GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 30, 2025

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

RE: License #: AL110270687
Investigation #: 2025A0790048
Caretel Inns of Royalton Eaton

Dear Mrs. 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,

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 #:	AL110270687
Investigation #:	2025A0790048
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 Eaton
Facility Address:	3905 Lorrain Path St. Joseph, MI 49085
Facility Telephone #:	(269) 363-1906
Original Issuance Date:	10/04/2006
License Status:	REGULAR
Effective Date:	12/11/2023
Expiration Date:	12/10/2025
Capacity:	20
Program Type:	AGED ALZHEIMERS

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 working to adequately meet resident needs.	No
Fire drills are not conducted on the night shift.	No

III. METHODOLOGY

08/27/2025	Special Investigation Intake 2025A0790048
08/27/2025	APS Referral is not necessary because the allegations do not meet assignment criteria for Adult Protective Services. The allegations pertain to alleged licensing rule violations and not abuse or neglect.
09/02/2025	Special Investigation Initiated - On Site
09/02/2025	Inspection Completed On-site I interviewed administrator Heather Bier, human resources director Sara Flowers, 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 environmental director Gary Jenkins.
09/03/2025	Contact - Face to Face I conducted a second onsite investigation and interviewed DCSMs Brianna Perry, Toniya Cornelius, Shannon Huddleston, Resident A, and Resident B.
09/23/2025	Exit Conference with licensee designee Katie Edwards.
09/30/2025	Inspection Completed-BCAL Sub. Compliance
09/30/2025	Corrective Action Plan Requested and Due on 10/08/2025

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 that residents often miss several doses of medications because of contracted pharmacy errors and delays. Direct care staff members (DCSMs) report the medication administration errors and delays that are causing residents to miss several doses of medications to leadership with 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, and DCSM Juliane Hahn who functions as the assistant director of the assisted living facilities.

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

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 9/3/25, I interviewed Resident A. Resident A appeared competent and was willing to be interviewed. Resident A stated that he has lived at the facility for three years.

Resident A disclosed that he has missed doses of some prescribed medications and topical treatments. Resident A stated that DCSMs will tell him they are out of the specific medication when they fail to administer it.

Resident A said most recently he did not receive his prescribed medicated eye drops on 9/1/25. He stated that he is prescribed several different medicated eye drops and did not receive them. Resident A stated DCSMs told him they were out of the prescribed medicated eye drops but did not inform him why.

On 10/2/25, I reviewed Resident A's *Resident Records.* I specifically reviewed his doctor's prescriptions for Cosopt Ophthalmic Solution 22.3-6.8 MG/ML, Brimonidine

Tartrate Ophthalmic Solution 0.2 %, Rhopressa Ophthalmic Solution 0.02 %, and Xalatan Omphalic Solution 0.005 %.

I reviewed Resident A's *Medication Administration Records (MAR)* for these specific prescriptions between 8/26/25 and 9/3/25. I found that Resident A was correct in that he did not receive these four prescriptions on 9/1/25.

On 9/3/25, I interviewed Resident B. Resident B appeared competent and was willing to be interviewed. Resident B stated she has always received her prescribed medications and as prescribed.

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, Resident A, and Resident B 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 Cosopt Ophthalmic Solution 22.3-6.8 MG/ML, Brimonidine Tartrate Ophthalmic Solution 0.2 %, Rhopressa Ophthalmic Solution 0.02 %, and Xalatan Ophalmic Solution 0.005 % on 9/1/25 as prescribed.
CONCLUSION:	**VIOLATION ESTABLISHED**

ALLEGATION:

Direct care staff members are not tested for communicable tuberculosis.

INVESTIGATION:

The complaint indicated DCSMs are not screened for the communicable disease tuberculosis before providing direct care to residents for months.

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 providing direct care to residents.

CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION:

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

INVESTIGATION:

The complaint indicated night shift DCSMs are unable to toilet or transfer residents according to the residents' needs because of staffing issues.

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. Perry indicated that she was trained and skilled at

operating the Hoyer lift and no resident has been harmed when transferring them on her own with the Hoyer lift.

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 stated that he receives very good care at the facility. He said DCSMs come into his room first thing every morning and asked if there is anything he needs. Resident A stated that he is a one-person assist and DCSMs are very responsive to his needs on all shifts. He said DCSMs are always available to assist with his activities of daily living (ADLs).

Resident B stated that she does not require much assistance but that DCSMs are most always available to assist when she needs them. She said sometimes the DCSMs may be assisting other residents when she pushes her call light. Resident B stated that when this happens, the DCSMs on shift will poke their head in and let her know they are currently assisting another resident but will be their as soon as possible. Resident B said she has never had to wait an excessive amount of time for assistance from DCSMs on any shift.

Resident B said she is at the facility by choice. She stated that she could live with family but has chosen to live at the facility on and off for the past three to four years.

Resident B said DCSMs treat her and all the residents with loyalty and love. Resident B stated that all residents are treated so nicely no matter their physical, mental, or emotional condition.

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, Resident A, and Resident B 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 night shift DCSMs are not emergency preparedness trained/drilled.

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 and Resident B both stated that they have participated in fire drills on a regular basis while living at the facility. Resident A said that he believes fire drills are conducted on all three shifts. When asked if she has had to participate in fire drills since residing at the facility, Resident B said, “Oh yes, and sometimes it is really chilly out.”

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, Resident A, and Resident B there was insufficient evidence found indicating that fire drills are not being conducted on the night shift.
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.

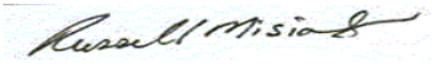
IV. RECOMMENDATION

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

10/2/25

Rodney Gill Date
Licensing Consultant

Approved By:



10/3/25

Russell B. Misiak Date
Area Manager