GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 15, 2026

Larna Chevis
4047 56th Street
Wyoming, MI 49418

RE: License #: AF410380487
Katie's Home For Seniors
4047 56th Street
Wyoming, MI 49418

Dear Ms. Chevis:

Attached is the Renewal 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 licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (616) 356-0100.

Sincerely,

Toya Zylstra, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 333-9702

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
RENEWAL INSPECTION REPORT

I. IDENTIFYING INFORMATION

License #:	AF410380487
Licensee Name:	Larna Chevis
Licensee Address:	4047 56th Street Wyoming, MI 49418
Licensee Telephone #:	(616) 334-2005
Licensee/Licensee Designee:	N/A
Administrator:	Larna Chevis
Name of Facility:	Katie's Home For Seniors
Facility Address:	4047 56th Street Wyoming, MI 49418
Facility Telephone #:	(616) 334-2005
Original Issuance Date:	02/08/2016
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/14/2026

Date of Bureau of Fire Services Inspection if applicable: 07/14/2026

Date of Health Authority Inspection if applicable: 07/14/2026

No. of staff interviewed and/or observed 1
No. of residents interviewed and/or observed 1
No. of others interviewed Role:

- Medication pass / simulated pass observed? Yes ☒ No ☐ If no, explain.
- Medication(s) and medication record(s) reviewed? Yes ☒ No ☐ If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes ☒ No ☐ If no, explain.
- Meal preparation / service observed? Yes ☒ No ☐ If no, explain.
- Fire drills reviewed? Yes ☒ No ☐ If no, explain.
- Fire safety equipment and practices observed? Yes ☒ No ☐ If no, explain.
- E-scores reviewed? (Special Certification Only) Yes ☐ No ☐ N/A ☒ If no, explain.
- Water temperatures checked? Yes ☒ No ☐ If no, explain.
- Incident report follow-up? Yes ☒ No ☐ If no, explain.
- Corrective action plan compliance verified? Yes ☐ CAP date/s and rule/s: N/A ☒
- Number of excluded employees followed-up? N/A ☒
- Variances? Yes ☐ (please explain) No ☐ N/A ☒

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements.

This facility was found to be in non-compliance with the following rules:

R 400.615 Resident register.

A licensee shall maintain a chronological register of all residents admitted that includes the following information for each resident:
(a) Resident full name.
(b) Resident date of birth.
(c) Date of admission.
(d) Date of discharge and location, if known, where the resident moved.

Finding: On 07/14/2026 I conducted a scheduled renewal licensing inspection at the facility. Licensee Larna Chevis was present and reported that she had not completed a resident register.

Exit Conference: Ms. Chevis stated that she agreed that a violation had occurred and would submit an acceptable Corrective Action Plan.

R 400.639 Staff records.

(1) A licensee shall maintain a record for each staff that contains all of the following:
(a) Name, address, telephone number, and Social Security number.
(b) Copy or number of a professional or vocational license, certification, or registration if staff provides professional or vocational services.
(c) Copy of a driver's license if staff provide transportation services.
(d) Verification of age.
(e) Verification of experience, highest level of education completed, and training.
(f) Verification of not less than 2 reference checks. If reference checks cannot be obtained, documentation

verifying reference checks were attempted must be maintained.
(g) Beginning and ending dates of employment on separation.
(h) Health information as required by these rules.
(i) Verification of the receipt by the staff of personnel policies and job descriptions.

Finding: On 07/14/2026 I conducted a scheduled renewal licensing inspection at the facility. Ms. Chevis reported that she could not locate a personnel file for staff Theresa Musole. She stated that the file is misplaced but does contain all required items.

Exit Conference: Ms. Chevis stated that she agreed that a violation had occurred and would submit an acceptable Corrective Action Plan.

R 400.641 **Resident behavior interventions.**

(6) A licensee, staff, volunteers, or any person who lives in the facility shall not do any of the following:
(e) Withhold food, water, clothing, rest, or toilet use.

Finding: On 07/14/2026 I conducted a scheduled renewal licensing inspection at the facility. While onsite I observed that the kitchen cupboards and refrigerator contained locks, thus restricting residents' access.

Exit Conference: Ms. Chevis stated that she does not have documentation allowing the use of the locks in any resident assessment plan. She stated that although the locks are installed, she does not use them. She agreed that a rule violation had occurred and agreed to submit a Corrective Action Plan.

R 400.647 **Safety and maintenance of premises.**

(3) Living, sleeping, hallway, storage, bathroom, and kitchen areas must be well-lighted and ventilated.

Finding: On 07/14/2026 I conducted a scheduled renewal licensing inspection at the facility. While onsite I observed

that the light in Resident A's bedroom was broken and inoperable.

Exit Conference: Ms. Chevis stated that she agreed that a violation had occurred and would submit an acceptable Corrective Action Plan.

R 400.675 Resident medications.

(1) Medication must be given, taken, or applied as prescribed, ordered, or directed by an appropriately licensed health care professional.

Finding: On 07/14/2026 I conducted a scheduled renewal licensing inspection at the facility. I observed Resident B's MAR indicated that on 07/14/2026, Ms. Chevis administered Resident B's Ketoconazole shampoo, however upon further inspection it was discovered that the medication was not located in the facility.

Exit Conference: Ms. Chevis acknowledged that she had initialed Resident B's MAR to indicate Resident B had received her Ketoconazole shampoo on 07/14/2026, even though the medication was not administered. She acknowledged that the medication was not in the facility. Ms. Chevis agreed that a violation had occurred and stated that she would submit an acceptable Corrective Action Plan.

R 400.685 Resident admission; resident assessment plan; resident care agreement; health care appraisal.

(4) A written assessment plan must be completed with and signed by the resident or the resident's designated representative, responsible agency if applicable, and the licensee at the time of admission and annually thereafter. A licensee shall maintain a copy of the resident's most recent assessment plan on file at the facility for up to 2 years after discharge.

Finding: On 07/14/2026 I conducted a scheduled renewal licensing inspection at the facility. I observed Resident C's Assessment Plan was not signed by his guardian.

Exit Conference: Ms. Chevis stated that she agreed that a violation had occurred and would submit an acceptable Corrective Action Plan.

R 400.685 **Resident admission; resident assessment plan; resident care agreement; health care appraisal.**

(9) A licensee shall review the written resident care agreement with the resident, resident's designated representative, or responsible agency at least annually or more often if necessary. Any changes to the resident care agreement must be re-signed by all applicable parties. If the annual review results in no changes to the resident care agreement the resident care agreement does not need to be re-signed but the licensee shall document that all applicable parties were contacted and agreed that no changes were necessary.

Finding: On 07/14/2026 I conducted a scheduled renewal licensing inspection at the facility. I observed that Resident C's Resident Care Agreement is not signed by his guardian.

Exit Conference: Ms. Chevis stated that she agreed that a violation had occurred and would submit an acceptable Corrective Action Plan.

R 400.707 **Staff training.**

(3) Documentation of training must be maintained in the staff records to demonstrate that training has been completed and is current.

Finding: On 07/14/2026 I conducted a scheduled renewal licensing inspection at the facility. Licensee Larna Chevis was present and reported that she could not locate staff Theresa Musole's verification of training forms.

Exit Conference: Ms. Chevis stated that she agreed that a violation had occurred and would submit an acceptable Corrective Action Plan.

R 400.725 **Means of egress.**

(3) Doors that form a part of a required means of egress must be equipped with positive-latching, non-locking-against-egress hardware and have a width to allow for residents requiring wheelchairs or other devices to easily navigate through doorways.

Finding: On 07/14/2026 I conducted a scheduled renewal licensing inspection at the facility. While onsite I observed that a door leading to the outdoors is not outfitted with non-locking against egress locks.

Exit Conference: Ms. Chevis stated that she agreed that a violation had occurred and would submit an acceptable Corrective Action Plan.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.

07/15/2026

Toya Zylstra Date
Licensing Consultant