



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 29, 2025

Sondra Yantz
Landings of Genesee Valley
4444 W. Court Street
Flint, MI 48532

RE: License #: AH250236841
Investigation #: 2025A0784040
Landings of Genesee Valley

Dear Sondra Yantz:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. 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 time frames 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 responsible party and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Please review the enclosed documentation for accuracy and contact me with any questions. If I am not available, and you need to speak to someone immediately, please contact the local office at (517) 335-5985.

Sincerely,

Aaron Clum, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 230-2778

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

I. IDENTIFYING INFORMATION

License #:	AH250236841
Investigation #:	2025A0784040
Complaint Receipt Date:	03/21/2025
Investigation Initiation Date:	03/21/2025
Report Due Date:	05/20/2025
Licensee Name:	Flint Michigan Retirement Housing LLC
Licensee Address:	14005 Outlook Street Overland Park, KS 66223
Licensee Telephone #:	(240) 595-6064
Administrator/Authorized Representative:	Sondra Yantz
Name of Facility:	Landings of Genesee Valley
Facility Address:	4444 W. Court Street Flint, MI 48532
Facility Telephone #:	(810) 720-5184
Original Issuance Date:	02/01/2001
License Status:	REGULAR
Effective Date:	08/01/2024
Expiration Date:	07/31/2025
Capacity:	114
Program Type:	AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
Inadequate programming	Yes
Additional Findings	Yes

III. METHODOLOGY

03/21/2025	Special Investigation Intake 2025A0784040
03/21/2025	Special Investigation Initiated - Telephone Interview with complainant
03/24/2025	Inspection Completed On-site
03/24/2025	Exit Conference Conducted with staff 1

ALLEGATION:

Inadequate programming

INVESTIGATION:

On 3/21/2025, the department received this online complaint.

According to the complaint, on 3/20/2025, Resident A was being assessed by an outside organization for potential services. When attempting to discuss Resident A's care needs staff present were unable to provide information regarding Resident A's care needs as they did not appear familiar with what Resident A's care needs were.

On 3/21/2025, I interviewed complainant by telephone. Complainant stated Resident A has been diagnosed with Dementia and requires assistance with activities of daily living (ADLs) from staff. Complainant stated that while visiting Resident A, she attempted to obtain information regarding Resident A's care and the staff present were unable to provide any information regarding Resident A's care needs. Complainant stated the staff did not have a service plan available in the building. Complainant stated staff 1 was able to provide a copy of the service plan after staff 2 brought it from another building. Complainant stated Resident A lives in building 2 of the four buildings on the property.

On 3/24/2025, I interviewed staff 1, a supervisor, at the facility. Staff 3 and 4 were present during the interview. Staff 1 stated she recalled visitors from an outside agency visiting on 3/20/2025 and asking about Resident A's care needs. Staff 1 stated she had not worked at the facility for long and was not familiar with Resident A's needs. Staff 1 confirmed the visitor asked for a copy of Resident A's service plan. Staff 1 stated the service plan was not available in building 2. Staff 1 stated staff 2 printed a copy of the service plan in building one and she retrieved it from building 1 and brought it back. Upon request, Staff 1 provided a binder in which resident service plans were reportedly supposed to be maintained for the residents in that building. Resident A's service plan was not in the binder. Staff 1 stated she was unsure what the policy was for staff to review resident service plans.

On 3/24/2025, I interviewed staff 5 at the facility. Staff 5 stated she does not regularly review service plans for residents in the building. Staff 5 stated she normally works in building 1. Staff 5 stated that when she works in building 2, another staff member will explain the residents needs she is assigned to for that day at the beginning of her shift. When asked where service plans are stored in the building, staff 5 was unable to provide the location. Staff 5 stated she was not that familiar with Resident A and her care needs and would need to speak with another staff member regarding her specific needs. Staff 5 stated she had not been trained or instructed to review service plans on a regular basis.

On 3/24/2025, I interviewed staff 6 at the facility. Staff 6 provided statements consistent with those of staff 5. Staff 6 stated she was somewhat familiar with Resident A as she has worked with her for a few days.

On 3/24/2025, I observed Resident A at the facility. Resident A appeared well groomed. I attempted to speak with Resident, but she was not responsive at that time.

APPLICABLE RULE	
R 325.1921	Governing bodies, administrators, and supervisors.
	<p>(1) The owner, operator, and governing body of a home shall do all of the following:</p> <p>(b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.</p>

ANALYSIS:	The complaint alleged staff at the facility were unable to provide any details regarding the specific care needs for Resident A. The investigation revealed that staff were not only unfamiliar with Resident A's service plan, but they were also not trained to regularly review service plans for residents in general. Based on the findings, the facility lacks adequate program planning to ensure care is being provided consistent with resident service plans
CONCLUSION:	VIOLATION ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION:

When interviewed, complainant stated that of the four buildings on the property, all under the same license, Resident A lives in building 2 which is a secure memory care (MC). Complainant stated that when requesting information and documentation regarding Resident A's care, none of the staff present attempted to identify complainant or complainant's co-worker who was also present. Complainant stated that none of the staff present contacted Resident A's guardian for permission to release personal information on Resident A before providing Resident A's service plan.

When interviewed, staff 1 admitted she had not requested any identification for the visiting service providers prior to providing a copy of Resident A's service plan to them. Staff 1 stated Resident A has a guardian, and that the guardian was also not contacted to confirm the visiting providers could have access to Resident A's information.

APPLICABLE RULE	
MCL 333.20201	Policy describing rights and responsibilities of patients or residents
	(2)(c) A patient or resident is entitled to confidential treatment of personal and medical records, and may refuse their release to a person outside the health facility or agency except as required because of a transfer to another health care facility, as required by law or third party payment contract, or as permitted or required under the health insurance portability and accountability act of 1996,

	Public Law 104-191, or regulations promulgated under that act, 45 CFR parts 160 and 164.
ANALYSIS:	Based on the findings, the facility is not in compliance with this rule.
CONCLUSION:	VIOLATION ESTABLISHED

INVESTIGATION:

I reviewed Resident A's service plan, provided by staff 2. While the plan indicated Resident A was "Totally Dependent" for *Oral Care/Grooming*, and "Dependent" for *Bathing/Dressing*, both sections on the plan did not have any specific identifying information regarding the necessary care.

I reviewed service plans located in the building two service plan book. Upon review, it was revealed that Resident B, C and D's plans were dated 6/22/2023, 6/14/2021 and 12/26/2023 respectively.

APPLICABLE RULE	
R 325.1922	Admission and retention of residents.
	(5) A home shall update each resident's service plan at least annually or if there is a significant change in the resident's care needs. Changes shall be communicated to the resident and his or her authorized representative, if any.
For Reference: R 325.1901	Definitions
	(t) "Service plan" means a written statement prepared by the home in cooperation with a resident, the resident's authorized representative, or the agency responsible for a resident's placement, if any, that identifies the specific care and maintenance, services, and resident activities appropriate for the individual resident's physical, social, and behavioral needs and well-being, and the methods of providing the care and services while taking into account the preferences and competency of the resident.
ANALYSIS:	Based on the findings, the facility is not in compliance with this rule.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Upon receipt of an acceptable corrective action plan, it is recommended that the status of the license remain unchanged.



4/23/2025

Aaron Clum
Licensing Staff

Date

Approved By:



04/29/2025

Andrea L. Moore, Manager
Long-Term-Care State Licensing Section

Date