



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 31, 2025

Michael Ross
Christian Care Assisted Living
1530 McLaughlin Avenue
Muskegon, MI 49442-4191

RE: License #: AH610236765
Investigation #: 2025A1021060
Christian Care Assisted Living

Dear Michael Ross:

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. Failure to submit an acceptable corrective action plan will result in disciplinary action. 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 (517) 335-5985.

Sincerely,

Kimberly Horst

Kimberly Horst, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
Lansing, MI 48909

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH610236765
Investigation #:	2025A1021060
Complaint Receipt Date:	06/11/2025
Investigation Initiation Date:	06/16/2025
Report Due Date:	08/11/2025
Licensee Name:	Christian Care Inc.
Licensee Address:	1530 McLaughlin Ave. Muskegon, MI 49442
Licensee Telephone #:	(231) 722-7165
Administrator/ Authorized Representative:	Michael Ross
Name of Facility:	Christian Care Assisted Living
Facility Address:	1530 McLaughlin Avenue Muskegon, MI 49442-4191
Facility Telephone #:	(231) 777-3494
Original Issuance Date:	01/01/2000
License Status:	REGULAR
Effective Date:	08/01/2024
Expiration Date:	07/31/2025
Capacity:	105
Program Type:	AGED

II. ALLEGATION(S)

	Violation Established?
Employees are not background checked.	Yes
Staff do not have supplies.	No
Insufficient staff at the facility on third shift.	No
Staff are not trained.	Yes
Additional Findings	No

III. METHODOLOGY

06/11/2025	Special Investigation Intake 2025A1021060
06/16/2025	Special Investigation Initiated - On Site
07/16/2025	Contact-Document Received
07/31/2025	Exit Conference

ALLEGATION:

Employees are not background checked.

INVESTIGATION:

On 06/11/2025, the licensing department received an anonymous complaint with allegations that employees are not background checked. The complaint alleged the facility does not require background checks and fingerprinting to be done before starting work.

On 06/16/2025, I interviewed staff person 1 (SP1) at the facility. SP1 reported the employees are to complete fingerprints prior to orientation. SP1 reported that the resident care director will interview an applicant and decide to hire them. SP1 reported that if the applicant is hired, she then will do a check through the online system and send the new employee to get tuberculosis tested and fingerprinted. SP1 reported interviews occur on Monday and orientation starts on Thursday. SP1 reported that the applicant is to not start orientation if they have not been background checked. SP1 reported she receives notification when the applicant has completed the background check. SP1 reported there was an isolated incident in

which an applicant went to get fingerprinted three times but was unable to complete the process. SP1 reported the applicant did start orientation but was never on the floor by herself. SP1 reported the applicant was terminated after this was learned due to not following the protocols and other behavior issues.

I reviewed the facility staff list with the Workforce Background Check Portal. Review of the documentation revealed many employees that were only listed under Christian Care Skilled Nursing and not the HFA portal.

APPLICABLE RULE	
MCL 333.20173	Covered facility; employees or applicants for employment; prohibitions; criminal history check; procedure; conditional employment or clinical privileges; knowingly providing false information as misdemeanor; prohibited use or dissemination of criminal history information as misdemeanor; review by licensing or regulatory department; conditions of continued employment; failure to conduct criminal history checks as misdemeanor; storage and retention of fingerprints; notification; electronic web-based system; definitions.
	(5) If a covered facility determines it necessary to employ or grant clinical privileges to an applicant before receiving the results of the applicant's criminal history check or criminal history record information under this section, the covered facility may conditionally employ or grant conditional clinical privileges to the individual if all of the following apply: (c) Except as otherwise provided in this subdivision, the covered facility does not permit the individual to have regular direct access to or provide direct services to patients or residents in the covered facility without supervision until the criminal history check or criminal history record information is obtained and the individual is eligible for that employment or clinical privileges. If required under this subdivision, the covered facility shall provide on-site supervision of an individual in the covered facility on a conditional basis under this subsection by an individual who has undergone a criminal history check conducted in compliance with this section. A covered facility may permit an individual in the covered facility on a conditional basis under this subsection to have regular direct access to or provide direct services to patients or residents in the covered facility without supervision if all of the following conditions are met:

	(i) The covered facility, at its own expense and before the individual has direct access to or provides direct services to patients or residents of the covered facility, conducts a search of public records on that individual through the internet criminal history access tool maintained by the department of state police and the results of that search do not uncover any information that would indicate that the individual is not eligible to have regular direct access to or provide direct services to patients or residents under this section.
ANALYSIS:	Review of the Workforce Background Check system revealed the facility has not correctly associated all employees under each license.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

Staff do not have supplies.

INVESTIGATION:

The complainant alleged staff do not have the correct supplies. Due to the anonymous nature of the complaint, I was unable to contact the complainant for additional information.

SP2 reported the facility does not provide Depends or wipes and these are provided by the residents' insurance company or the family. SP1 reported that if a resident does run out of supplies, management can go to the store and purchase them if there are no extras available. SP2 reported that the facility has an adequate supply of cups, gloves, and medical supplies.

I viewed the supply closet and medication carts at the facility. I viewed a supply of medication cups, gloves, and masks. I viewed a few packages of Depends.

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>

For Reference: R 325.1901	Definitions.
	(p) "Protection" means the continual responsibility of the home to take reasonable action to ensure the health, safety, and well-being of a resident as indicated in the resident's service plan, including protection from physical harm, humiliation, intimidation, and social, moral, financial, and personal exploitation while on the premises, while under the supervision of the home or an agent or employee of the home, or when the resident's service plan states that the resident needs continuous supervision.
ANALYSIS:	Interviews conducted and observations made revealed lack of evidence to support this allegation.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Insufficient staff at the facility on third shift.

INVESTIGATION:

The complainant alleged there is insufficient staff on third shift. The complainant alleged residents are not changed, residents have infections, and residents have rashes due to lack of staff.

SP1 reported there was staff turnover on third shift. SP1 reported there were seven open positions and now there are only two open positions. SP1 reported on the third shift there are to be six employees scheduled but the facility can have five employees. SP1 reported that if there are five employees, there are two employees on the first and second floor and one employee on the third floor. SP1 reported that if there is an unexpected staff shortage, an employee can be mandated to stay over six hours. SP1 reported there is a mandation book and it goes by who was mandated the last time.

SP2 reported she has not received any complaints from residents or family members about a lack of staff. SP2 reported there are a few residents with urinary tract infections but there are no residents with other infections or rashes. SP2 reported that the facility recently has had an increase in census with the opening of their third floor. SP1 reported on third shift, the facility does try to schedule two employees per floor but can have work with only one employee on the third floor as the residents are more independent on that floor. SP2 reported that on the third floor there are a few residents with behaviors regarding wanting to smoke, three residents that are to

be checked and changed every two hours, two residents that are to get up at the end of the shift, and three residents that require a medication pass. SP2 when she reports to duty in the morning, she does not smell urine or observe residents that have been neglected during the nighttime hours.

On 06/16/2025, I interviewed SP3 at the facility. SP3 reported she typically works first shift. SP3 reported she has received complaints from residents that it takes an extended time for caregivers to respond to their call pendants. SP3 reported the facility does have to mandate caregivers very frequently. SP3 reported there has been an increase in residents, which means the need for more employees.

On 06/16/2025, I interviewed Resident A at the facility. Resident A reported care staff treat her well at the facility. Resident A reported no concerns with living at the facility.

I reviewed the staff schedule for 05/26/2025-06/15/2025. The schedule revealed the facility frequently had to mandate staff and utilize staff from their skilled nursing unit. The schedule revealed on the third shift there were always at least five employees in the facility.

APPLICABLE RULE	
R 325.1931	Employees; general provisions.
	(5) The home shall have adequate and sufficient staff on duty at all times who are awake, fully dressed, and capable of providing for resident needs consistent with the resident service plans.
ANALYSIS:	Interviews conducted and review of documentation revealed the facility does have to mandate staff frequently. However, there is a lack of evidence to support the allegation that there is insufficient staff at the facility.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Staff are not trained.

INVESTIGATION:

The complainant alleged staff members are not provided with the correct training.

SP2 reported once an employee is hired, they complete a day of orientation to discuss the company handbook and various policies and procedures. SP2 reported

the employee is placed with an assigned trainer on the floor. SP2 reported they are to be trained for three-five days depending on their experience level. SP2 reported there is a Resident Care Aid checklist that is to be completed prior to the employee working independently.

SP3 reported the training process could have been improved. SP3 reported there are some items, such as oxygen demonstrations, that could have been discussed in more detail.

On 06/16/2025, I interviewed SP4 at the facility. SP4 reported her first day of training was not good as the trainer she was placed with did not teach or train her. SP4 reported she was also not trained on oxygen requirements.

I reviewed the *Resident Care Aid-Orientation Checklist* for SP5. The checklist revealed the employee was not trained on oxygen change demo. In addition, the checklist was to be initialed by the evaluator. SP5's checklist was not initialed by the evaluator that SP5 was trained in the various tasks.

APPLICABLE RULE	
R 325.1931	Employees; general provisions.
	(6) The home shall establish and implement a staff training program based on the home's program statement, the residents service plans, and the needs of employees, such as any of the following: (a) Reporting requirements and documentation. (b) First aid and/or medication, if any. (c) Personal care. (d) Resident rights and responsibilities. (e) Safety and fire prevention. (f) Containment of infectious disease and standard precautions. (g) Medication administration, if applicable.
ANALYSIS:	Interviews conducted and a review of documentation revealed the facility could not demonstrate that employees were properly trained.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, I recommend no change in the status of the license.



07/16/2025

Kimberly Horst
Licensing Staff

Date

Approved By:



07/31/2025

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

Date