



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 23, 2025

Steven Gerdeman
Serenity Homes - North, L.L.C.
747 Tamarack Ave NW
Grand Rapids, MI 49504

RE: License #: AL700382076
Investigation #: 2026A0583003
Serenity Homes - North

Dear Mr. Gerdeman:

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 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 (616) 356-0100.

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

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL700382076
Investigation #:	2026A0583003
Complaint Receipt Date:	10/20/2025
Investigation Initiation Date:	10/21/2025
Report Due Date:	11/19/2025
Licensee Name:	Serenity Homes - North, L.L.C.
LicenseeAddress:	747 Tamarack Ave NW Grand Rapids, MI 49504
Licensee Telephone #:	(419) 494-4008
Administrator:	Steven Gerdeman
Licensee Designee:	Steven Gerdeman
Name of Facility:	Serenity Homes - North
Facility Address:	830 Hayes Street Marne, MI 49435
Facility Telephone #:	(616) 677-6015
Original Issuance Date:	06/02/2016
License Status:	REGULAR
Effective Date:	09/26/2024
Expiration Date:	09/25/2026
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED, DEVELOPMENTALLY DISABLED, MENTALLY ILL, AGED

II. ALLEGATION(S)

	Violation Established?
Resident A is losing weight.	No
Resident A's bedroom is unclean and unkept.	No
Additional Findings.	Yes

III. METHODOLOGY

10/20/2025	Special Investigation Intake 2026A0583003
10/20/2025	APS Referral
10/21/2025	Special Investigation Initiated - On Site
10/22/2025	Exit Conference Licensee Designee Morgan Bailey

ALLEGATION: Resident A is losing weight.

INVESTIGATION: On 10/20/2025 complaint allegations were received from Adult Protective Services (APS) Centralized Intake. The allegations were screened out for APS investigation. The complaint stated that Resident A “has lost weight; it is unknown why”. The complaint stated that Resident A “is unable to request something to drink” and “there are concerns that the residents may not be aware when food is prepared at the facility”.

On 10/21/2025 I completed an unannounced onsite investigation at the facility and interviewed staff Kayla Bailey, Morgan Bailey, Resident A and Resident B.

Kayla Bailey and Morgan Bailey both stated that residents are provided with three nutritious meals plus snacks daily. They stated that residents' meals are provided at the same times daily and residents are reminded to eat if they are in their bedrooms. Both stated that Resident A can and does request water and does eat his meals daily. They stated that Resident A left the facility on 07/10/2025 due to complications of his Parkinson's Disease and did not return to the facility until 09/05/2025. They stated that Resident A weighed 132 lbs. upon his return to the facility and weighed 134 lbs. on 10/01/2025.

While onsite I observed Resident A's weight records. Weight records are missing for the months of 10/24, 11/24, 12/24, 1/25, 2/25, 3/25, 4/25, and 5/25. I observed the following weights for Resident A: 6/25 142 lbs., 7/25 140 lbs., 9/25 132 lbs., and 10/25 134 lbs.

Resident A stated that he is provided with three meals plus snacks each day. He stated that he is happy with the food provided. He stated that staff provide him with water upon his request.

Resident B stated that he is Resident A's roommate. He stated that Resident A is provided with adequate food and water at the facility. He stated that he is happy with the level of care provided.

On 10/22/2025 I completed an Exit Conference with Licensee Designee Morgan Bailey. She stated that she agreed with the Special Investigation findings.

APPLICABLE RULE	
R 400.15313	Resident nutrition.
	(1) A licensee shall provide a minimum of 3 regular, nutritious meals daily. Meals shall be of proper form, consistency, and temperature. Not more than 14 hours shall elapse between the evening and morning meal.
ANALYSIS:	<p>I observed the following weights for Resident A: 6/25 142 lbs., 7/25 140 lbs., 9/25 132 lbs., and 10/25 134 lbs.</p> <p>Resident A stated that he is provided with three meals plus snacks. He stated that he is happy with the food provided. He stated that staff provide him with water upon his request.</p> <p>A preponderance of evidence does not support a violation of the applicable rule. Resident A is provided with three regular meals daily.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: Resident A's bedroom is unclean and unkept.

INVESTIGATION: On 10/20/2025 complaint allegations were received from Adult Protective Services Centralized Intake. The complaint stated that "there is trash and cigarettes all over Resident A's room" and he is "unable to clean".

On 10/21/2025, while onsite I observed Resident A's bedroom was clean and free of trash. I did not observe cigarettes in the bedroom. The bedroom contained necessary furniture, clean linens, and was free from safety hazards. I observed the attached bathroom was also clean and no trash was observed. The bedroom and adjoining bathroom were well maintained.

Kayla Bailey and Morgan Bailey both stated that Resident A's bedroom is clean and well maintained. Both stated staff vacuum and clean his shared bedroom at least once per week and more often when needed.

Resident A and Resident B both stated that the bedroom never contained trash and cigarettes. They both stated that the current condition of the bedroom is its regular level of sanitation.

On 10/22/2025 I completed an Exit Conference with Licensee Designee Morgan Bailey. She stated that she agreed with the Special Investigation findings.

APPLICABLE RULE	
R 400.15403	Maintenance of premises.
	(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.
ANALYSIS:	<p>I observed Resident A's bedroom was clean and free of trash. I did not observe cigarettes in the bedroom. The bedroom contained necessary furniture, clean linens, and was free from safety hazards. I observed the attached bathroom was also clean and no trash was observed. The bedroom and adjoining bathroom were well maintained.</p> <p>Resident A and Resident B both stated that the bedroom never contained trash and cigarettes. They stated that the current condition of the bedroom was its regular level of sanitation.</p> <p>A preponderance of evidence does not support a violation of the applicable rule. Resident A's bedroom is maintained to provide for his health and safety.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDINGS: Staff failed to record Resident A's monthly weight records.

INVESTIGATION: While onsite I observed Resident A's weight records. I observed that weight records are missing for the months of 10/24, 11/24, 12/24, 1/25, 2/25, 3/25, 4/25, and 5/25.

Kayla Bailey and Morgan Bailey both stated that the facility had previously experienced a flood and some records were ruined. They stated that they are unsure if Resident A's weight records were ruined in the flood.

On 10/22/2025 I received an email from staff Kayla Bariley that stated, "we have not found any more weight records for Resident A".

On 10/22/2025 I completed an Exit Conference with Licensee Designee Morgan Bailey. She stated that she agreed with the Special Investigation findings and would submit an acceptable Corrective Action Plan.

APPLICABLE RULE	
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.
ANALYSIS:	I observed that Resident A's weight records are missing for the months of 10/24, 11/24, 12/24, 1/25, 2/25, 3/25, 4/25, and 5/25. A preponderance of evidence was established to support a violation of the applicable rule. Staff failed to record Resident A's weight from 10/24 until 5/25.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Upon receiving an acceptable Corrective Action Plan, I recommend no change to the license.




10/23/2025

Toya Zylstra
Licensing Consultant

Date

Approved By:



10/23/2025

Jerry Hendrick
Area Manager

Date