



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 2, 2026

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

RE: License #: AL410398971
Investigation #: 2026A0583057
Willow Creek - East

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,

A handwritten signature in cursive script, appearing to read "Toya Zylstra".

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 #:	AL410398971
Investigation #:	2026A0583057
Complaint Receipt Date:	08/26/2026
Investigation Initiation Date:	08/26/2026
Report Due Date:	09/25/2026
Licensee Name:	CSM Alger Heights, LLC
Licensee Address:	1019 28th St. Grand Rapids, MI 49507
Licensee Telephone #:	(616) 262-1792
Administrator:	Kelly McCann
Licensee Designee:	Marcia Curtiss
Name of Facility:	Willow Creek - East
Facility Address:	1019 28th St. SE Grand Rapids, MI 49508
Facility Telephone #:	(616) 262-1792
Original Issuance Date:	08/05/2020
License Status:	REGULAR
Effective Date:	02/05/2025
Expiration Date:	02/04/2027
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED, AGED DEVELOPMENTALLY DISABLED MENTALLY ILL, ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
The facility is insufficiently staffed.	Yes
Staff stole residents' narcotic medications	Yes

III. METHODOLOGY

08/26/2026	Special Investigation Intake 2026A0583057
08/26/2026	Special Investigation Initiated - On Site
08/27/2026	APS Referral
09/01/2026	Exit Conference Administrator Kelly McCann

ALLEGATION: The facility is insufficiently staffed.

INVESTIGATION: On 08/25/2026 the above complaint allegation was received from an anonymous complainant via LARA-BCHS-Complaint system. The complaint alleged the following, *"Nita has been messing with the daily log schedule to make it look as though we are completely staffed when we indeed are not. She also lets her best friend toya who works memory care leave the unit and sit in her office while leaving the care aide all by herself to care for all the memory care residents on her own and this happens every day that her friend toya works in memory care"*.

On 08/26/2026 I completed an unannounced onsite investigation at the facility and privately interviewed executive director Jennifer Leak, staff Nita Hewlett, staff LaToya Wimbley, and staff Stephanie McGruther.

Ms. Leak and Ms. Hewlett both stated the facility provides care to nineteen residents diagnosed with memory decline and Resident A requires the assistance of two staff for safe transfers. They stated the facility is routinely staffed with two staff during waking and sleeping hours. They stated that Ms. Wimbley completes "rounds" which consists of checking on two adjacent facilities located on the same campus. Both stated that Ms. Wimbley's rounds are completed before and after her scheduled 7:00 AM to 3:00 PM shift therefore the facility is always staffed with two staff.

Ms. Wimbley stated that she generally works Monday through Friday from 7:00 AM until 3:00 PM. She stated that it is her job responsibility to complete "rounds" at approximately 9:00 AM, 11:00 AM, and 1:00 PM which consists of leaving the facility to "check" on other facilities located on the same campus. She stated that her rounds typically take fifteen minutes to complete. She stated that while she completes her rounds the facility is left with one staff member. She stated that it is

also her job responsibility to participate in manager meetings approximately once per week. She stated that the manager meetings take place at an adjacent facility located on the same campus. She stated that the manager meetings typically last thirty minutes and while she is gone the facility is left with one staff member.

Ms. McGruther stated that she has worked at the facility for approximately three weeks and typically works Monday through Friday from 7:00 AM until 3:00 PM with Ms. Wimbley. She stated that Ms. Wimbley completes rounds which consist of leaving the facility to check on other facilities located on the same campus. She stated that Ms. Wimbley completes her rounds approximately every two hours and each round takes approximately fifteen minutes to complete.

On 08/27/2026 I completed an Adult Protective Services complaint via the online portal.

On 08/27/2026 I received and reviewed an email from Ms. Leak that contained Resident A's Assessment Plan, signed 08/03/2026. I observed that Resident A requires the assistance of a sit to stand lift and wheelchair.

On 09/01/2026 I received an email from licensee designee Marcia Curtiss stating that she is on vacation. She requested that administrator Kelly McCann complete the exit conference.

On 09/01/2026 I completed an exit conference via telephone with Kelly McCann, administrator. She stated that she agreed with the special investigation findings and will submit an acceptable corrective action plan.

APPLICABLE RULE	
R 400.633	Staffing requirements.
	(1) A licensee shall always have sufficient direct care staff on duty for the supervision, personal care, and protection of residents and to provide the services specified in a resident's assessment plan, health care appraisal, and resident care agreement. At a minimum, the ratio of direct care staff to residents must not be less than 1 direct care staff to either of the following: (a) 15 residents during waking hours or 20 residents during sleeping hours for large group homes and congregate facilities. (b) 12 residents for small group and family homes.
ANALYSIS:	The facility provides care to nineteen residents. Ms. Leak and Ms. Hewlett both stated that Resident A requires the assistance of two staff members.

	Ms. Wimbley stated she routinely leaves the facility with one staff member Monday through Friday at 9:00 AM, 11:00 AM, and 1:00 PM to complete fifteen minute rounds and once per week to complete thirty-minute manager meetings. Based upon my investigation, which includes interviews and a review of pertinent documentation, a preponderance of evidence does support that a violation of the applicable rule occurred. The facility provides care to nineteen residents, including Resident A, who requires the assistance of two members, and Ms. Wimbley routinely leaves the facility with one staff member during waking hours.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION: Staff stole residents' narcotic medication.

INVESTIGATION: The complaint alleged that Ms. Hewlett was "stealing prescription pain narcotics".

While onsite, I observed all residents' narcotics and their "CONTROLLED DRUG RECEIPT" forms. I observed that Resident B was prescribed morphine sulfate 20MG/ML give 1 prefilled syringe every hour as needed for pain and sixteen doses of the medication in the form of prefilled syringes were received at the facility on 01/15/2026. Per the "CONTROLLED DRUG RECEIPT" form, the medication was not administered and the medication was missing.

Ms. Leak stated she has no knowledge of Ms. Hewlett stealing residents' narcotic pain medication. She stated that all narcotic medications are scanned into the facility using their electronic MAR system. She stated that at the beginning and conclusion of each shift staff jointly count narcotic medications and staff complete a separate "CONTROLLED DRUG RECEIPT" form for each narcotic dispensed. She stated that she can not account for Resident B's missing morphine.

Ms. Hewlett denied stealing any resident medications. She stated that all narcotics are scanned into the facility using their electronic MAR system and each dispensed medication is documented on a sperate log. She stated she does not know where Resident B's Morphine was located.

Ms. McGruther stated that she dispenses residents' medications. She stated she has no knowledge of Ms. Hewlett stealing residents' narcotic medications and does not know where Resident B's Morphine was located.

On 08/28/2026 I received and reviewed an email from Ms. Leak that contained Resident B's MARs from 01/01/2025 until present. I observed that Resident B did not receive a dose of the missing morphine.

On 08/28/2026 Ms. Leak stated via telephone that she could not account for Resident B's missing morphine. She stated she contacted Resident B's hospice staff and hospice staff stated that they did not dispose of Resident B's morphine. She stated she could not locate documentation to support that Resident B's morphine was destroyed.

On 09/01/2026 I completed an exit conference via telephone with Kelly McCann, administrator. She stated that she agreed with the special investigation findings and will submit an acceptable corrective action plan.

APPLICABLE RULE	
R 400.675	Resident medications.
	(6) Prescription medication must not be used by a person other than the resident for whom the medication was prescribed.
ANALYSIS:	Resident B's "CONTROLLED DRUG RECEIPT" form indicates that Resident B was prescribed morphine sulfate 20MG/ML prefilled syringes as needed for pain and sixteen doses of the medication were received on 01/15/2026. The medication was not administered and the medication was missing. Resident B's MARs indicate that Resident B did not receive a dose of morphine since it was delivered to the facility. Ms. Leak stated that she could not account for Resident B's missing morphine. She stated that she contacted Resident B's hospice staff and hospice staff stated that they did not dispose of Resident B's morphine. She stated she could not locate documentation to support that Resident B's morphine was destroyed. Ms. Hewlett denied stealing residents' medications. Based upon my investigation, which includes interviews and a review of pertinent documentation, a preponderance of evidence does support that a violation of the applicable rule occurred. While it was not established that Ms. Hewlett stole residents' medications, it has been established that Resident B's morphine syringes are unaccounted for.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Upon receipt of an acceptable Corrective Action Plan, I recommend the license remain unchanged.

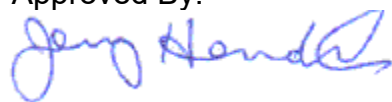


09/01/2026

Toya Zylstra
Licensing Consultant

Date

Approved By:



09/02/2026

Jerry Hendrick
Area Manager

Date