



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 Ave.
Irvine, CA 92612

RE: License #: AL410418268
Investigation #: 2025A0357040
The Cortland Lodge

Dear Ms. Billow:

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,

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

License #:	AL410418268
Investigation #:	2025A0357040
Complaint Receipt Date:	05/19/2025
Investigation Initiation Date:	05/19/2025
Report Due Date:	07/18/2025
Licensee Name:	AHR Northview Grand Rapids MI TRS Sub, LLC
Licensee Address:	Ste. 300 18191 Von Karman Ave. Irvine, CA 92612
Licensee Telephone #:	(810) 923-4742
Administrator:	Diana Billow
Licensee Designee:	Diana Billow
Name of Facility:	The Cortland Lodge
Facility Address:	3736 Vista Springs Ave NE Grand Rapids, MI 49525
Facility Telephone #:	(616) 364-4690
Original Issuance Date:	09/27/2024
License Status:	REGULAR
Effective Date:	03/27/2025
Expiration Date:	03/26/2027
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED AGED, ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
The facility is insufficiently staffed with one staff to 16 or more residents.	Yes

III. METHODOLOGY

05/19/2025	Special Investigation Intake 2025A0357040
05/19/2025	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 with the Licensee Designee/Administrator, Dianna Billow and Aaron Grandstaff, Regional Operations Specialist for Priority Life Care.
07/08/2025	Contact - Face to Face With Resident A.
07/08/2025	Contact - Document Received I was provided with a list of staff and their phone numbers.
09/03/2025	Inspection Completed On-site Announced inspection with Diana Billow, Licensee Designee/Administrator.
09/03/2025	Contact - Document Received Received a new list of employees and their phone numbers.
09/03/2025	Contact - Document Received Received a copy of Staff Schedule.
09/03/2025	Contact - Face to Face with Resident A.
09/03/2025	Contact - Telephone call received From Diana Billow.

09/03/2025	Contact - Telephone call made Telephone interview with four Direct Care Staff.
09/04/2025	Contact - Telephone call made Telephone interview with four direct care staff.
09/05/2025	Contact - Face to Face Interviewed Residents C, D, E, F, and G.
09/05/2025	Document - Assessment Plans for 19 residents of the Lodge.
10/30/2025	Telephone exit conference with the Licensee Designee, Lynda Sallee.

ALLEGATION: The facility is insufficiently staffed with one staff to 16 or more residents.

INVESTIGATION: The complaint was anonymous and there were no names of residents identified. The complaint read that Residents are not being cared for or able to get out of bed, and are missing showers. These allegations were addressed in Complaint #2025A0357036.

On 07/08/2025, I made an unannounced inspection at the facility. I met with the Diana Billow, Licensee Designee/Administrator and Aaron Grandstaff, Regional Operations Specialist for Priority Life Care. I explained the complaint and requested the staff schedule. Ms. Billow stated that there were different staff working in the facility back in May of 2025. She said she would try to find the staff schedule from then on. She explained that they had changed the staff schedule and with some help from her staff she would be able to produce the staff schedule going forward.

On 09/03/2025, I received a copy of Staff Schedule from 05/09/2025 through 09/04/2025 when I was at the facility. I received an email with the Staff Schedule from 03/28/2025 through 05/01/2025. There was no schedule provided from 05/01/2025 through 05/08/2025. Ms. Billow explained that they only have two shifts, that are 12 hours long from 7:00am to 7:00pm, and the second one is from 7:00pm to 7:00am. The facility for this complaint is called The Cortland Lodge and is licensed as an Adult Foster Care home (AFC) with a capacity of 20 residents. The facility is right next door to a licensed Home for Aged (HFA). On the staff schedule is listed the staff for each facility. The AFC goes by AL and the Home for Aged goes by MC. The staff were recorded as MT for Med Tech and CG for Care Giver. There was also a Care Giver listed as a "Float." I asked Ms. Billow if she could provide me with the number of residents in the AFC for each day. She was able to provide this for me. I also asked her for the Assessment Plan for AFC Residents in The Cortland Lodge.

On 09/05/2025, Ms. Billow provided me with copies of 19 residents' assessment plans. We discussed Resident A because she was identified as needing a Hoyer Lift for all transfers and was "total care". She stated that she needed two staff for the use of the Hoyer Lift. Resident A had moved from The Cortland Lodge (AFC) to the Home for Aged (HFA) and Ms. Billow sent me an email on 09/03/2025 that stated that she moved from the Lodge to HFA on 05/19/2025. Resident A's assessment plan was not provided even though she had been a resident for at least 18 days for the month of May 2025 and before that and she required a two-person assist.

I reviewed the 19 assessment plans that were provided and there were no other residents who required two-person assistance. Information specific to each resident is provided below:

Resident G: Staff assist with "cueing" for toileting, bathing, dressing and walking/mobility. Uses a walker.

Resident H: Staff assist with "cueing" for toileting, bathing, grooming, dressing, personal Hygiene.

Resident I: Staff assist with "cueing" and reminders for toileting, grooming, and personal hygiene.

Resident J: Staff assist with "cueing" for toileting, bathing, grooming, dressing and personal hygiene.

Resident K: Staff assist with "cueing" for toileting, bathing, grooming dressing and personal hygiene.

Resident L: Staff assist with stand-by-assist for bathing.

Resident M: Staff assist with "cueing" for bathing and uses a walker.

Resident N: Staff assist with "cueing" for toileting, staff assist with cueing for bathing, personal hygiene, uses a walker.

Resident O: Staff assist with stand-by-assist for bathing.

Resident P: Staff assist with "cueing" for bathing, and grooming.

Resident Q: Staff assist with "cueing" for bathing.

Resident R: Staff assist with "cueing" for toileting, bathing, and grooming.

Resident S: Staff assist with "cueing" for bathing, and uses a walker.

Resident T: Needs assistance with bathing, staff to provide assistance, uses a walker, needs assistance with stairs, staff to provide assistance.

Resident U: No assistance was noted.

Resident V: No assistance was noted.

Resident W: No assistance was noted.

Resident X: No assistance was noted.

Resident Y: No assistance was noted

On 09/05/2025, Ms. Billow provided me with the census for each day which I reviewed. For the month of 04/01/2025 through 04/30/2025, the resident census was 17 residents for each day of the month. Licensing rules require more than one staff over 15 residents during waking hours and a minimum of 1-to-20 during sleeping hours.

The May census was 17 residents from 5/1 through 5/14, 16 residents from 5/15 through 5/24, 15 residents from 5/25 through 5/27, 14 residents from 5/28 through 5/30, and 15 residents on May 31, 2025. The Staff Schedule used the initials MT, which stood for Med Tech, and there was a minimum of three times that the name of the facility where the MT was to work was not named.

Upon review of the May staff schedule, I found that "Float" was used a minimum of nine times but there was no indication as to which facility the "Float" worked in. The staff schedule used the initials MT, which stood for Med Tech, and there was a minimum of three times with MT used but no name for the facility was not noted. The Initials CG for Care Giver was used on May 11 and 16, 2025 on both shifts but contained no names of staff working as the Care Giver or the MT. On May 13, 2025, there were no staff named for the MT on the 7pm to 7am shift. This would indicate there were no staff present.

I conducted interviews with Direct Care Staff on 09/03/2025 and 9/04/2025. They reported that the Med Techs working in the Lodge were simultaneously working in the HFA. Once the medications were administered in the Lodge the Med Tech then went to the HFA to administer medications to those residents. The HFA and a care giver came to the Lodge while the Med Tech was in the HFA. They said the residents could not have any PRN (as needed) medications administered because the Med Tech was in the neighboring facility.

As I reviewed the staff schedules there were no times noted as to when the "Float," or the Care Giver was listed in the Lodge or in the HFA. Therefore, there was no way to determine when the staff were working and present in the AFC facility.

On 10/30/2025 I conducted a telephone exit conference with Licensee Designee, Lynda Sallee. She was uncertain as to what Diana Billow had sent to me for the staff schedules, but she agreed with my findings.

APPLICABLE RULE	
R 400.15206	Staffing requirements.
	(1) The ratio of direct care staff to residents shall be adequate as determined by the department, to carry out the responsibilities defined in the act and in these rules and shall not be less than one direct care staff to 15 residents during waking hours, or less than 2 direct care staff to 20 residents during normal sleeping hours.
ANALYSIS:	<p>It was alleged that the facility is insufficiently staffed with one staff to 16 or more residents.</p> <p>Upon interviewing Ms. Billow she stated that Resident A was in the Lodge from May 1 through May18. She confirmed that she required a two-person assist because she had to be transferred by a Hoyer lift.</p> <p>The May Staff Schedule had the use of "Float," but the facility was not named. Using the Med Tech name, there was a minimum of three times that no staff were named. On two occasions there were shifts that did not contain the names of the staff.</p> <p>There were numerous occasions that the facility was insufficiently staffed. Therefore, there is a violation of the rule.</p>
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

I recommend the Licensee provide an acceptable plan of correction and the license remain 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