GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

December 23, 2025

Lynda Sallee
The Cortland Rediscovery
3736 Vista Springs Ave.
Grand Rapids, MI 49525

RE: License #: AH410400149
Investigation #: 2026A1021008
The Cortland Rediscovery

Dear Lynda Sallee:

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 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 #:	AH410400149
Investigation #:	2026A1021008
Complaint Receipt Date:	11/19/2025
Investigation Initiation Date:	11/20/2025
Report Due Date:	1/19/2025
LicenseeName:	AHR Northview Grand Rapids MI TRS Sub, LLC
Licensee Address:	Ste. 300 18191 Von Karman Ave. Irvine, CA 92612
Licensee Telephone #:	(810) 923-4742
Administrator:	Lesa VanderMeer
Authorized Representative:	Lynda Sallee
Name of Facility:	The Cortland Rediscovery
Facility Address:	3736 Vista Springs Ave. Grand Rapids, MI 49525
Facility Telephone #:	(616) 364-4690
Original Issuance Date:	03/04/2020
License Status:	REGULAR
Effective Date:	08/01/2025
Expiration Date:	07/31/2026
Capacity:	56
Program Type:	AGED

II. ALLEGATION(S)

	Violation Established?
Resident A's care needs are not met.	Yes
Facility has insufficient staff.	No
Additional Findings	Yes

III. METHODOLOGY

11/19/2025	Special Investigation Intake 2026A1021008
11/20/2025	Special Investigation Initiated - Letter email sent to complainant for additional information
11/24/2025	Inspection Completed On-site
12/01/2025	Contact-Telephone call made Interviewed Hospice Company
12/02/2025	Contact-Documents Received Received Hospice Documentation
12/04/2025	Contact-Email Correspondence Email Correspondence with authorized representative
12/23/2025	Exit Conference

ALLEGATION:

Resident A's care needs are not met.

INVESTIGATION:

On 11/19/2025, the licensing department received a complaint with allegations that on 11/7/2025 Resident A was observed to be sitting in a brief that was full of urine and feces and weighed approximately four pounds. The complainant alleged Resident A's brief had been saturated so fully that her bed was also saturated. The complainant also alleged that there are additional concerns that Resident A has lost weight, appears malnourished, and staff is not ensuring that Resident A is being fed.

On 11/24/2025, I interviewed staff person 1 (SP1) at the facility. SP1 reported that Resident A has had a slow decline. SP1 reported that Resident A requires assistance with transfers and other care needs. SP1 reported that Resident A is slow to get up and is usually not up until after breakfast. SP1 reported Resident A is a check and change every two hours but will often refuse care. SP1 reported that care staff will offer her food, but Resident A will often refuse. SP1 reported that sometimes caregivers will bring Resident A food and will sit with her, but this does not occur all the time and not all caregivers do this.

On 11/24/2025, I interviewed SP2 at the facility. SP2 reported that she has reported to her shift and found Resident A's brief wet. SP2 reported that Resident A is to be checked and changed every two hours. SP2 reported that often Resident A will refuse care and food. SP2 reported that caregivers do get her up for meals, but she will often refuse the food. SP2 reported that if Resident A states she does not want food, no food is brought to her.

On 11/24/2025, I interviewed and observed Resident A at approximately 9:00am at the facility. Resident A was pleasantly confused but was able to state she did not receive breakfast. I observed Resident A to be in multiple layers of clothing and was ½ way into her bed with her feet hanging off the side.

On 12/01/2025, I interviewed Resident A's hospice company by telephone. The company reported they have had multiple conversations with the facility on care issues with Resident A. The hospice company reported they have increased their nurse and aid weekly visits to have more eyes on Resident A. The hospice company reported that multiple times workers have found Resident A covered in urine and feces. The hospice company reported that Resident A does not always receive her medications nor meals. The hospice company reported that their workers can typically get Resident A to eat by spending increased time with her, but the facility does not have the patience nor spends the extra time that Resident A requires. The hospice company reported that due to Resident A not always receiving medications, her adverse behavior has increased. The hospice company reported that Resident A does better with taking medications in pudding but that the facility does not always have pudding. The hospice company reported they have provided some pudding out of their own personal supply.

On 12/02/2025, I received Resident A's hospice documentation. The documentation read,
"11/04/2025: Brief soiled with urine. Changed. Attempted to get patient up to weigh and patient became angry and declined. Requested facility to attempt weight when patient came down for dinner. Patient brief soiled with urine, brief changed while in bed. She appears visually to have lost weight with loose fitting clothes and sunken facial features. No acute concerns from follow-up from PRN Friday. 11/04/2025: Spoke with patient guardian (Relative A1). Stated she has had a lot of difficulty getting ahold of people within the building. All management has currently

been let go or quit-corporate intermittently present in the building. Expressed concerns about (Resident A)'s poor PO intake, skipping meals. She expressed how grateful she is for hospice. Offered (Relative A1) looking into different facilities for patient to ensure safety. (Relative A1) declines at this time and states she will be calling state and visiting (Resident A) this week.
11/07/2025: Notified by (Hospice Nurse) of unsatisfactory patient care conditions reported by (Relative A1) including excessively soiled brief on for an unknown amount of time, and failure to offer/provide meals to patient. Due to reported concerns, (Hospice Nurse) . Per (Hospice Nurse), no lunch provided to patient as of 12:30pm RN arrival to patient, and patient's brief and bed was excessively soiled upon RN arrival. Hospice Sales Manager contacted Regional Clinical Director, on 11/7 and learned she was no longer in the role. Hospice contacted VP of Clinical Quality Assistance to report patient care concerns. VP thanked clinician for call, requested call to interim Executive Director to notify. Hospice contacted interim Executive Director to report concerns. Interim Executive Director thanked this clinician for call.
11/11/2025: (Resident A) has very low PO intake and is generally only taking bites and sips of meals daily and often sleeps in excess until dinner time. Her weight has decreased substantially from 95 lbs to 70.2lbs with a decrease in LMAC from 20.5 to 19cm. She displays visual signs of weight loss including baggy clothing and bitemporal wasting. Patient was previously continent on bowel and now has increased incontinence episodes and is increasingly refusing cares and becoming agitated with staff. Zyprexa was increased this benefit period due to continued behaviors.
11/18/2025: Brief soiled with urine. Patient brief changed while in bed-she denies acute urinary symptoms. Patient continues to have poor PO intake.
11/25/2025: Upon arrival patient was resting in bed. Awakens to verbal stimulation and maintains arousal throughout visit. Patient able to put on make up with assistance and used the restroom-brief clean and dry. Patient became visibly agitated with clothes selection after changing clothes multiple times. Attempted to bring patient down to lunch and patient demanded to go back to room. Lunch brought to room by facility staff., she was quickly redirected to lunch. Ativan not present in the building for utilization."

I reviewed Resident A's service plan. The service plan read,
"Uses incontinence products briefs. Eats in the dining room. Is independent with meals and eating and drinking."

I reviewed Resident A's medication administration record (MAR) for November 2025. The MAR revealed Resident A was prescribed Olanzapine Tab 5mg with instruction to administer one tablet by mouth twice daily for behaviors (0800 and 2000). The MAR revealed Resident A was sleeping for 14 of the 30 morning medication administration times and refused the morning medication three times. Therefore, 17 of the 30 doses of the medication were not administered.

APPLICABLE RULE	
R 325.1921	**Governing bodies, administrators, and supervisors.**
	(1) The owner, operator, and governing body of a home shall do all of the following: **(b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.**
For Reference:	**Definitions.**
	(p) "Protection" means the continual responsibility of the home to take reasonable action to ensure the health, safety, and well-being of a resident as indicated in the resident's service plan, including protection from physical harm, humiliation, intimidation, and social, moral, financial, and personal exploitation while on the premises, while under the supervision of the home or an agent or employee of the home, or when the resident's service plan states that the resident needs continuous supervision
ANALYSIS:	Interviews conducted, review of documentation, and observations made revealed Resident A has had a change in status with increased sleep, increased behaviors, and decreased food intake. Resident A's hospice company provided that they can typically, with increased time and patience, get Resident A to agree to care and to eating. The facility has not taken any additional steps or measures, such as but not limited to, changing medication administration time, ensuring the facility has pudding, or increasing assistance with eating, to encourage Resident A to eat, to be changed as necessary, and ensure medication administration. Therefore, the facility is in violation of this regulation.
CONCLUSION:	**VIOLATION ESTABLISHED**

ALLEGATION:

Facility has insufficient staff.

INVESTIGATION:

The complainant alleged there is high staff turnover and lack of staff in the building.

On 11/24/2025, I interviewed staff person 3 (SP3) at the facility. SP3 reported that the facility has two shifts. SP3 reported that on first shift there is to be one medication technician and two aids and on second shift there is one medication technician and one aid. SP3 reported that if there is an unexpected staff shortage, typically employees will pick up the extra shift. SP3 reported that if the shift is not picked up agency will be used. SP3 reported that the facility attempted to schedule more staff for the first shift and the employees reported there is no need for additional staff. SP3 reported that he has not received any complaints about lack of staff from residents or their family members. SP3 reported the facility has adequate staff on duty.

SP1 reported that there is adequate staff at the facility. SP1 reported there are 30 residents, and three staff members are always scheduled. SP1 reported no concerns about staffing levels at the facility.

I reviewed the staff schedule for 11/14/2025-11/22/2025. The staff schedule revealed the facility staffing levels were consistent with the levels reported by SP3.

APPLICABLE RULE	
R 325.1931	**Employees; general provisions.**
	(5) The home shall have adequate and sufficient staff on duty at all times who are awake, fully dressed, and capable of providing for resident needs consistent with the resident service plans.
ANALYSIS:	Interviews conducted and review of staff schedule revealed lack of evidence to support the allegation there is insufficient staff.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ADDITIONAL FINDINGS:

INVESTIGATION:
While onsite I observed Resident A's bed that had bilateral halo rings attached to the bed.

Resident A's hospice company confirmed Resident A's hospice plan of care was to have bilateral halo rings.

Review of Resident A's service plan omitted this information on the use of the halo rings.

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:	The use of bed rails was not addressed in Resident A's service plan. Resident A's service plan lacked information about the devices related to purpose of use, staff responsibility to ensure devices were safe, and ongoing maintenance schedules. For example, instruction regarding whether the resident could summon staff independently for help or require monitoring on a predetermined frequency was not defined. In addition, it lacked specifically what staff were responsible for, and what methods were to be used in determining if the device posed a risk of physical harm related to entrapment, entanglement, strangulation, etc.
CONCLUSION:	**VIOLATION ESTABLISHED**

INVESTIGATION:
Review of Resident A's MAR for October 2025 November 2025 revealed the following medications were not available:
Haloperidol Tab 1mg: 10/03, 10/24,11/24-11/26, 11/28-11/30
Lorazepam Tab 0.5mg: 10/08, 10/10-10/24, 11/24-11/25
Mirtazapine Tab 7.5mg: 10/25-10/29, 11/2-11/3, 11/5-11/7, 11/10-11/11, 11/13-11/16, 11/20-21, 11/24-11/26, 11/28-11/30
Omeprazole 20mg: 11/25

In addition, Resident A's MAR revealed Resident A was prescribed Cephalexin Cap 500mg with start date of 11/19/2025 with instruction to take one capsule by mouth three times daily for UTI. Resident A only received this medication on 11/19 and 11/20.

APPLICABLE RULE	
R 325.1932	**Resident's medications.**
	(2) Prescribed medication managed by the home shall be given, taken, or applied pursuant to labeling instructions, orders and by the prescribing licensed health care professional.
ANALYSIS:	Review of Resident A's MAR revealed multiple instances in which Resident A did not receive medications as prescribed.

CONCLUSION:	**VIOLATION ESTABLISHED**

INVESTIGATION:
On 12/04/2025, I received correspondence with the authorized representative Lynda Sallee on the staff schedule for 11/14/2025-11/26/2025. The authorized representative provided clarification on employees that worked during this timeframe, specifically 11/14/20205 and 11/22/2025. The information provided to me by the authorized representative was not reflected in the schedule.

APPLICABLE RULE	
R 325.1944	**Employee records and work schedules.**
	(2) The home shall prepare a work schedule showing the number and type of personnel scheduled to be on duty on a daily basis. The home shall make changes to the planned work schedule to show the staff who actually worked.
ANALYSIS:	Review of facility staff schedule for 11/14/2025-11/26/2025 revealed it was not updated to reflect who actually worked.
CONCLUSION:	**VIOLATION ESTABLISHED**

IV. RECOMMENDATION

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

Kimberly Horst 12/04/2025

Kimberly Horst Date
Licensing Staff

Approved By:

Andrea L. Moore 12/23/2025

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