



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

March 27, 2025

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

RE: License #: AL410384527  
**Alger Heights - North**  
**1015 28th St. SE**  
**Grand Rapids, MI 49548**

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

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL410384527
<b>Licensee Name:</b>	CSM Alger Heights, LLC
<b>Licensee Address:</b>	1019 28th St. Grand Rapids, MI 49507
<b>Licensee Telephone #:</b>	(616) 262-1792
<b>Licensee/Licensee Designee:</b>	Marcia Curtiss, Designee
<b>Administrator:</b>	Marcia Curtiss
<b>Name of Facility:</b>	Alger Heights - North
<b>Facility Address:</b>	1015 28th St. SE Grand Rapids, MI 49548
<b>Facility Telephone #:</b>	(616) 608-3708
<b>Original Issuance Date:</b>	10/25/2016
<b>Capacity:</b>	17
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/18/2025

Date of Bureau of Fire Services Inspection if applicable: 12/16/2025

Date of Health Authority Inspection if applicable: 03/18/2025

No. of staff interviewed and/or observed 3  
No. of residents interviewed and/or observed 10  
No. of others interviewed Role:

- 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.
- 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 03/18/2025 I completed an onsite renewal inspection. I observed that Resident A was admitted to the facility on 07/25/2022 but monthly weight records were not completed for the following months: 12/23, 2/24, 3/24, 5/24, 9/24, 10/24, and 11/24. I observed that Resident B was admitted to the facility on 08/30/2022 but monthly weight records were not completed for the following months: 12/24, 5/24, 6/24, 8/24, 9/24, 10/24, 11/24, and 12/24.**

**Exit Conference: On 03/19/2025 I completed an exit conference via telephone with licensee designee Marcia Curtiss. Ms. Curtiss stated that she did not dispute that a violation occurred and 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 03/18/2025 I completed an onsite renewal inspection. I observed that the facility documentation indicated that the facility failed to complete fire drills from 4/23 and 5/23 which resulted in the facility not completing fire drills during daytime, evening, and sleeping hours during that quarter. I observed that documentation of fire drills completed on 12/18/24, 01/24, 01/17/2025, and 02/25/2025 did not state whether the drills occurred in the AM or PM.**

**Exit Conference: On 03/19/2025 I completed an exit conference via telephone with licensee designee Marcia Curtiss. Ms. Curtiss stated that she did not dispute that a violation occurred and would submit an acceptable Corrective Action Plan.**

#### **IV. RECOMMENDATION**

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



03/27/2025

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Toya Zylstra  
Licensing Consultant

Date