



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

October 30, 2025

Diana Billow  
AHR Northview Grand Rapids MI TRS Sub, LLC  
Ste. 300  
18191 Von Karman Avenue  
Irvine, CA 92612

RE: License #: AL410418268  
Investigation #: 2025A0357036  
The Cortland Lodge

Dear Ms. Billow:

Attached is the Special Investigation Report for the above referenced facility. There were no violations 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,

*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>	AL410418268
<b>Investigation #:</b>	2025A0357036
<b>Complaint Receipt Date:</b>	04/21/2025
<b>Investigation Initiation Date:</b>	04/23/2025
<b>Report Due Date:</b>	06/20/2025
<b>Licensee Name:</b>	AHR Northview Grand Rapids MI TRS Sub, LLC
<b>LicenseeAddress:</b>	Ste. 300 18191 Von Karman Ave. Irvine, CA 92612
<b>Licensee Telephone #:</b>	(810) 923-4742
<b>Administrator:</b>	Diana Billow
<b>Licensee Designee:</b>	Diana Billow
<b>Name of Facility:</b>	The Cortland Lodge
<b>Facility Address:</b>	3736 Vista Springs Ave NE Grand Rapids, MI 49525
<b>Facility Telephone #:</b>	(616) 364-4690
<b>Original Issuance Date:</b>	09/27/2024
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	03/27/2025
<b>Expiration Date:</b>	03/26/2027
<b>Capacity:</b>	20
<b>Program Type:</b>	PHYSICALLY HANDICAPPED ALZHEIMERS, AGED

**II. ALLEGATION(S)**

	<b>Violation Established?</b>
Residents are not being checked and changed every two hours as required. Some residents wear the same adult protection and clothes as the previous day.	No
Resident A and other residents are not being showered.	No

**III. METHODOLOGY**

04/21/2025	Special Investigation Intake 2025A0357036
04/23/2025	Special Investigation Initiated - Telephone
06/23/2025	Contact - Telephone call made Left a message to return my call.
07/08/2025	Inspection Completed On-site Unannounced inspection.
07/08/2025	Contact - Face to Face Interview Diana Billow, Licensee/Administrator and Aaron Grandstaff, Regional Operations Specialist for Priority Life Care.
07/08/2025	Contact - Face to Face Interview with Resident B.
07/08/2025	Contact - Document Received. Staff phone numbers.
09/03/2025	Inspection Completed On-site Interviewed Diana Billow, Licensee/Administrator.
09/03/2025	Contact - Document Received Staff schedule
09/03/2025	Contact - Face to Face With Resident A.
09/03/2025	Contact - Telephone call received From Diana Billow, Licensee Designee and Administrator.
09/03/2025	Contact telephone interview with four Direct Care staff. Interview with Resident A face to face.
09/04/2025	Contact telephone interview with three

	Direct Care Staff.
09/05/2025	Contact face-to-face interview with Five residents, C, D, E , F, and G.
10/30/2025	Telephone exit conference with Licensee Designee Lynda Sallee.

**ALLEGATION: Residents are not being checked and changed every two hours as required. Some residents wear the same adult protection and clothes as the previous day.**

**INVESTIGATION:** This complaint was anonymous and there were no names of residents provided.

On 07/08/2025, I made an unannounced inspection of the facility. I met with Dianna Billow, Licensee Designee/Administrator and Aaron Grandstaff, Regional Operations Specialist for Priority Life Care. Ms. Billow stated that they have required direct care staff to check on each resident a minimum of every two hours. They also explained that if a resident is incontinent, they are required to see if they need to be changed and if they need to also change the resident's clothes. They said it is called "Check and Change." They both stated that this complaint had not previously been brought to their attention. They both stated that they have not observed residents wearing the same adult protection as the previous day nor have they observed residents wearing the same clothes as the day before. They stated that Ms. Billow recently became the new Licensee Designee/Administrator and there have been a lot of changes. Ms. Billow reported that she has had to let several staff go due to poor performance and this has caused many staff to be upset. She stated that she had to set the standard that is expected and the expectations made clear. She stated they had to do a lot of training for the staff and this had taken time. She mentioned that they had difficulty with the staff schedule including with procedures, such as asking for time off and calling in if they were sick. They both stated that this had been a period of major adjustments, but they felt they had some success, and they were moving forward. Ms. Billow also stated that they had at least five residents pass away in a very short time period and that affected their census, which meant they did not need as many staff to work, which caused concerns among the staff. She stated they were working through it and working to seek new residents.

I asked them to provide me with a list of the direct care staff and their telephone numbers, which they provided for me. Ms. Billow made an "X" on the names of staff who no longer work in the home and some of these staff work in the kitchen, and maintenance, but 17 names were crossed off.

On 09/03/2025 I was at the facility, and I asked Ms. Billow for another list of employees, and she provided me with the new list. This list included names of staff

who worked in the facility next door, in a licensed Home for the Aged as well as the Licensed Adult Foster Care home called the Cortland Lodge.

On 09/03/2025, I requested the staff schedule starting in April 2025. They provided me with a Staff Schedule from 05/09/2025 through 09/04/2025. Then they provided me, by email, with the Staff Schedule from 03/28/2025 through 05/01/2025. I reviewed all the schedules, which included both the HFA and AFC. They also only had two shifts, 12 hours each from 7:00 AM to 7:00 PM. and 7:00 PM to 7:00 AM.

On 09/03/2025, I conducted four telephone interviews with Direct Care Staff and on 09/04/2025, I interviewed, by telephone, three Direct Care Staff. Each one requested that I not use their name because they were “afraid of being fired”. I stated that I would speak to my supervisor, and I would request that they be coded, which I did, and he agreed. I asked each staff member if they had checked each resident every two hours and they all said they had. They also stated that they had changed each resident who required a change. They all stated that they had changed every resident’s clothing at the start of each day if they worked the 7AM to 7PM shift. They stated that they could not say what other staff had done or not done.

On 09/05/2025, I conducted face-to-face interviews with seven residents, (including Resident A, B, C, D, E, F and G). I asked each resident if they have received the care they need and they all said they have. I asked them if they had seen any of the other residents wearing the same adult protection or clothing on consecutive days and all five stated they did not. I asked each of them if they had heard any discussion or complaint about these issues and they all said they have not.

I was in the facility in the afternoon and early evening and I did not observe any residents that needed their adult protection or clothing changed.

On 10/30/2025, I conducted a telephone exit conference with the Licensee Designee, Lynda Sallee and she agreed with my findings.

<b>APPLICABLE RULE</b>	
<b>R 400.15305</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>	It was alleged that residents are not checked and changed frequently enough and often wear the same adult protection and clothes as the previous day.

	<p>The Licensee/Administrator Diana Billow and the Executive Directo, Lynda Sallee, both denied the allegation. They stated they have not received any complaints of this nature. All seven staff I interviewed denied the allegation. They all stated they check and change each resident every two hours.</p> <p>During this investigation I did not find any evidence that residents' adult protection and clothing was not changed as needed. Therefore, there is not a violation of this rule.</p>
<b>CONCLUSION:</b>	VIOLATION NOT ESTABLISHED

**ALLEGATION: Resident A and other residents are not being showered.**

**INVESTIGATION:** On 07/08/2025, Ms. Billow explained that they had asked Resident A to move from the AFC home to the Home for the Aged and she had moved by her choice on May 19, 2025. She also stated that as far as she knew, Resident A had been receiving her showers while she was a resident in the AFC program.

On 09/03/2025, I conducted a face-to-face interview with Resident A. I asked her about her care when she lived in the Lodge. She stated the staff did not check her catheter especially at night, and they did not empty it even when she asked them. I explained that we had received a complaint that she had not been showered while in the AFC program. She stated, "I went without my showers." She explained her shower schedule was on Tuesday, Friday and Sunday, but she never knew if she was going to get her shower or not. I asked her if she had received at least one shower a week and she said, "Yes." She said she did not tell Ms. Billow because she did not want to get the staff in trouble. She said she missed many showers but could not provide me with the dates.

On 09/03-04/2025, I conducted telephone interviews with seven staff members. I asked the staff if Resident A or any other residents had not received their showers and they all said they did their very best to follow the shower schedule and help the residents with their showers. They said sometimes the shower schedule was removed. They were all certain, however, that each resident received at least one shower per week.

On 09/05/2025, I conducted interviews with Residents A, B, C, D, E, and F. I asked if they needed help with their showers and they each reported they could do their own showers. They also each reported that they have taken at least one shower a week.

On 10/30/2025, I conducted a telephone exit conference with Licensee Designee, Lynda and she agreed with my findings.

<b>APPLICABLE RULE</b>	
<b>R 400.15314</b>	<b>Resident hygiene</b>
	<b>(1) A licensee shall afford a resident the opportunity, and instructions when necessary, for daily bathing and oral and personal hygiene. A licensee shall ensure that a resident bathes at least weekly and more if necessary.</b>
<b>ANALYSIS:</b>	<p>It was alleged that Resident A and other residents have gone without showers.</p> <p>Ms. Billow, the Licensee Designee/Administrator, stated that as far as she knew, Resident A had received her showers.</p> <p>Resident A stated she did not receive her scheduled three showers a week, but she received at least one a week.</p> <p>Seven staff members were interviewed, and each stated they did their best to provide each resident with at least one shower a week.</p> <p>During this investigation Resident A stated she did not receive three showers a week, but she did receive one shower a week. Therefore, there is not a violation.</p>
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**IV. RECOMMENDATION**

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

*Arlene B. Smith*

10/30/2025

Arlene B. Smith  
Licensing Consultant

Date

Approved By:

*Jerry Hendrick*

10/30/2025

Jerry Hendrick  
Area Manager

Date