mendez, Ms. Hahn, Ms. Perry, and Resident A there was sufficient evidence found indicating that Residents are not administered medications per label instructions. There was specifically sufficient evidence found indicating that Resident A did not receive her prescribed Lasix Oral Tablet 20 MG on 9/1/25.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

Direct care staff members are not tested for communicable tuberculosis.

INVESTIGATION:

The complaint indicated DCSMs are not screened for communicative disease tuberculosis (TB) before working for almost a year.

Ms. Bier and Ms. Flowers both indicated that it is their protocol to test each direct care staff member (DCSM) for communicable tuberculosis while they are in orientation. Ms. Flowers stated that she personally ensures each DCSM has been tested for communicable tuberculosis while in orientation and prior to working directly with and caring for residents.

Ms. Mendez and Ms. Hahn both indicated they were tested for communicable tuberculosis while in orientation and prior to working directly with or caring for residents.

Ms. Perry, Ms. Cornelius, and Mr. Huddleston all disclosed that they were tested for communicable tuberculosis while in orientation and prior to working directly with or caring for residents.

On 9/23/25, I reviewed DCSMs Araceli Mendez, Juliane Hahn, Brianna Perry, Toniya Cornelius, and Shannon Huddleston’s communicable tuberculosis (TB) tests and confirmed they were completed as indicated.

APPLICABLE RULE	
R 400.15205	Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.
	(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual’s employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.

ANALYSIS:	Based on the information gathered during this special investigation through personal observation, review of documentation and interviews with Ms. Bier, Ms. Flowers, Ms. Mendez, Ms. Hahn, Ms. Perry, Ms. Cornelius, and Mr. Huddleston there was insufficient evidence found indicating that direct care staff members are not tested for communicable tuberculosis before working for almost a year.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

There are not enough direct care staff members working to adequately meet resident needs.

INVESTIGATION:

The complaint indicated that the number of DCSMs working does not reflect the high acuity of residents needing nursing care.

On 9/2/25, I observed two direct care staff members (DCSMs) on shift and was informed that there was also a DCSM on shift floating between facilities.

On 9/3/25, I observed two DCSMs on shift and was informed that there was also a DCSM on shift floating between facilities.

Ms. Bier stated that she was recently hired as an administrator and assists with managing the day-to-day activities at Caretel Inns of Royalton. Ms. Bier said she and other team members, including Ms. Mendez and Ms. Hahn, have been looking closely at and examining thoroughly the facilities schedules. She stated that they specifically have been looking at how to fill any holes in the schedules and ensure adequate staffing ratios.

Ms. Bier stated that they try to have two DCSMs on shift in each facility and one floater trained to administer medications rotating as needed between the facilities during waking hours. She said they try to have at least one DCSM on shift in each

facility and one floater trained in medication administration rotating as needed between the facilities during sleeping hours.

Ms. Mendez and Ms. Hahn reiterated the staffing patterns they attempt to maintain for their assisted living facilities previously articulated by Ms. Bier. Their understanding of the staffing patterns were the same as what Ms. Bier indicated.

Ms. Mendez and Ms. Hahn added that one or both of them are at the facility most days during waking hours and are available to help out with resident care when needed. Ms. Mendez and Ms. Hahn indicated they are able to fill in if needed when a DCSM calls off or does not show up for their shift at the last minute.

Ms. Perry stated two DCSMs are needed during waking hours to adequately care for the residents. She said staffing has been getting better and she has been working with a partner more often. Ms. Perry said there have been occasions when she has worked without a partner and has had to operate a Hoyer lift and transfer a resident who is listed as a two-person assist on her own. She stated that she has been able to call for the floater on shift to assist with transferring residents listed as a two-person assist.

Ms. Cornelius stated that she has not worked at Caretel Inns of Royalton very long, but so far she has never worked without a partner.

Mr. Huddleston stated that he has only worked on one occasion without a partner and was able to call the floater on shift to assist him when needed to help with residents listed as a two-person assists.

Resident A disclosed that she is supposed to have two DCSMs to assist her with transfers. Resident A stated that there have been times when only one DCSM is available to assist with transferring her timely. Resident A said there are DCSMs that are well trained and capable of transferring her with a Hoyer lift without assistance but indicated there have been times when a DCSM without the same level of experience has attempted to transfer, and she was scared she was going to fall. Resident A stated that luckily on the occasions this has occurred, another DCSM has shown up to help in a timely manner. Resident A stated she has never been physically harmed while only one DCSM was helping her transfer. Resident A stated she feels staffing ratios have been improving recently.

On 9/3/25, I observed and spoke with Resident B. I was unable to interview Resident B because of cognitive deficiencies. Resident B had a bright and pleasant affect. He was clean and well-kempt in appearance.

APPLICABLE RULE	
R 400.15206	Staffing requirements.
	(1) The ratio of direct care staff to residents shall be adequate as determined by the department; to carry out the responsibilities defined in the act and in these rules and shall not be less than 1 direct care staff to 15 residents during waking hours or less than 1 direct care staff member to 20 residents during normal sleeping hours.
ANALYSIS:	Based on the totality of information gathered during this special investigation through personal observation and interviews with Ms. Bier, Ms. Mendez, Ms. Hahn, Ms. Perry, Ms. Cornelius, Mr. Huddleston, and Resident A there was insufficient evidence found indicating that there are not enough direct care staff members working to adequately meet resident needs.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Fire drills are not conducted on the night shift.

INVESTIGATION:

The complaint indicated DCSMs working nights are not trained/drilled on emergency preparedness. The complaint indicated fire drills are not being conducted on the night shift.

On 9/2/25, I interviewed environmental director Gary Jenkins. Mr. Jenkins stated that all DCSMs are trained during orientation regarding how to properly conduct a fire drill. He said that fire drills are conducted on all three shifts per state licensing requirements.

Mr. Jenkins stated that the residents at all their facilities shelter in place so as long as a resident is in their room during a fire drill the fire-rated door closes to their room, and the resident may not even realize that a fire drill is being conducted. Mr. Jenkins said DCSMs are responsible for returning all residents that are in public

areas to their rooms during a fire drill, so those residents would be more aware that a fire drill is in progress.

I reviewed fire drill logs provided by Mr. Jenkins for each of the facilities and found that fire drills have been conducted on every shift including the night shift per state licensing requirements.

Ms. Mendez, Ms. Hahn, Ms. Perry, Ms. Cornelius, and Mr. Huddleston all indicated they were trained during orientation regarding how to conduct a fire drill properly and all, but Ms. Cornelius have assisted with a fire drill(s).

Resident A stated that she is not aware of when fire drills are being conducted at the facility. She said she does not believe she has been involved in a fire drill during the night shift.

APPLICABLE RULE	
R 400.15318	Emergency preparedness; evacuation plan; emergency transportation.
	(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.
ANALYSIS:	Based on the totality of information gathered during this special investigation through personal observation, review of documentation, and interviews with Mr. Jenkins, Ms. Mendez, Ms. Hahn, Ms. Perry, Ms. Cornelius, Mr. Huddleston, and Resident A there was insufficient evidence found indicating that fire drills are not being conducted on the night shift.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Several rooms have inoperable ventilation fans.

INVESTIGATION:

The complaint indicated several rooms have inoperable ventilation fans.

On 9/2/25 and 9/3/25, I conducted unannounced onsite investigations. I inspected each facility and found no evidence of inoperable ventilation fans. There was no

mention of inoperable ventilation fans during this special investigation and interviews with DCSMs and Resident A.

On 9/23/25, I emailed administrator Health Bier and requested additional information regarding this particular allegation.

On 9/24/25, I received an email from Ms. Bier providing me with additional information regarding this allegation. Ms. Bier stated that she met with environmental director Gary Jenkins this morning to discuss the allegation that several rooms have inoperable ventilation fans. She said she and Mr. Jenkins are unaware of any rooms having inoperable ventilation fans.

Ms. Bier stated that they have a company that maintains the ventilation and exhaust hoods for the kitchen. She said housekeeping cleans and maintains the fans and vents in the bathrooms.

Ms. Bier indicated that they just had their fire damper tests completed to check the duct work for dampers shutting to prevent a fire.

Ms. Bier said I could contact her and Mr. Jenkins via phone with any further questions and/or concerns.

APPLICABLE RULE	
R 400.15407	Bathrooms.
	(1) Bathrooms and toilet facilities that do not have windows shall have forced ventilation to the outside. Bathroom windows that are used for ventilation shall open easily.
ANALYSIS:	Based on the information gathered during this special investigation through personal observation and interviews with Ms. Bier, Ms. Flowers, Mr. Jenkins, Ms. Mendez, Ms. Hahn, Ms. Perry, Ms. Cornelius, Mr. Huddleston, and Resident A there was insufficient evidence found indicating that several rooms have inoperable ventilation fans.
CONCLUSION:	VIOLATION NOT ESTABLISHED

On 9/23/25, I conducted an exit conference / interview with licensee designee Katie Edwards. Ms. Edwards was informed of the outcome of this special investigation and did not dispute the findings.

Ms. Edwards stated that she taught medication administration training today at Caretel Inns of Royalton instructing DCSMs to follow proven methods to ensure that medications are given, taken, and applied pursuant to label instructions.

Ms. Edwards was asked to provide an acceptable Corrective Action Plan (CAP) within the required timeframe and agreed to do so.

IV. RECOMMENDATION

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

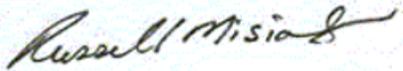


9/24/25

Rodney Gill
Licensing Consultant

Date

Approved By:



9/25/25

Russell B. Misiak
Area Manager

Date