GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 7, 2025

Kristie Nagle
StoryPoint Forest Hills
730 Forest Hill Avenue
Grand Rapids, MI 49546

RE: License #: AH410381380
Investigation #: 2025A1021078
StoryPoint Forest Hills

Dear Kristie Nagle:

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.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the authorized representative 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,

Kimberly Horst, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
Lansing, MI 48909

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH410381380
Investigation #:	2025A1021078
Complaint Receipt Date:	09/25/2025
Investigation Initiation Date:	09/25/2025
Report Due Date:	11/25/2025
Licensee Name:	PVL at Grand Rapids, LLC
LicenseeAddress:	Suite 310 1630 Des Peres Road St. Louis, MO 63131
Licensee Telephone #:	(314) 909-9797
Administrator:	Courtland Halleck
Authorized Representative:	Kristie Nagle
Name of Facility:	StoryPoint Forest Hills
Facility Address:	730 Forest Hill Avenue Grand Rapids, MI 49546
Facility Telephone #:	Unknown
Original Issuance Date:	06/04/2019
License Status:	REGULAR
Effective Date:	08/01/2025
Expiration Date:	07/31/2026
Capacity:	116
Program Type:	ALZHEIMERS AGED

II. ALLEGATION(S)

	Violation Established?
Resident A's cat is not cared for.	Yes
Resident A does not receive showers and is not clean.	No
Resident A's room is not clean.	Yes
Additional Findings	No

III. METHODOLOGY

09/25/2025	Special Investigation Intake 2025A1021078
09/25/2025	Special Investigation Initiated - Telephone received confirmation resident is in memory care
09/25/2025	APS Referral referral was received from APS; APS did not open for investigation
09/26/2025	Inspection Completed On-site
09/26/2025	Contact-Telephone call made Interviewed Elara Hospice
10/07/2025	Exit Conference

ALLEGATION:

Resident A's cat is not cared for.

INVESTIGATION:

On 09/25/2025, the licensing department received a complaint from Adult Protective Services (APS). The APS reporting source alleged that Resident A has a cat that is not cared for at the facility.

APS did not open this complaint for investigation.

On 09/26/2025, I interviewed the administrator Courtland Halleck at the facility. The administrator reported that Resident A resides in memory care and cannot care for the cat. The administrator reported that the facility does assist with cat care. The

administrator reported that this type of care is included in the resident's service plan. The administrator reported that he has been in contact with Resident A's family because the cat is not doing well and needs to be taken to the veterinarian. The administrator reported that per family, the cat is to be taken on 09/30/2025.

On 09/26/2025, I interviewed staff person 1 (SP1) at the facility. SP1 reported caregivers are responsible for Resident A's cat. SP1 reported that the cat does need to leave as it is not healthy, is losing fur, is throwing up and popping everywhere, and keeps jumping on the tables. SP1 reported that Resident A does not provide any care to the cat.

On 09/26/2025, I observed Resident A's room. The room had signs posted all over on instructions on how to care for the cat, to change the litter box, and to feed the cat.

On 09/30/2025, the administrator reported that Resident A's family took the cat to the veterinarian to be put down.

Resident A's service plan read,
"Pet Care: Assistance with pet; as needed."

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:	Interviews conducted and observations made revealed caregivers were responsible for the care of the cat. However, this information was not appropriately described in Resident A's service plan.
CONCLUSION:	**VIOLATION ESTABLISHED**

ALLEGATION:

Resident A does not receive showers and is not cleaned.

INVESTIGATION:

The APS reporting source alleged Resident A has not received a shower in many days. The APS reporting source alleged staff do not clean Resident A appropriately or at a respectable standard.

The administrator reported Resident A is active with Elara Hospice and receives showers twice weekly from the agency. The administrator reported care staff will also shower Resident A, if needed. The administrator reported Resident A is cared for properly at the facility.

I observed Resident A at the facility. Resident A appeared to have clean clothes on and was sitting in the dining room. I did not smell any signs of urine on Resident A.

On 09/26/2025, I interviewed Elara Hospice by telephone. The agency reported that they provide twice weekly showers to Resident A.

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.
ANALYSIS:	Interviews conducted and observations made revealed lack of evidence to support this allegation.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION:

Resident A’s room is not clean.

INVESTIGATION:

The APS reporting source alleged Resident A’s room is not clean. The APS reporting source alleged the bed sheets are not clean and the commode is dirty.

During my onsite visit, I observed trash and litter on the floor of Resident A’s room.

Elara Hospice agency reported they have observed Resident A’s bed sheets soaked in urine and not changed appropriately. The agency reported that Resident A’s room has also smelt strongly of urine, and the room is not cleaned.

On 10/02/2025, another onsite inspection was completed by Lauren Wohlfert, health care surveyor. The surveyor found Resident A's bed sheets and pillowcase to be dirty. The health care surveyor found that the commode had not been cleaned out. The health care surveyor observed the memory care unit to smell strongly of urine.

Resident A's service plan read,
"Staff cleans resident apartment. Staff does resident's laundry."

APPLICABLE RULE	
R 325.1979	**General maintenance and storage.**
	(1) The building, equipment, and furniture shall be kept clean and in good repair.
ANALYSIS:	Interviews conducted and observations made revealed Resident A's room is not cleaned appropriately.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

IV. RECOMMENDATION

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

Kimberly Horst 10/02/2025

Kimberly Horst Date
Licensing Staff

Approved By:

Andrea L. Moore 10/06/2025

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