GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

August 3, 2026

Marcia Curtiss
CSM Alger Heights, LLC
1019 28th St.
Grand Rapids, MI 49507

RE: License #: AL410384527
Investigation #: 2026A0583051
Alger Heights - North

Dear Mrs. Curtiss:

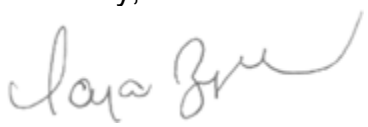
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 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 (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

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL410384527
Investigation #:	2026A0583051
Complaint Receipt Date:	07/14/2026
Investigation Initiation Date:	07/15/2026
Report Due Date:	08/13/2026
Licensee Name:	CSM Alger Heights, LLC
Licensee Address:	1019 28th St. Grand Rapids, MI 49507
Licensee Telephone #:	(616) 262-1792
Administrator:	Marcia Curtiss
Licensee Designee:	Marcia Curtiss
Name of Facility:	Alger Heights - North
Facility Address:	1015 28th St. SE Grand Rapids, MI 49548
Facility Telephone #:	(616) 608-3708
Original Issuance Date:	10/25/2016
License Status:	REGULAR
Effective Date:	04/25/2025
Expiration Date:	04/24/2027
Capacity:	17
Program Type:	PHYSICALLY HANDICAPPED, DEVELOPMENTALLY DISABLED, MENTALLY ILL AGED

II. ALLEGATION(S)

	Violation Established?
The facility's refrigerator is unclean.	No
Staff do not serve adequate meals.	No
Staff stole residents' medication.	No
Additional Findings	Yes

III. METHODOLOGY

07/14/2026	Special Investigation Intake 2026A0583051
07/15/2026	Special Investigation Initiated - On Site
07/23/2026	APS Referral
08/03/2026	Exit Conference Licensee designee Marcia Curtiss

ALLEGATION: The facility's refrigerator is unclean.

INVESTIGATION: On 07/14/2026 allegations were received from the BCAL online reporting system. The complaint alleged that "the refrigerators are gross there is mold and blood in the fridge".

On 07/14/2026 I interviewed staff Laverne Duke via telephone. She reported that she was recently "fired" from working at the facility. She stated that the facility's refrigerator containing resident medications and food is unclean as evidenced by "blood" and "mold".

On 07/15/2026 I completed an unannounced onsite investigation at the facility and interviewed executive director Jennifer Leak. She stated the refrigerator is clean and free of hazards. She stated that the current condition of the refrigerator is indicative of its previous condition.

While onsite I observed that the facility's refrigerator is clean and sanitary. I did not observe blood, mold, or other unhygienic substances.

On 07/23/2026 I referred the complaint allegations to Adult Protective Services via the online reporting portal.

On 08/03/2026 I completed an exit conference via telephone with licensee designee Marcia Curtiss. She stated that she agreed with the findings.

APPLICABLE RULE	
R 400.647	**Safety and maintenance of premises.**
	(1) A facility must be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.
ANALYSIS:	While onsite I observed that the facility's refrigerator was clean and sanitary. Executive director Jennifer Leak stated the refrigerator is clean and free of hazards. She stated that the current condition of the refrigerator is indicative of its previous condition. A preponderance of evidence does not support that violation of the applicable rule occurred.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: Staff do not serve adequate meals.

INVESTIGATION: The complaint alleged that staff "serve frozen food" and "they are not prepared prep meals".

On 07/14/2026 Ms. Duke reported via telephone that staff do not feed residents enough food and deny second servings. She stated that staff do not follow the posted menu and instead provide "frozen food".

While onsite on 07/15/2026, Ms. Leak reported that residents are provided with adequate portion sizes and staff serve residents second servings when requested. She stated that staff follow the posted menu and serve three nutritious meals daily.

Resident A stated that staff follow the posted menu and provide adequate portions of food. She stated that staff provide second servings when requested.

While onsite I observed the posted menu which contained healthy and nutritious meals.

While onsite on 07/16/2026 I interviewed staff Latoya Wimbley, Constance Sallee, Vanessa Meadows, and cook Michael Madison onsite. Each staff member stated that residents are provided with three nutritious meals daily and staff serve residents second helpings when requested. Each staff member stated that staff follow the posted menu.

While onsite on 07/22/2026 I observed the monthly weight records of Residents A-K.

I observed no significant weight declines.

On 08/03/2026 I completed an exit conference via telephone with licensee designee Marcia Curtiss. She stated that she agreed with the findings.

APPLICABLE RULE	
R 400.663	**Nutrition; adoption by reference.**
	(1) A licensee shall provide daily a minimum of 3 nutritious meals to residents.
ANALYSIS:	I observed the monthly weight records of Residents A-K. I observed no significant weight declines. Staff Latoya Wimbley, Constance Sallee, Vanessa Meadows, and cook Michael Madison stated that residents are provided with three nutritious meals daily and staff serve residents second helpings when requested. A preponderance of evidence does not support that violation of the applicable rule occurred.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: Staff stole residents' medication.

INVESTIGATION: The complaint alleged that "one of the staff is stealing the residents medication which helps them to loose weight".

On 07/14/2026 Ms. Duke reported via telephone that on a recent, unknown date, she overheard Ms. Sallee and Ms. Meadows discussing that Ms. Wimbley was stealing residents' "GLP1s". She stated that she did not know which residents were involved and she had no other information regarding the allegation.

While onsite on 07/15/2026, Ms. Leak reported that Resident A, Resident B, and Resident E are each prescribed "GLP1s". She stated she has no knowledge of any staff stealing these or other resident medications.

While onsite I observed Resident A and Resident B's Mounajaro stored in the facility's refrigerator. I also observed Resident E's Trulicity INJ 1.5/0.5 stored in the facility's refrigerator.

While onsite on 07/16/2026, Resident A stated that to her knowledge, she received her Mounjaro from staff as prescribed. She has no knowledge of staff stealing these or other resident medications.

While onsite Ms. Wimbley denied stealing any resident medications. She stated the the allegation is false.

Ms. Sallee and Ms. Meadows denied any knowledge of Ms. Wimbley stealing residents' "GLP1s".

While onsite I reviewed Resident A and Resident B's Medication Administration Records (MARs). Resident A is prescribed Mounjaro INJ 5M/0.5 inject 5MG subcutaneously once weekly on Wednesdays. Resident A was prescribed the medication starting 05/22/2026 and she received the medication as prescribed. Resident B is prescribed Mounjaro INJ 7.5/0.5 inject once weekly on Fridays from 04/22/2026-06/24/2026 and Ozempic INJ 8M G/3ML inject 2MG once weekly on Fridays from 10/18/2026 until 05/19/2026. Resident B did not receive Ozempic on 05/01/2026 and 05/15/2026 due to "withheld per Dr/RN orders".

While onsite on 07/28/206 I observed Resident E's MARS. Resident E is prescribed Trulicity INJ 1.50/0.5 subcutaneously once weekly on Tuesdays starting 02/16/2026 and he received the medication as prescribed.

On 08/03/2026 I completed an exit conference via telephone with licensee designee Marcia Curtiss. She stated that she agreed with the findings.

APPLICABLE RULE	
R 400.681	**Resident rights; licensee responsibilities.**
	(1) A resident shall be treated with dignity and respect, free from exploitation, and protected and safe.
ANALYSIS:	Resident A is prescribed Mounjaro INJ 5M/0.5 inject 5MG subcutaneously once weekly on Wednesdays. Resident A was prescribed the medication starting 05/22/2026 and she received the medication as prescribed. Resident B is prescribed Mounjaro INJ 7.5/0.5 inject once weekly on Fridays from 04/22/2026-06/24/2026 and Ozempic INJ 8M G/3ML inject 2MG once weekly on Fridays from 10/18/2026 until 05/19/2026. Resident B did not receive Ozempic on 05/01/2026, 05/15/2026 due to "withheld per Dr/RN orders". Resident E is prescribed Trulicity INJ 1.50/0.5 subcutaneously once weekly on Tuesdays starting 02/16/2026 and he received the medication as prescribed. Resident A stated that to her knowledge, she received her Mounjaro from staff as prescribed. She has no knowledge of staff stealing her medication. Ms. Wimbley denied stealing any residents' medications. She

	stated the allegation is false. Ms. Sallee and Ms. Meadows denied any knowledge of Ms. Wimbley stealing residents' "GLP1s". A preponderance of evidence does not support that violation of the applicable rule occurred.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDINGS: Food stored in the refrigerator lacked labeling.

INVESTIGATION: While onsite on 07/15/2026 I observed various food items removed from their original packaging and stored in the refrigerator lacked labeling to identify the prepared or opened date.

Ms. Leak acknowledged that various food items lacked the appropriate labeling. She agreed to correct the issue.

On 08/03/2026 I completed an exit conference via telephone with licensee designee Marcia Curtiss. She stated that she did not dispute the finding and would submit an acceptable Corrective Action Plan.

APPLICABLE RULE	
R 400.665	**Food service.**
	(7) When food is removed from its original packaging and stored, it must be clearly labeled to identify the prepared or opened date and an expiration or discard date. The discard date must be no more than 7 days on all perishable foods that are opened or if food is prepared and held at safe storage temperatures. The day of opening or day of preparation must be counted as day 1. If there are signs of spoilage, food must be discarded immediately. If any residents of the home have known food allergies, the label must also indicate that this food contains the food or ingredient that the resident is allergic to.
ANALYSIS:	While onsite I observed various food items removed from their original packaging and stored in the refrigerator lacked labeling to identify the prepared or opened date. Ms. Leak acknowledged that various food items lacked the appropriate labeling. She agreed to correct the issue.

	A preponderance of evidence supports that violation of the applicable rule occurred. The facility's refrigerator contained food that was removed from its original packaging and was not labeled to identify the prepared or opened date.
CONCLUSION:	**VIOLATION ESTABLISHED**

ADDITIONAL FINDINGS: Resident A did not receive her medications as prescribed.

INVESTIGATION: While onsite on 07/28/2026 I reviewed Resident A MARs with Ms. Leak. On 05/22/2026 Resident A did not receive her prescribed Baclofen 5MG and on 06/18/2026 Resident A did not receive her prescribed Dicyclomine 20MG, Sacub/Valsar 49-51MG, Aspirin 81MG, Pravastatin 80MG, and Dicyclomine 20MG because "awaiting med arrival from pharmacy". Ms. Leak confirmed that Resident A did not receive the medications because the facility was out of the medications.

On 08/03/2026 I completed an exit conference via telephone with licensee designee Marcia Curtiss. She stated that she did not dispute the finding and would submit an acceptable Corrective Action Plan.

APPLICABLE RULE	
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.
ANALYSIS:	On 05/22/2026 Resident A did not receive her prescribed Baclofen 5MG and on 06/18/2026 Resident A did not receive her prescribed Dicyclomine 20MG, Sacub/Valsar 49-51MG, Aspirin 81MG, Pravastatin 80MG, and Dicyclomine 20MG because "awaiting med arrival from pharmacy". Ms. Leak confirmed that Resident A did not receive the medications because the facility was out of the medications. A preponderance of evidence supports that a violation of the applicable rule occurred. Resident A did not receive her medications as prescribed.
CONCLUSION:	**VIOLATION ESTABLISHED**

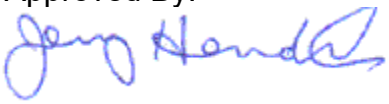
IV. RECOMMENDATION

Upon receipt of an acceptable Corrective Action Plan, I recommend no change to the license.

08/03/2026

Toya Zylstra Date
Licensing Consultant

Approved By:



08/03/2026

Jerry Hendrick Date
Area Manager