GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 26 2026

Emily Gran
The Cortland Wyoming
2708 Meyer Ave SW
Wyoming, MI 49519

RE: License #: AH410397992
The Cortland Wyoming
2708 Meyer Ave SW
Wyoming, MI 49519

Dear Emily Gran:

Attached is the Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. 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 dates 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 home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective action plan, the status of the license will remain unchanged. If you fail to submit an acceptable corrective action plan, disciplinary action will result. 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 feel free to 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
RENEWAL INSPECTION REPORT

I. IDENTIFYING INFORMATION

License #:	AH410397992
Licensee Name:	AHR Wyoming MI TRS Sub, LLC
Licensee Address:	Ste 300 18191 Von Karman Ave Irvine, CA 92612
Licensee Telephone #:	(949) 270-9200
Authorized Representative/ Administrator	Emily Gran
Name of Facility:	The Cortland Wyoming
Facility Address:	2708 Meyer Ave SW Wyoming, MI 49519
Facility Telephone #:	(616) 288-0400
Original Issuance Date:	12/10/2019
Capacity:	147
Program Type:	AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/18/2026

Inspection Type: ☐ Interview and Observation ☒ Worksheet ☐ Combination

Date of Exit Conference: 05/26/2026

No. of staff interviewed and/or observed 15
No. of residents interviewed and/or observed 25
No. of others interviewed 0 Role N/A

- Medication pass / simulated pass observed? Yes ☒ No ☐ If no, explain.

- Medication(s) and medication records(s) reviewed? Yes ☒ No ☐ If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes ☐ No ☒ If no, explain. Resident funds not kept in trust.
- Meal preparation / service observed? Yes ☒ No ☐ If no, explain.

- Fire drills reviewed? Yes ☐ No ☒ If no, explain.
  Diaster plans reviewed and staff interviewed.
- Water temperatures checked? Yes ☒ No ☐ If no, explain.

- Incident report follow-up? Yes ☐ IR date/s: N/A ☒
- Corrective action plan compliance verified? Yes ☒ CAP date/s and rule/s:
- 2024A1010002: 11/22/2023: 1921(1)
- 2024A1010041: 05/20/2024:1931(2)
- 2024A1028008 : 01/29/2024: 1921(1), 1931(2), 1921(1)(d), 1913(2),1942(2)
- 2024A1028009 : 01/29/2024: 1931(2), 1932(2), 1922(5), 1932(3), 1932(5)
- 2024A1028027: 01/17/2024: 1981(1)
- 2024A1028055: 07/18/2024:1932(2)
- 2025A1010005: 12/20/2024: 1931(2)
- 2025A1021045: 04/02/2025:1935(1), 1931(2)
- 2025A1021052: 05/08/2025: 1932(3)(c), 1932(3)(b)
- Number of excluded employees followed up? 0
- N/A ☒

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:	
MCL 333.20178	**Nursing home, home for the aged, or county medical care facility; description of services to patients or residents with Alzheimer's disease; contents; ?represents to the public? defined.**
	(1) Beginning not more than 90 days after the effective date of the amendatory act that added this section, a health facility or agency that is a nursing home, home for the aged, or county medical care facility that represents to the public that it provides inpatient care or services or residential care or services, or both, to persons with Alzheimer's disease or a related condition shall provide to each prospective patient, resident, or surrogate decision maker a written description of the services provided by the health facility or agency to patients or residents with Alzheimer's disease or a related condition. A written description shall include, but not be limited to, all of the following: **(d) Staff training and continuing education practices.**
Review of staff person's employee records revealed there was no evidence of staff training on Alzheimer's disease or related conditions.	
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: R 325.1901	**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.
While onsite I observed a staff member administer insulin injection to a resident. The staff member did not wash her hands nor wear gloves. Review of the facility *Injectable Medication Administration Procedure* read, *"Only medications for which there is a physician's order shall be given. Observe the 5 rights of medication administration.* *2. Hands are to be washed before preparing injectable.* *3. Gloves are to be used during administration.* *4. The procedure shall be explained to the resident, and the injection shall be administered with privacy for the resident.* *5. If a series of injections are being given to the same resident the injection sites shall be rotated to ensure adequate absorption and to lessen discomfort.* *6. Specific injection site shall be indicated when the medication is charted.* *7. After administration of the hypodermic injection, both the needle and the syringe shall be placed intact into a sharps container.* *8. Gloves disposed of in waste receptacle.* *9. Hands are to be washed"* Observations made during the inspection revealed staff member did not follow their internal facility policy but not wearing gloves and washing hands.	
R 325.1921	**Governing bodies, administrators, and supervisors.**
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At the time of my inspection Resident D had a halo assistive device attached to their bed. Review of Resident D's records revealed the physician order for this device was written on 05/21/2026. Review of Resident D'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 instance, 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. I reviewed the facility *Enabler Device* Policy. The policy read,

"To be considered for an enabler device the following must occur.
• Assessed by Physical or Occupational therapist and agree enabler would be appropriate.
• Ordered By Licensed Health Care provider (MD PA or NP) and a copy Kept in chart.
• Resident Cognitively capable of using enabler and risk associated with device.
• Obtain consent from the resident or their legal representative. Explain purpose, risks, and alternatives.
• Be installed by the Maintenance Director and monitored weekly to ensure; Device is Mechanically secured and operating per manufacturer expectations
▪ Copy of the manufacturer's instructions should be kept in resident's file.
• Allowed by state regulation that community operates.
Device Monitoring.
• Care Team(Caregivers/Med Tech Nurse) should check that devices are secure and in good working condition (Per shift)
• Maintenance Director or a member of Community Leadership checks weekly to ensure secured and operate properly.
Staff Training on Enablers:
• Care Staff must be trained on purpose how it works/used and how to do safety check. (on service plan)
Documentation;
• Order from Health Provider
• Therapy Documentation agree enabler is needed
• Consent of Resident or Family on purpose and Risk of enablers
• Added to Service Plan including purpose
• Safety Checks by care staff and Leadership(Paper or Electronic)
• Training of staff."

The facility did not follow their internal policy on enabler device as evidenced by the lack of physician order and information in the service plan.

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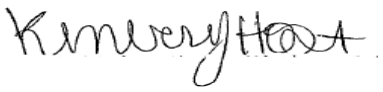
	(p) "Protection" means the continual responsibility of the home to take reasonable action to ensure the health, safety, and well-being of a resident as indicated in the resident's service plan, including protection from physical harm, humiliation, intimidation, and social, moral, financial, and personal 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.
Review of Resident C's medication administration record (MAR) revealed Resident C was prescribed Lorazepam tab 1mg with instruction to administer one tablet by mouth every six hours as needed for anxiety/agitation. Review of Resident C's service plan lacked detailed information on how the resident demonstrates anxiety/agitation and what behaviors require the administration of the medication or if staff can use nonpharmaceutical interventions.	
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.
Review of Resident I's service plan read, *"Resident requires promptings/reminders with mobility. (Specify resident needs and schedule accordingly."* There is lack of direction on what time of promptings and reminders Resident I requires as well as staff responsibility with these reminders. Similar findings were noted with Resident H.	
R 325.1932	**Resident's medications.**
	(1) A service plan must identify prescribed medication to be self-administered or managed by the home.
Review of Resident A,B,C, D, E, G, H, I, and J's service plan revealed lack of information on who is responsible for medication administration.	
R 325.1932	**Resident's medications.**
	(2) Prescribed medication managed by the home must be given, taken, or applied pursuant to labeling instructions, orders and by the prescribing licensed healthcare professional.
Review of Resident C's medication administration record (MAR) revealed Resident C was prescribed Morphine Sol 20mg with instruction to administer 0.25ml by mouth	

sublingually every 3 hours as needed for pain. In addition, Resident C was prescribed Ibuprofen Tab 40mg with instruction to administer one tablet by mouth every 8 hours as needed for pain. There is no instruction for staff to know whether to administer one over the other or if both can be given at the same time. The lack of instruction places residents at an unnecessary risk of harm due to administration based on what the staff feel is appropriate verses what the physician intended.	
R 325.1932	**Resident's medications.**
	(2) Prescribed medication managed by the home must be given, taken, or applied pursuant to labeling instructions, orders and by the prescribing licensed healthcare professional.
Review of Resident H's MAR revealed Resident H was prescribed Lorazepam 40mg tablet. Review of the MAR revealed Resident H did not receive this medication on 03/03-03/04 due to medication was not available. Similar findings were noted with Resident J and Resident K.	
R 325.1970	**Water supply systems.**
	(7) The temperature of hot water at plumbing fixtures used by residents shall be regulated to provide tempered water at a range of 105 to 120 degrees Fahrenheit.
Inspection of resident rooms revealed multiple resident rooms that had water temperatures that were below 105 degrees or above 120 degrees.	
R 325.1976	**Kitchen and dietary.**
	(6) Food and drink used in the home shall be clean and wholesome and shall be manufactured, handled, stored, prepared, transported, and served so as to be safe for human consumption.
Inspection of the facility kitchen revealed that the walk-in freezer contained items that were opened, unsealed, and were not dated (including but not limited to chicken nuggets, corn bread, and pepperoni).	

IV. RECOMMENDATION

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



05/26/2026

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Date

Licensing Consultant