



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

December 17, 2024

Cornelius Kuperus  
David's House Ministries  
2390 Banner Dr.  
Wyoming, MI 49509

RE: License #: AS410408621  
Investigation #: 2025A0357002  
Pine Tree Lodge

Dear Mr. Kuperus:

Attached is the Special Investigation Report for the above referenced facility. No substantial violations were found.

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 that reads "Arlene B. Smith".

Arlene B. Smith, MSW, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 916-4213

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS410408621
<b>Investigation #:</b>	2025A0357002
<b>Complaint Receipt Date:</b>	10/28/2024
<b>Investigation Initiation Date:</b>	10/31/2024
<b>Report Due Date:</b>	12/27/2024
<b>Licensee Name:</b>	David's House Ministries
<b>Licensee Address:</b>	2390 Banner Dr. Wyoming, MI 49509
<b>Licensee Telephone #:</b>	(616) 284-4388
<b>Administrator:</b>	Ruth Bonfiglio
<b>Licensee Designee:</b>	Cornelius Kuperus
<b>Name of Facility:</b>	Pine Tree Lodge
<b>Facility Address:</b>	2224 Hope Grove Ave SW, Wyoming, MI 49509
<b>Facility Telephone #:</b>	(616) 247-7861
<b>Original Issuance Date:</b>	01/26/2022
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	07/26/2024
<b>Expiration Date:</b>	07/25/2026
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

**II. ALLEGATION(S)**

	<b>Violation Established?</b>
Direct Care Staff Glenda French verbally abused Resident A.	No

**III. METHODOLOGY**

10/28/2024	Special Investigation Intake 2025A0357002 Department of Health and Human Services, Kent County, Adult Protective Services, Denied the complaint.
10/31/2024	Special Investigation Initiated - Telephone Referral to RR at network 180.
12/10/2024	Inspection Completed On-site Unannounced inspection.
12/10/2024	Contact - Face to Face I met with the Licensee Designee, Casey Kuperus, Administrator, Ruth Bonfiglio, and the Home Manager. Lillian Gates.
12/10/2024	Contact - Face to Face I met with Resident A and conducted an interview in her bedroom
12/10/2024	Contact - Face to Face I met with Resident B and conducted an interview with her in her bedroom.
12/10/2024	Contact - Telephone call made I conducted telephone interviews with the Direct Care Staff: Glenda French, Tamika Brown, Rhondella Hines, and Everlne Biboko.
12/10/2024	Contact - Document Received Received and reviewed Resident A's Assessment Plan, PCP from the right Door, Health Care Appraisal, and her diet orders,
12/12/2024	Contact - Telephone call made I conducted a telephone with Resident A's guardian/mother.
12/12/2024	Contact - Telephone call made I conducted a telephone interview with Rene Sherman, BSN, RN, for David's House Ministries.

12/17/2024	Telephone Exit Conference with Licensee Designee, Cornelius Kuperus.
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**ALLEGATION: Direct Care Staff Glenda French verbally abused Resident A.**

**INVESTIGATION:** On 12/10/2024, I made an unannounced inspection of Pine Tree Lodge, Adult Foster Care home and met with the Home Manager, Lillian Gates. I explained the complaint and she stated that she recently became the new Home Manager. She said she has been working in this home for 3½ years. She stated that she worked as a direct care staff before she became the Home Manager. She explained that she had worked with Glenda French, and she has never heard her tell Resident A that it was her fault that she has swallowing issues or when she fell. She explained that Resident A is 59 years old, and her mother is her guardian. She reported Resident A has Cerebral Palsy, swallowing issues, and a developmental impairment. She said Resident A came from another AFC on the campus of David’s House Ministries, House II, and she has lived here since it opened. She provided me with a copy of Resident A’s Health Care Appraisal, dated 04/24, which listed her diagnoses as CP, Depression, Dysphagia, high cholesterol and urinary incontinence. The report also indicated that she has a diet for GERD/Dysphagia. The report stated that she is wheelchair dependent. Ms. Gates reported that Resident A had a restrictive diet related to her swallowing studies. She explained that her diet was very restrictive a year ago but then she had another swallowing study, and her physicians have given her a new diet. She provided me with a copy of the diet dated 10/22/2024. This diet read: “Due to health conditions, please limit acidic foods such as citrus and tomato-based products as these worsen (Resident A’s) symptoms. Please also avoid coffee due to GEARD and diarrhea side effects.” Ms. Gates reported that Resident A focuses on the foods she cannot have compared to the foods she can have. She reported that Resident A consistently asks staff for coffee or any of the foods that are restricted. I asked Ms. Gates if she has received any concerns or complaints pertaining to Ms. French. She said she has never received any complaints about Ms. French, but she has received compliments on her care of the residents. She explained that she has worked along side Ms. French before she became the Home Manager, and she is the “kindest, most caring individual to everyone but especially to the residents including (Resident A)”. She added that Ms. French and Resident A get along very well. She stated that Resident A has never expressed any concerns about Ms. French.

She also stated they believe a staff at Resident A’s physician’s office showed Resident A her “My-Chart,” which has given her a direct line to the office. Ms. Gates stated that Resident A now calls the office numerous times and complains about her diet or requests an appointment. The physician’s office has called David’s House Ministries and asked that Resident A not be allowed to call them, or they will not provide care for her. They are working with Resident A’s guardian/mother to control her calling the physician’s office. This week Resident A called and made an

appointment, so Ms. Gates had to work with Resident A's guardian and cancel the appointment. Resident A already had an appointment this week.

I asked Ms. Gates about Resident A's broken foot and she said she was working with Resident A that day. She explained that Resident A has some job duties that she has agreed with and one of them is doing the dishes. She explained that she uses a gait belt with Resident A, and she had sat her back into her wheelchair after she had completed some dishes. Ms. Gates had to check on another resident and came right back and Resident A had decided to stand on her own. She is not to stand on her own but must have staff with her because she is very unstable. She saw Resident A start to fall and she caught her and helped lower her to the floor, but she did break her foot because she was leaning to her side. Ms. Gates called for another staff to come and help lift Resident A back into her wheelchair.

Shortly after I arrived Ruth Bonfiglio, the Administrator, came to the home to discuss the complaint. She stated that she had "On-boarded, (their initial trainings) Ms. French" and she reported that she did very well. She said she has never received a complaint about Ms. French. She stated that she believed that Resident A has not been able to accept her limitations especially related to the prescribed diet. She also said that Cerebral Palsy causes the individual to decline with age and Resident A has not been able to accept the changes in her body and other declines. She said she use to walk with the walker. She said Resident A will focus on what she can't have rather than what she can have. Now she has to use her motorized wheelchair. The staff help her transfer. Ms. Bonfiglio stated that Resident A is very frustrated related to her physical declines, and she thinks she can still do what she use to be able to do, but now she can't and this upsets her. She explained that Resident A's physician had provided them her Diet Restrictions, strategies for safe oral intake: "repeat swallow small bites, small, GERD precautions: upright for all intake + 60 min following, smaller more frequent meals, avoid intake 3 hours before bed." Ms. Bonfiglio stated the staff sit with her when she eats to remind her to chew the food well and take small sips of her drink. She reported that they have had to do "back blows," on her several times to prevent her from choking.

Mr. Cornelius Kuperus, the Licensee Designee, arrived and we discussed the complaint. He stated that he talks with Resident A's guardian on a regular basis, and he had just spoken to her, and she did not mention anything about a complaint. He stated that Ms. French is a good employee and is good to everyone. He said he has never received a complaint on her. Everything he has heard has been good. He responded to the allegation, and said he believed that Ms. French had said to Resident A that it is in her best interest to eat what her physician had told her so she could remain safe. He responded to the broken foot incident that Ms. French would have reminded Resident A to not try to stand without staff's help. He said Ms. French would have explained safety issues and reminded her to follow the diet the physician had issued for her own safety and not to stand without help from staff so she would not fall.

On 12/10/2024 I reviewed Resident A's assessment plan. Under the section of 'Social/Behavioral Assessment,' under Communicates Needs, it read "yes" but the following was written: "(Resident A) is able to communicate her wants and needs verbally. She is noted to persevere on topics and benefits from support and validation." Under the section of Understands Verbal Communication It said "yes," but the following was written: "(Resident A) understands verbal communication but can at times misunderstand the full context of what is said to her. She benefits from clarifying questions to ensure comprehension."

On 12/10/2024, I reviewed Resident A's PCP, from 'The right Door.' This document indicated that Resident A was involved in special education services throughout her schooling. She does not have a Behavioral Support Plan nor an MMI diagnosis but has a mild IDD. She is frustrated with the various foods and drinks she cannot have due to her GERD and dysphasia.

On 12/10/2024, I met with Resident A in her bedroom, and I explained why I was there. She stated that she has a counselor/therapist, and they meet by "zoom." She was unable to tell me her counselor's name. She continued to say that Ms. French told her that her swallowing difficulties is her own fault and that when she fell and broke her foot it was her own fault. She said: "I don't like it. I am afraid she might get mad at me. She only gets mad at me and I don't know why. She also told me I call the doctor too much. I don't call the doctor that much. She yells at me too much. I have not told my mom." I asked her if she could tell what happens when Ms. French gets mad. She was unable to respond to the question. I asked it several different ways to describe how Ms. French gets angry and to tell me what she does but she was not able to answer my question. I asked her if she had talked to Ms. French about her concerns and she said "No." She told me she had only told her counselor about Ms. French but no one else. I asked her if she had observed Ms. French getting mad at anyone else in the home and she said "No." She showed me that she had an appointment on Friday for an Esophageal Manometry and then suddenly stated, "I don't call the doctor. I stopped doing that."

On 12/10/2024, Ms. Gates said the only other resident of the home who has the ability to talk too is Resident B.

On 12/10/2024, I met with Resident B in her bedroom where I conducted a face-to-face interview. She stated that she is legally blind, and she has lived at the home for about 4½ years or 5 years. I asked her if she got along with the staff in the home and she said "Yes. We all have our ups and downs." I asked her how she gets along with the other residents who live in the home, and she said "Okay." She said Resident A drops stuff and tries to pick it up herself. She went on to explain that Resident A will fall if she tries to pick things up from the floor. She denied hearing Ms. French say any negative statements to Resident A about it being her own fault for the swallowing issues, her fall that broke her foot or her diet issues. She said she is happy to live in this home.

On 12/10/2024, I telephoned Direct Care Staff, Everline Biboko. I asked her about Ms. French, and she said, "She is so kind, so nice, and she is the most caring person and has such a high level of kindness. She is all about the good of each resident." She said she has never heard Ms. French said anything negative to Resident A. On 12/10/2024, I conducted a telephone interview with Direct Care Staff, Tamika Brown. I asked her about Ms. French, and she stated that she is the "nicest person and that she is incapable of being mean or harsh to anyone".

On 12/10/2024, I conducted a telephone with Direct Care Staff, Rhondella Hines. She reported she has worked with Ms. French and has never seen her mad. She said she was the “sweetest person, and she has never heard anyone complain about her”. She said Ms. French tries to explain to Resident A that she wants to help her understand the reasons for her dietary restrictions, but Resident A will not listen. She said if Resident A does not get her way, she gets mad. She said Resident A wants the staff to come immediately when she wants something no matter what they may be doing for another resident or if they are administering resident’s medications. She said she can be very demanding. She did not believe Ms. French had told Resident A that her swallowing difficulties, or the fall was her fault.

On 12/10/202, I conducted a telephone interview with Direct Care Staff, Glenda French. I asked her about Resident A. She explained she was in House II and she had worked with her there. She had received a very strict diet from her physician, and it was very difficult on Resident A. She said she cannot have any pop, and this has made Resident A very angry. She did not like the changes that were happening to her. She did not like the interruptions in how she lived her life. She said she would redirect her to seek a positive outcome and sometimes she would eventually agree. She explained that one of the residents who lives in the home can only communicate by yelling or screaming because she cannot speak. She said this up sets Resident A and Resident A thinks the staff is giving more attention to the other residents than to her. She said she never has gotten mad at Resident A. She explained that staff always use a gait belt to help her in and out of her wheelchair and she is required to have staff help to stand and sit. She said Resident A did not wait for staff and she fell. She said she was trying to help Resident A understand that they are there to help her and they want to help her to keep her safe and free from injury. She said Resident A told her that her mom lets her stand on her own, Ms. French said she explained to Resident A that they are responsible for always keeping her safe. She said she told her that her doctors expect them to provide the right care for her.

Ms. French stated she has never been verbally abusive to Resident A. She said she never told Resident A that it was her fault for her swallowing difficulties, or that she caused the fall that broke her foot, or that her calling her doctors caused them to take food away from her. Ms. French stated that she has always tried to find an alternative for foods or drinks that Resident A cannot have. She said Resident A cannot have coffee which she loves so she did some research, and she found mushroom coffee and with adding the special creamers it tastes the same as the regular coffee. She said now she can have coffee. She said they are looking for substitutes for what she cannot have. She said they think they have found a substitute for chocolate. She said she could not think of anything that would have caused Resident A to accuse her of verbal abuse. She said this did not sound like Resident A, because they have always gotten along.

On 12/13/2024 I conducted a telephone interview with the Registered Nurse, Rena Sherman, who works for David’s House Ministries. I asked about Direct Care Staff,

Glenda French and she reported that she never has witnessed any verbal abuse by her to Resident A or any other resident. She said when she has witnessed her with any resident, she has always been soft spoken, very calm, problem solving, very honest and finding solutions. She explained that Resident A perseverates and can lack patience with her diet. She obsesses with her diet and focuses on the things she cannot have rather than what she can have. Ms. Sherman stated that Resident A emails her daily asking for what she wants that is not on her diet always pushing the limits like she will ask can I just have ½ cup of coffee? Then she will email her asking if she can have cinnamon tea. She explained that Resident A sends messages through her Mi-Chart to her doctor at least three times per week. She said Resident A will screen shot things to her and to her physician. She said Resident A will tell her that her food restrictions are not fair.

On 12/13/2024, I conducted a telephone interview with Resident A’s guardian/mother, and I explained the complaint we had received. She said that Ms. French is a “great lady, and she is too kind”. She said she did not believe any of the complaint. She said Resident A does not understand everything fully. She said she had dealt with the issue of calling the doctor and Resident A has said she will never call them again, but she still does. She stated that Resident A forgets things. She does not believe that Ms. French was ever verbally abusive to Resident A.

On 12/17/2024, I conducted an exit conference by telephone with the Licensee Designee, Cornelius Keperus and he agreed with my findings.

<b>APPLICABLE RULE</b>	
<b>R 400.14308</b>	<b>Resident behavior interventions prohibitions.</b>
	<b>(2) A licensee, direct care staff, the administrator, members of the household, volunteers who are under the direction of the licensee, employees, or any person who lives in the home shall not do any of the following: (f) Subject a resident to any of the following: (ii) Verbal abuse.</b>
<b>ANALYSIS:</b>	It was alleged that Direct Care Staff, Glenda French had verbally abused Resident A. Home Manager, Lillian Gates, the Administrator, Ruth Bonfiglio, the Licensee Designee, Cornelius Kuperus all denied that Direct Care Staff, Glenda French has been verbally abusive to Resident A.  Direct Care Staff Tamika Brown, Rhondaella Hines, and Everlyne Biboko also all denied that that they have heard Glenda French verbally abuse Resident A or any resident.

	<p>Resident B denied hearing Ms. French verbally abuse Resident A or tell her it was her fault for her swallowing difficulties, her fault for falling or her doctor removing foods from her diet because she contacts the doctor so often.</p> <p>Direct Care Staff, Glenda French denied that she has verbally abused Resident A. She denied that had told Resident A that her swallowing difficulties were her own fault, her fall with her broken foot was her own fault and that she called her doctor too much. She reported that she explained to Resident A, that she had choices to make for herself and she and others were trying to keep her safe.</p> <p>The Registered Nurse, Reneau Sherman, reported that Ms. French was always been soft spoken, very calm, problem solving, honest, and looking for solutions to help any resident. She did not believe that Ms. French had verbally abuse Resident A.</p> <p>Resident A's guardian/mother did not believe the entire compliant. She said Ms. French was kind and her daughter did not totally understand things.</p> <p>Resident A assessment indicated she perseverates on topics, and she at times misunderstands the full context of what was said to her.</p> <p>During this investigation I did not find any evidence that Direct Care Staff, Glenda French had verbally abused Resident A or told her it was her fault she had swallowing difficulties, had caused her own fall resulting in a broken foot nor had she told Resident A that her many calls to her doctor's office caused the doctor to remove food from her diet. Therefore, there is not a violation to the rule.</p>
<b>CONCLUSION:</b>	VIOLATION NOT ESTABLISHED

**IV. RECOMMENDATION**

I recommend that the complaint be closed and the license will remain the same.

*Arlene B. Smith*

12/17/2024

Arlene B. Smith  
Licensing Consultant

Date

Approved By:



12/17/2024

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Jerry Hendrick  
Area Manager

Date