



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

February 2, 2023

Angela Decator  
CSM Alger Heights, LLC  
1019 28th St.  
Grand Rapids, MI 49507

RE: License #: AL410398971  
Willow Creek - East  
1019 28th St. SE  
Grand Rapids, MI 49508

Dear Ms. Decator:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license is renewed. It is valid only at your present address and is nontransferable.

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) 356-0183.

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



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

**I. IDENTIFYING INFORMATION**

**License #:** AL410398971

**Licensee Name:** CSM Alger Heights, LLC

**Licensee Address:** 1019 28th St.  
Grand Rapids, MI 49507

**Licensee Telephone #:** (616) 258-0268

**Licensee/Licensee Designee:** Angela Decator

**Administrator:** Angela Decator

**Name of Facility:** Willow Creek - East

**Facility Address:** 1019 28th St. SE  
Grand Rapids, MI 49508

**Facility Telephone #:** (616) 745-4675

**Original Issuance Date:** 08/05/2020

**Capacity:** 20

**Program Type:** PHYSICALLY HANDICAPPED  
DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
ALZHEIMERS  
AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/01/2023

Date of Bureau of Fire Services Inspection if applicable: 11/11/2022

Date of Health Authority Inspection if applicable: 02/01/2023

No. of staff interviewed and/or observed 4

No. of residents interviewed and/or observed 9

No. of others interviewed [redacted] Role: [redacted]

- 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.  
Reviewed as received.
- 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

On 02/01/2023, and inspection was completed on site. An exit conference was conducted with licensee designee, Angel Decator and the facility was determined to be in substantial compliance with rules and requirements.

### IV. RECOMMENDATION

I recommend issuance of a regular license to this AFC adult large group home (capacity 20).



02/02/2023

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Megan Aukerman  
Licensing Consultant

Date