



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

June 1, 2022

Merle Haines  
5721 Christie Avenue  
Kentwood, MI 49508

RE: License #: AM410272020  
Investigation #: 2022A0464030  
Nana's House

Dear Ms. Haines:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan was required. On 05/25/2022, you submitted an acceptable written corrective action plan. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan.

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) 356-0183.

Sincerely,

*Megan Aukerman, MSW*

Megan Aukerman, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 438-3036

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM410272020
<b>Investigation #:</b>	2022A0464030
<b>Complaint Receipt Date:</b>	04/15/2022
<b>Investigation Initiation Date:</b>	04/15/2022
<b>Report Due Date:</b>	06/14/2022
<b>Licensee Name:</b>	Merle Haines
<b>Licensee Address:</b>	5721 Christie Avenue Kentwood, MI 49508
<b>Licensee Telephone #:</b>	(616) 827-1377
<b>Administrator:</b>	Merle Haines
<b>Licensee Designee:</b>	Merle Haines
<b>Name of Facility:</b>	Nana's House
<b>Facility Address:</b>	5721 Christy Avenue, SE Kentwood, MI 49508-6236
<b>Facility Telephone #:</b>	(616) 827-1377
<b>Original Issuance Date:</b>	04/03/2006
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	04/29/2020
<b>Expiration Date:</b>	04/28/2022
<b>Capacity:</b>	12
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL/AGED

## II. ALLEGATION(S)

	Violation Established?
The facility is infested with bed bugs.	No
On 05/02/2022, the facility received a "D" fire rating.	Yes

## III. METHODOLOGY

04/15/2022	Special Investigation Intake 2022A0464030
04/15/2022	APS Referral
04/15/2022	Special Investigation Initiated - Telephone Kevin Souser, Kent County APS
04/25/2022	Inspection Completed On-site Merle Haines, Licensee Designee Residents B & C
05/02/2022	Contact-Document received BFS Report
05/02/2022	Contact-Document sent Mauricio Barrera (BFS)
05/25/2022	Contact-Document received Corrective Action Plan
05/25/2022	Inspection Completed-Onsite Merle Haines (Licensee Designee), Residents B, D, & E, and Mauricio Barrera (BFS)
05/25/2022	Exit Conference Merle Haines, Licensee Designee

**ALLEGATION: The facility is infested with bed bugs.**

**INVESTIGATION:** On 04/15/2022, I received an online BCAL complaint from Adult Protective Services (APS). The complaint alleged the facility is infested with bed bugs and the licensee is not adequately addressing the issue.

On 04/15/2022, I spoke with Kent County APS worker, Kevin Souser to coordinate the investigation.

On 04/25/2022, I completed an onsite inspection at the facility. I interviewed licensee, Merle (Dorcel) Haines. Ms. Haines stated she had a new resident

(Resident A) move into the facility a few months ago. Ms. Haines stated shortly after Resident A moved into the home, she found bed bugs on Resident A's belongings. Ms. Haines stated fortunately, the bed bugs were isolated to two resident bedrooms and were not located anywhere else in the facility. Ms. Haines stated she immediately contacted Orkin, who has been treating the facility on a monthly basis. Ms. Haines then pulled out verification that Orkin had treated the facility.

I then completed a tour of the facility, inspecting each resident bedroom. I observed the facility was clean and adequately furnished. There was no evidence of living bedbugs. I also interviewed Residents B and C, privately. Both residents denied seeing or being bit by any bed bugs.

On 05/03/2022, I exchanged emails with Mr. Souser. Mr. Souser stated he interviewed Resident A. He stated Resident A was not aware of any bed bugs and reported she had no complaints about the facility. Mr. Souser stated he would be closing his APS investigation with no substantiated findings.

On 05/25/2022, I completed an exit conference with Ms. Haines. She was informed of the investigation findings and recommendations.

<b>APPLICABLE RULE</b>	
<b>R 400.14401</b>	<b>Environmental health.</b>
	<b>(5) An insect, rodent, or pest control program shall be maintained as necessary and shall be carried out in a manner that continually protects the health of residents.</b>
<b>ANALYSIS:</b>	<p>On 04/15/2022, a complaint was received alleging the facility was infested with bed bugs and licensee designee, Merle Haines was not adequately addressing the issue.</p> <p>An onsite inspection was completed at the facility on 04/25/2022 and there was no evidence of live bed bugs. Residents B and C also denied seeing bed bugs. Ms. Haines provided information that Orkin pest control company has been treating the facility on a monthly basis.</p> <p>Based on the investigative findings, there is insufficient evidence to support a rule violation that the licensee is not treating the bed bug infestation.</p>
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION: On 05/02/2022, the facility received a “D” fire rating.**

**INVESTIGATION:** On 05/02/2022, I received an inspection report from Bureau of Fire Services (BFS). The report stated that fire safety inspector Mauricio Barrera completed an inspection on 04/25/2022. Mr. Barrera issued a disapproval fire rating for previously cited issues not being rectified. Mr. Barrera noted the front door of the facility locked against egress, storage was located on top of the refrigerator which was blocking a sprinkler head, the annual fire extinguisher and suppression reports were not readily available, and the emergency light test was not available.

On 05/02/2022, I exchanged emails with Mr. Barrera. He stated he was going back to the facility for the re-inspection. If all issues have been corrected, an approval fire rating will be issued.

On 05/25/2022, Mr. Barrera and I completed an onsite inspection at the facility. We interviewed Ms. Haines. Ms. Haines provided Mr. Barrera with the annual fire extinguisher reports, the suppression reports and the emergency light test. Mr. Barrera and I completed a walk through of the facility. Most of the issues had been corrected. Ms. Haines stated Brigade is scheduled to come out next week to fix one of the sprinkler system brackets. Mr. Barrera instructed Ms. Haines to send a picture of the fixed bracket and he would then issue an approval rating.

On 05/25/2022, I completed an exit conference with Ms. Haines. She was informed of the investigation findings and recommendations. Ms. Haines submitted an approved corrective action plan.

<b>APPLICABLE RULE</b>	
<b>R 400.14403</b>	<b>Maintenance of premises.</b>
	<b>(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.</b>
<b>ANALYSIS:</b>	<p>On 04/25/2022, Bureau of Fire Services inspecting official, Mauricio Barrera issued the facility a disapproval fire rating, due to previous issues not being corrected. The issues consisted of the front door of the facility locked against egress, storage was located on top of the refrigerator which was blocking a sprinkler head, the annual fire extinguisher and suppression reports were not readily available, and the emergency light test was not available.</p> <p>On 05/25/2022, an onsite inspection was completed. Ms. Haines provided proof she corrected majority of the fire safety rule violations. Ms. Haines also submitted an approved corrective action plan. Based on the investigation findings, there is sufficient evidence to support the maintenance of premise rule violation.</p>

<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>
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**IV. RECOMMENDATION**

An acceptable corrective action plan was received and approved; therefore, I recommend the licensing status remain unchanged.

*Megan Aukerman, MSW*

06/01/2022

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Megan Aukerman  
Licensing Consultant

Date

Approved By:

*Jerry Hendrick*

06/01/2022

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Jerry Hendrick  
Area Manager

Date