



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

December 27, 2024

Marcia Curtiss
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 Mrs. Curtiss:

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) 356-0183.

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

611 W. OTTAWA • P.O. BOX 30664 • LANSING, MICHIGAN 48909
www.michigan.gov/lara • 517-335-1980

**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: Marcia Curtiss, Designee

Administrator: 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

Capacity: 20

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED
ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/27/2024
Date of Bureau of Fire Services Inspection if applicable: 10/28/2024
Date of Health Authority Inspection if applicable: 12/27/2024
No. of staff interviewed and/or observed 4
No. of residents interviewed and/or observed 10
No. of others interviewed N/A Role: [REDACTED]

- Medication pass / simulated pass observed? Yes No If no, explain. Medications passed prior to inspection.
- 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 400.15310 Resident health care.

(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.

Finding: On 12/27/2024, I completed a scheduled onsite renewal inspection at the facility. While reviewing the facility's resident weight records, I observed that the facility staff failed to weigh and record Resident A's weights for the months of 12/23, 6/24, 9/24, and 10/24. I observed that the facility staff failed to weigh and record Resident B's weights for the months of 12/23, 5/24, 6/24, 8/24, and 9/24.

Exit Conference: While onsite I completed an exit conference with licensee designee Marcia Curtiss. Ms. Curtis acknowledged that facility staff failed to complete monthly weight checks and corresponding documentation of said weights checks for Resident A and Resident B. Ms. Curtiss did not dispute the finding and stated that she would submit an acceptable Corrective Action Plan.

R 400.15318 Emergency preparedness; evacuation plan; emergency transportation.

(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.

Finding: On 12/27/2024, I completed a scheduled onsite renewal inspection at the facility. While reviewing the facility's fire drill records, I observed that facility staff failed to complete a required sleeping hour fire drill between 5/24, 6/24, 7/24, and 8/24.

Exit Conference: While onsite I completed an exit conference with licensee designee Marcia Curtiss. Ms. Curtis acknowledged that facility staff failed to complete a sleeping hour fire drill during between 5/24, 6/24, 7/24, and 8/24. Ms. Curtiss did not dispute the finding and stated that she would submit an acceptable Corrective Action Plan.

IV. RECOMMENDATION

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



12/27/2024

Toya Zylstra
Licensing Consultant

Date