



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

August 27, 2025

Marcia Curtiss  
CSM Serenity, LLC  
61 Sheldon Ave., SE  
Grand Rapids, MI 49503

RE: License #: AL030393312  
Investigation #: 2025A0357038  
Macatawa West

Dear Ms. Curtiss:

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>	AL030393312
<b>Investigation #:</b>	2025A0357038
<b>Complaint Receipt Date:</b>	05/17/2025
<b>Investigation Initiation Date:</b>	05/18/2025
<b>Report Due Date:</b>	07/16/2025
<b>Licensee Name:</b>	CSM Serenity, LLC
<b>Licensee Address:</b>	61 Sheldon Ave., SE Grand Rapids, MI 49503
<b>Licensee Telephone #:</b>	(616) 550-4653
<b>Administrator:</b>	Amanda Brenner
<b>Licensee Designee:</b>	Marcia Curtiss
<b>Name of Facility:</b>	Macatawa West
<b>Facility Address:</b>	1714 West 32nd St Holland, MI 49423
<b>Facility Telephone #:</b>	(616) 550-4653
<b>Original Issuance Date:</b>	05/10/2018
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	11/07/2024
<b>Expiration Date:</b>	11/06/2026
<b>Capacity:</b>	20
<b>Program Type:</b>	PHYSICALLY HANDICAPPED, MENTALLY ILL, DEVELOPMENTALLY DISABLED, AGED

## II. ALLEGATION(S)

	Violation Established?
There was a power outage on 05/16/2025 and the facility was not equipped with sufficient emergency lighting or flashlights. Staff had to pass medications by memory and the residents could not get around safely.	No

## III. METHODOLOGY

05/17/2025	Special Investigation Intake 2025A0357038 The complaint was anonymous, and no residents were hurt or denied care. Therefore, there was no reason to make a referral to APS.
05/18/2025	Special Investigation Initiated - Telephone
06/27/2025	Contact - Telephone call made Spoke with the Megan Aukerman, Licensing Consultant.
08/21/2025	Inspection Completed On-site Made an unannounced inspection of the facility,
08/21/2025	Contact - Face to Face Interview with Case Manager, KeKe Carson.
08/21/2025	Contact - Face to Face Interview with the head of maintenance, April Walling.
08/22/2025	Contact - Telephone call made Conducted an interview with Administrator, Amanada Brenner.
08/22/2025	Contact - Document Received Training records on Direct Care Staff, Desaray Norwood and additional staff.
08/26/2025	Contact - Telephone call made Telephone interview with Administrator, Amanda Brenner
08/27/2025	Telephone exit conference with Licensee Designee.

**ALLEGATION:** There was a power outage on 05/16/2025 and the facility was not equipped with sufficient emergency lighting or flashlights. Staff had to pass medications by memory and the residents could not get around safely.

**INVESTIGATION:** On 08/21/2025, I made an unannounced inspection of the home. I met with KeKe Carson, House Manager. I explained the complaint and I asked her which staff was working on 2<sup>nd</sup> shift on 05/16/2025. She checked the staff schedule and reported Desaray Norwood. She explained that Ms. Norwood no longer works for the facility. I asked if the home had an Emergency Preparedness Plan. She reported that they do have a plan and that the Administrator, Amanada Brenner has the plan. She said that all the staff that work in the home have been trained in Emergency Training and signed a form that they acknowledge they have received the training. She stated she would have Ms. Brenner send me Ms. Norwood's training. She also stated that they have a generator and Ms. Brenner and April Welling (head of maintenance) can turn it on. I asked Ms. Carson if she had received any complaints from any residents about not receiving their bedtime medications or any care needs being unmet and she said she had not received any complaints. I asked her if all the staff were trained in fire safety and she said the staff are all trained in fire, disaster and emergency safety when they are hired. She stated each month at their staff meetings they emphasize important topics such as fire training, so they revisit fire safety often.

I asked Ms. Carson if residents received their medications when the power was out. She said all of the residents did receive their medication as there is a printed medication list for each resident. She also stated that their computers that they use to administer resident's medications has the "Quick Mar System," installed on them. She explained that this system will load staff's individual login. She said staff can see the medications for each resident, and it will let staff chart what they have administered. She stated that the computers are always plugged in so their energy will last quite a while. She verbally assured me that the residents had received their prescribed medications, because she said she had reviewed all of the Resident's MAR's for the date of 05/16/2025 and the initials of Direct Care Staff, Desaray Norwood had been entered on each residents' medications.

On 08/21/2025, I conducted a face-to-face interview with April Walling who is head of maintenance. She stated that she was notified that the power was out at the home. She explained that they have fairly new generators which are battery operated. She reported that she checked the outage map by Consumer's Power and this map indicated that the power would be back on by midnight. She reported that it was not cold out. She stated that they have lanterns and an entire closet with anything they would need in a power outage including flashlights and blankets. She said she has the responsibility to maintain all the equipment including working flashlights, so she is very familiar with their supplies. She also stated that the medication room has a flashlight in it. I asked Ms. Welling if the emergency lights and the exit signs would go off if there was no power. She stated that she believed that they did not go off. She stated they are a sprinkled facility. She stated that they have a company that regularly checks all of their equipment including their emergency lighting.

On 08/22/2025, Ms. Brenner, Administrator, sent me Desaray Norwood's' training by email. The document was entitled: "Fire Disaster & Emergency Training Acknowledgment." Ms. Norwood signed her name to the following statement: *"I Desaray Norwood hereby acknowledge that I have received training regarding fire safety, disasters. And emergencies and I fully understand my responsibilities in this area. I am aware of the location of all the fire extinguishers fire exit, and alarms."* This date she signed this was 10/08/24. Attached to this document were two more pages which was titled "What to do?" "1. Utility Outage a. Implement fire watch system b. Be prepared to evacuate as needed c. Monitor residents through frequent rounds d. Reassure residents." There were nine more categories that were explained. Desaray Norwood signed this second document on 10/08/24. Ms. Brenner also sent me the "Fire, Disaster & Emergency Training Acknowledgment," signed by nine of their staff which was the same acknowledgement that Ms. Norwood signed that they have acknowledged that they have received the trainings.

On 08/22/2025, I conducted a telephone interview with the Administrator, Amanda Brenner. She reported that the staff working at the facility on 05/16/2025, (Desaray Norwood), called her at 8:42PM and not at 6:00PM to tell her they had no power. She stated by 8:42PM. the staff would have had most if not all of the resident's medications administered. She confirmed that they have all of the residents' face sheets and their med sheets printed so the staff do not have to administer resident's medications by memory. She stated that their MAR works without power and they also have blank MAR's if they need it. She stated that she checked all the residents' MAR's, and they all received their nighttime medications on 05/16/2025. She reported that she checked the map that showed when the power was expected to be back on, and it showed 12:00AM. She went on to say that the medication room has a flashlight in it and they have an emergency closet filled with blankets, flashlights and snacks ready to go if the power goes out. She stated that the temperature was averaging around 69 degrees. Ms. Bremmer stated that their local CMH had just completed their audit on the home, and she reported they received a rating of 99.5%. She said CHM staff are really concerned about safety preparedness, and they look at everything. Ms. Brenner stated that they have had new battery powered generators since 2020. She explained that all they have to do is plug in the battery pack and turn them on. She stated that most of the residents were not aware that the power was out. I asked if any resident had complained about not receiving care or medications or anything during the power outage and she said she had not received one complaint about anything.

On 08/27/2025, I conducted a telephone exit conference with the Licensee Designee, and she agreed with my findings.

APPLICABLE RULE	
R 400.15318	Emergency preparedness; evacuation plan; emergency transportation.

	<b>(4) A Licensee shall ensure that the residents, all employee, volunteers under the direction of the licensee, and members of the household are familiar with emergency and evacuation procedures.</b>
<b>ANALYSIS:</b>	<p>Both Ms. Carson, House Manager, and Ms. Brenner, Administrator, refuted the allegation about staff having to administer resident medications by memory. Both Ms. Carson and Ms. Brenner confirmed that they have the residents' MAR's, printed along with their computers which use the Quick Mar System, which allows the staff to view the medications and the ability to chart what they administer. Ms. Brenner confirmed that she reviewed all of the residents' MAR's, for the 05/16/2025 8:00PM medication administration, and she found they all had been administered and charted.</p> <p>Both Ms. Brenner and April Welling confirmed that they have an entire closet of flashlights ready to go and other items if or when the power would go out.</p> <p>Ms. Brenner stated that Ms. Norwood was trained on 10/08/2024, indicating she knew what to do in a Utility Outage and other emergencies.</p> <p>During this investigation I did not find any evidence that the home had not adequately prepared for a power outage, and they had prepared and trained their staff. They had flashlights ready to go and they had checked the Consumer's Power outage map when the power would come back on. Therefore, there is no violation to the rule,</p>
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

<b>APPLICABLE RULE</b>	
<b>R 400.14312</b>	<b>Resident medications</b>
	<b>(2) Medication shall be given, taken, or applied pursuant to label instructions.</b>
<b>ANALYSIS:</b>	Ms. Brenner reported that she checked all the residents' MAR's, and they all received their nighttime medications on 05/16/2025.

	<p>Ms. Carson stated that the residents had received their prescribed medications on 05/16/2025 and the initials as indicated on the MAR.</p> <p>During this investigation I did not find any evidence that the residents had not received their nighttime medications on 05/16/2025. Therefore, there is no violation of this rule.</p>
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

<b>APPLICABLE RULE</b>	
<b>R 400.14305</b>	<b>Resident protection.</b>
	<b>(3) A resident shall be treated with dignity and his or her personal needs, including protection and safety, shall be attended to at all times in accordance with the provisions of the act.</b>
<b>ANALYSIS:</b>	<p>April Walling, head of maintenance, stated that the closet she maintains has many working flashlights because she tests them herself. She assured me that there were enough flashlights and lanterns in the home to light the path to their two approved exits, so the residents would be able to move safely through the home if the power was not working.</p> <p>Ms. Brenner, Administrator, stated that their closet was well maintained and that there were plenty of working flashlights and lanterns to light the home sufficiently for residents to move safely around the home or to exit the home if necessary.</p> <p>During this investigation I did not find any evidence that the safety and protection of the residents had not been attended too. Therefore, there is no rule violation.</p>
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

#### IV. RECOMMENDATION

I recommend that the complaint be closed, and the license remains the same.

*Arlene B. Smith*

08/27/2025

---

Arlene B. Smith  
Licensing Consultant

Date

Approved By:

*Jerry Hendrick*

08/27/2025

---

Jerry Hendrick  
Area Manager

Date