



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 29, 2025

Drew Kersjes
CMHB Of CEI Counties
Suite 115
812 E Jolly Road
Lansing, MI 48910

RE: License #: AM330008421
Investigation #: 2025A0466048
Orchard Court

Dear Mr. Kersjes:

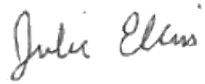
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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. 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 (517) 335-5985.

Sincerely,

A handwritten signature in cursive script that reads "Julie Elkins".

Julie Elkins, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM330008421
Investigation #:	2025A0466048
Complaint Receipt Date:	09/02/2025
Investigation Initiation Date:	09/02/2025
Report Due Date:	11/01/2025
Licensee Name:	CMHB Of CEI Counties
Licensee Address:	Suite 115 812 E Jolly Road Lansing, MI 48910
Licensee Telephone #:	(517) 346-8200
Administrator:	Drew Kersjes
Licensee Designee:	Drew Kersjes
Name of Facility:	Orchard Court
Facility Address:	5725 Orchard Court Lansing, MI 48911
Facility Telephone #:	(517) 346-9596
Original Issuance Date:	08/22/1986
License Status:	REGULAR
Effective Date:	10/28/2023
Expiration Date:	10/27/2025
Capacity:	9
Program Type:	MENTALLY ILL

II. ALLEGATION

	Violation Established?
Resident A has been smoking in the facility creating a safety concern.	Yes
Additional Finding	Yes

III. METHODOLOGY

09/02/2025	Special Investigation Intake 2025A0466048.
09/02/2025	Special Investigation Initiated – Letter to/from Mauricio Barrera, Fire Safety Inspector.
09/10/2025	Inspection Completed On-site with Mauricio Barrera, Fire Marshal.
09/12/2025	Contact- Document sent to/from house manager Marcus McKissic.
09/15/2025	Contact- Document sent to/from case manager Brandy Hannah.
9/16/2025	Contact- Telephone call made to case manager Brandy Hannah, interviewed.
9/26/2025	Exit conference with licensee designee Drew Kersjes, message left.

ALLEGATION: Resident A has been smoking in the facility creating a safety concern.

INVESTIGATION:

On 09/02/2025, licensing consultant Jana Lipps received documentation including pictures that showed that Resident A was smoking in his bedroom. Ms. Lipps reported that Resident A is on a plan of correction to address the issue and that he can no longer have tobacco in his bedroom. Ms. Lipps reported that Resident A has to ask staff for his cigarettes as they are being held by facility staff and he is now required to smoke outside.

On 09/10/2025, Fire Marshal Mauricio Barrera and I conducted an unannounced investigation and we went into Resident A's room which did not contain any evidence that Resident A had been smoking in it. Resident A reported direct care workers hold his cigarettes and that he is required to smoke outside.

Fire Marshal Mauricio Barrera and I walked outside and observed the designated smoking area for the facility, which is 25 feet from the facility, however, cigarette butts were observed in the grass and in the area outside the facility door and not in the designated smoking area. Additionally, we observed two noncombustible containers in the smoking area however both were dismantled and not operating as intended.

I interviewed direct care worker (DCW) Ashley Gunn who reported that she has worked at the facility for three to four years. DCW Gunn reported that Resident A has been smoking in his room since the day he was admitted. DCW Gunn reported that if she smelled smoke she redirected Resident A to smoke outside, however he did not always follow the redirection. DCW Gunn reported that since Fire Marshall Barrera talked with Resident A in August 2025, he has been going outside to smoke. DCW Gunn reported that since Resident A's cigarettes are being held by the direct care workers, Resident A must ask staff for his cigarettes and he is required to smoke outside. DCW Gunn reported that provision was added to Resident A's after Fire Marshal Barrera's inspection on 8/27/2025. DCW Gunn could not recall any other interventions that were tried to deter Resident A from smoking in the facility. DCW Gunn reported that Resident A's record did not contain an *Assessment Plan for Adult Foster Care (AFC) Residents*.

I interviewed house manager/DCW Marcus McKissic who reported that Resident A has been smoking in his room on and off since his admission date which he believed was February 2024. House manager McKissic reported that there was not a written *Assessment Plan for AFC Residents* in Resident A's record. House manager McKissic reported that there is a written *Treatment Plan Annual/Initial* dated 1/21/2025 and *Treatment Plan Addendum-Review* dated 8/13/2025. House manager McKissic reported that both documented a history of Resident A smoking in the AFC facility. House manager McKissic reported that Resident A does not have a *Behavior Plan* nor is there any documentation or interventions aside from the treatment plans being used to curb Resident A's behavior of smoking in the AFC facility even though it had been an ongoing issue since admission. House manager McKissic reported that Resident A's smoking in the facility is worse in the winter when the weather is bad.

I reviewed Resident A's record which contained a document called *Resident info Face Sheet* which stated that Resident A's admission date was 12/23/2023. Resident A is 59 years and has a psychiatric diagnosis of schizophrenia, mild intellectual disabilities and unspecified anxiety disorder. Resident A's medical diagnosis are chronic obstructive pulmonary disease (COPD), prediabetic, arrhythmia (AF) and hypertension.

I reviewed Resident A's record which did not contain an *Assessment Plan for AFC Residents*. I reviewed Resident A's written *Treatment Plan Annual/Initial* dated 1/21/2025, completed by Brandy Hannah which documented under objective 1.05 for Goal 1:

"I will not smoke in the house or light my cigarettes on the stove. I will ask for a lighter if I cannot find one and smoke in designated areas."

I reviewed Resident A's *Treatment Plan Addendum-Review* dated 8/13/2025, completed by Brandy Hannah which documented Goal #4: *"I will stop smoking in my room."*

In the "stages of change" section it documented that: "mental health, substance abuse and physical health" were all in the "contemplation" stage. In the "needs/strengths/barriers" section of the document it stated: "Associated needs for goal 4, risk." "Strength pertinent to this goal, [Resident A] enjoys smoking. It is a stress relief for him and one of the few pleasures he enjoys." "Barriers pertinent to this goal: he is unsafe with his smoking habit and could cause a fire inside the facility. Further licensing prohibits smoking in doors." Resident A's record contained a *PCP/IPOS Mental Health Worker Training Sign In Sheet* dated 12/12/2023 for Resident A, however there was no *PCP/IPOS Mental Health Worker Training Sign In Sheet for the Treatment Plan Annual/Initial* dated 1/21/2025 and/or the *Treatment Plan Addendum-Review* dated 8/13/2025.

On 09/16/2025, I interviewed case manager Brandy Hannah who reported that since Resident A turned over his cigarettes and lighters for direct care workers to hold, he has been smoking outside. Case manager Hannah reported here was a former resident that smoked in the facility and she feels like Resident A was smoking in the house because another resident was. Case manager Hannah reported that resident has been discharged and with direct care workers holding Resident A's smoking materials she feels confident that Resident A will continue to smoke outside only.

APPLICABLE RULE	
R 330.1806	Staffing levels and qualifications.
	(1) Staffing levels shall be sufficient to implement the individual plans of service and plans of service shall be implemented for individuals residing in the facility.

ANALYSIS:	Resident A's written <i>Treatment Plan Annual/Initial</i> dated 1/21/2025 and <i>Treatment Plan Addendum-Review</i> dated 8/13/2025 both documented a history of Resident A smoking in the AFC facility and listed the goal for Resident A to stop smoking in the AFC facility. Although direct care workers were aware of Resident A's habit of smoking in the AFC facility and knew Resident A had a treatment plan goal to stop this behavior, redirection was the only response direct care workers took from January 2025 through mid-August 2025 to address this behavior. No steps were taken to provide Resident A with increased supervision, to have direct care workers manage Resident A's cigarettes, or to create a behavior support plan to address this behavior for eight months and until Bureau of Fire Services addressed this during an August 2025 inspection. Consequently, Resident A's smoking in the facility behavior was not adequately addressed and continued, creating an unhealthy and potentially hazardous living environment for all residents in the facility. Lastly, there was no documentation that the direct care workers had been trained in Resident A's <i>Treatment Plan Annual/Initial</i> dated 1/21/2025 and/or the <i>Treatment Plan Addendum-Review</i> dated 8/13/2025.
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.14403	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:	The designated smoking area for the facility is 25 feet from the facility, however, cigarette butts were thrown in the grass and in the area just outside the facility back door and not in the designated smoking area. The two noncombustible smoking containers located in the smoking area were both dismantled and not working as intended to keep cigarette butts contained in a safe manner. Therefore the home was not constructed adequately for the health safety, and well-being of the residents and a violation has been established.
CONCLUSION:	VIOLATION ESTABLISHED

ADDITIONAL FINDING:

INVESTIGATION:

I observed Resident A's living space which included his bedroom, a small personal kitchen and personal bathroom were not clean. The kitchen sink was dirty with caked black dirt all over the bottom of the sink. The dishes in the sink were also dirty and the sink water that the dishes were in was black. The dish rag that was on top of the sink was black and soiled. The kitchen counters were dirty and contained dirty dishes and spoiled food. The bathroom sink/counter area was black with dirt and grime. The toilet, shower and floor were caked with dirt and grime.

House manager McKissic could not recall the last time Resident A's bathroom and kitchen were cleaned. House manager McKissic reported that DCWs go into Resident A's room and ask him if he wants help cleaning but Resident A refuses. House manager McKissic reported DCWs do not clean the resident bedrooms, bathrooms or kitchens unless the resident asks for help or unless the resident is willing to help the DCW with the cleaning as house manager McKissic stated it is each resident's responsibility to clean their living space.

During my unannounced onsite investigation on 09/10/2025, I reviewed Resident A's resident record and there was no *AFC Assessment Plan for AFC Residents* available for review.

APPLICABLE RULE	
R 400.14301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(4) At the time of admission, and at least annually, a written assessment plan shall be completed with licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.
ANALYSIS:	<p>Resident A's record did not contain a written <i>Assessment Plan for Adult Foster Care (AFC) Residents</i> as required therefore a violation has been established.</p> <p>Further, house manager McKissic reported that Resident A was responsible for cleaning his bedroom, bathroom and kitchen. Because the written <i>Assessment Plan for AFC Residents</i> was not available for review, it could not be confirmed that Resident A agreed to/was capable of completing those chores therefore a violation has been established.</p>
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.14403	Maintenance of premises.
	(2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.
ANALYSIS:	On 9/10/2025, I conducted an unannounced investigation and I observed Resident A's kitchen sink dirty with caked black dirt all over the bottom of the sink with dishes in it. The kitchen counters were dirty, contained dirty dishes and spoiled food. The bathroom sink/counter area was black with dirt and grime. The toilet, shower and bathroom floor was caked with dirt and grime. Therefore a violation has been established as the housekeeping standards did not present a comfortable, clean, and orderly appearance.
CONCLUSION:	VIOLATION ESTABLISHED

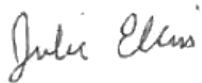
INVESTIGATION:

During my onsite investigation on 09/10/2025, I observed a clear removal bathmat in Resident A's shower/tub.

APPLICABLE RULE	
R 400.14403	Maintenance of premises.
	(11) Handrails and nonskid surfacing shall be installed in showers and bath areas.
ANALYSIS:	Removal bathmats are not permitted in shower/bath areas as they are not permanently installed.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, I recommend no change in the status of the license.



09/23/2025

Julie Elkins
Licensing Consultant

Date

Approved By:



09/24/2025

Dawn N. Timm
Area Manager

Date