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GOVERNOR

# STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

July 31, 2025

Sondra Yantz Charter Senior Living of Stepping Stone Falls 4444 W. Court Street Flint. MI 48532

> RE: License #: AH250236841 Investigation #: 2025A0784063

> > Charter Senior Living of Stepping Stone Falls

### 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.
- Indicate how continuing compliance will be maintained once compliance is achieved.
- Be signed and dated.

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 #:	2025A0784063
Complaint Receipt Date:	06/23/2025
Complaint Receipt Bate.	00/20/2020
Investigation Initiation Date:	06/24/2025
Report Due Date:	08/22/2025
Licensee Name:	Flint Michigan Retirement Housing LLC
Licensee Address:	14005 Outlook Street
Licensee Address.	Overland Park, KS 66223
	O Volidità i ditt, ito 00220
Licensee Telephone #:	(240) 595-6064
•	
Administrator/Authorized	Sondra Yantz
Representative:	
Name of Facility	Charter Caniar Living of Ctanning Stans Falls
Name of Facility:	Charter Senior Living of Stepping Stone Falls
Facility Address:	4444 W. Court Street
admity / taus edo.	Flint, MI 48532
Facility Telephone #:	(810) 720-5184
Original Issuance Date:	02/01/2001
License Status:	REGULAR
Licerise Glatus.	ILLOULAN
Effective Date:	08/01/2024
Expiration Date:	07/31/2025
Capacity:	114
Program Type:	AL ZUEIMEDS
Program Type:	ALZHEIMERS AGED
	AGED

## II. ALLEGATION(S)

Viol	ation
Establ	ished'

Resident A was not provided with dinner.	Yes
Additional Findings	No

## III. METHODOLOGY

06/23/2025	Special Investigation Intake 2025A0784063
06/24/2025	Special Investigation Initiated - Telephone Interview with complainant
06/24/2025	Inspection Completed On-site
06/24/2025	Exit Conference Conducted with staff 2

### **ALLEGATION:**

Resident A was not provided with dinner.

## INVESTIGATION:

On 6/23/2024, the department received this online complaint.

According to the complaint, on several occasions staff have forgotten to bring Resident A dinner. When notifying staff they had not brought Resident A dinner, staff reported they had forgotten and gave her a peanut butter and jelly sandwich.

On 6/24/2025, I interviewed the complainant by telephone. Complainant stated Resident A does not eat in the dining room during meals times and requires staff to bring her meals to her room. Complainant stated Resident A has a third-party caregiver with her during the morning and afternoon hours who assists with getting her meals to her. Complainant stated that Resident A seems to be getting meals for breakfast and lunch, but many times is not providing meals at dinner.

On 6/24/2024, I interviewed staff 1 at the facility. Staff 1 confirmed Resident A is supposed to have her meals delivered to her room. Staff 1 stated she was unaware of any issues with Resident A's meals not being delivered at dinnertime. Staff 1 stated that the facility documents when meals are provided to Resident A in the

facility computer system, which she stated should indicate if Resident A was offered meals.

On 6/24/2025, I interviewed staff 2 provided statements consistent with those of staff 1.

I reviewed Resident A's *Care Tracking Sheet*, for June 2025, provided by staff 2. The record included a section for *Eating Assistance*, which included a box for each day with a staff initial and code indicating whether the care was provided or not. According to the record, on 6/02/2025, 6/08/2025, 6/11/2025, 6/16/2025, 6/21/2025, 6/22/2025 and 6/23/2025, this care was "Note Completed".

APPLICABLE RULE		
R 325.1952	Meals and special diets.	
	(1) A home shall offer 3 meals daily to be served to a resident at regular meal times. A home shall make snacks and beverages available to residents.	
ANALYSIS:	The complaint alleged Resident A was not being provided meals at dinner. Based on the findings, there is sufficient evidence to support a finding.	
CONCLUSION:	VIOLATION ESTABLISHED	

## IV. RECOMMENDATION

Daron L. Clum

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

7/25/2025

Aaron Clum	Date
Licensing Staff	
Approved By:	
(mohed moore	07/24/2025
	07/31/2025

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