GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

January 30, 2026

Jamie Lopez
Grand Brook Memory Care
5281 Wilson Avenue
Wyoming, MI 49418

RE: License #: AH410398724
Investigation #: 2026A1021017
Grand Brook Memory Care

Dear Jamie Lopez:

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 authorized representative 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 #:	AH410398724
Investigation #:	2026A1021017
Complaint Receipt Date:	01/14/2026
Investigation Initiation Date:	01/15/2026
Report Due Date:	03/13/2026
Licensee Name:	Grand Brook Memory Care of Grand Rapids, LLC
Licensee Address:	5281 Wilson Avenue Wyoming, MI 49418
Licensee Telephone #:	(469) 331-8200
Administrator:	Samantha Rose
Authorized Representative:	Jamie Lopez
Name of Facility:	Grand Brook Memory Care
Facility Address:	5281 Wilson Avenue Wyoming, MI 49418
Facility Telephone #:	(317) 914-2357
Original Issuance Date:	10/01/2020
License Status:	REGULAR
Effective Date:	08/01/2025
Expiration Date:	07/31/2026
Capacity:	44
Program Type:	ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
A resident was attacked by a staff member.	No
Residents are neglected.	No
Facility has insufficient staff.	No
Residents do not receive medications.	No
The facility pre-sets medications.	Yes
Facility has bugs.	No
Additional Findings	No

III. METHODOLOGY

01/14/2026	Special Investigation Intake 2026A1021017
01/15/2026	Special Investigation Initiated - On Site
	Exit Conference

ALLEGATION:

A resident was attacked by a staff member.

INVESTIGATION:

On 01/14/2026, the licensing department received an anonymous complaint with allegations that a resident was attacked by a staff member. The complainant alleged that an employee was fired for physically attacking a resident on camera and the director tried to cover it up at first.

Due to the anonymous complaint, I was unable to contact the complainant for additional information.

On 01/15/2026, I interviewed the administrator Samantha Rose at the facility. The administrator reported that on 12/28/2025, she was contacted by staff member 4 (SP4) that she was concerned about how SP5 interacted with a resident. The

administrator reported that SP5 was finished with her shift and had left the facility. The administrator reported the next day, she reviewed camera footage and did see SP5 become physical with a resident. The administrator reported SP5 was immediately terminated by telephone and did not have anymore interaction with residents. The administrator reported SP4 followed policy and procedure by if there is any concern, the administrator is to be immediately contacted. The administrator reported that additional dementia training was provided for employees.

I reviewed camera footage of the incident that occurred on 12/28/2025. I observed a resident become upset with staff members and SP5 did kick and push the resident.

I reviewed SP5's employee records. The records revealed SP5 was appropriately trained in dementia care.

APPLICABLE RULE	
R 325.1921	**Governing bodies, administrators, and supervisors.**
	(1) The owner, operator, and governing body of a home shall do all of the following: **(b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.**
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 review of documentation revealed there was an incident with a staff member and a resident. However, the facility acted timely in addressing the situation and terminating the employee. This was an isolated incident and not a systemic issue at the facility.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION:

Residents are neglected.

INVESTIGATION:

The complainant alleged that residents are neglected. The complainant alleged that residents' bed sores are not managed. The complainant alleged that residents are being denied proper health care and dying due to negligence.

The administrator reported that currently there is one resident with a bed sore. The administrator reported that this resident is at end of life and hospice is managing the bed sore. The administrator reported that there is another resident with a sacral cleft which hospice is also managing. The administrator reported that caregivers are only responsible for changing the bandage if it becomes soiled or falls off. The administrator reported this past fall, there were a few deaths of hospice residents due to a virus that went through the facility. The administrator reported that residents are transferred to a local hospital if they need increased care. The administrator reported that the facility has good communication with outside health professionals and hospice companies. The administrator reported that residents receive good care at the facility.

On 01/15/2026, I interviewed SP2 at the facility. SP2 reported that the facility is in constant contact with the hospice companies. SP2 reported that management works closely with physician services and families to ensure adequate care is provided.

On 01/15/2026, I interviewed SP3 at the facility. SP3 reported that there is one resident with a wound that hospice is managing. SP3 reported that caregivers only change the bandage if there is an issue. SP3 reported that hospice is very involved and is assisting the facility in managing the wound. SP3 reported that residents are not neglected and they receive good care.

On 01/15/2026, I interviewed Optimal Care hospice nurse at the facility. The nurse reported she has no concerns with care at the facility. The nurse reported the facility is in constant contact with them and follows all orders. The nurse reported that all residents receive good care at the facility.

While at the facility, I observed multiple staff members interacting with the residents. The staff members were engaged with the residents. I observed the residents to be well kept, and I did not observe any signs of neglect.

APPLICABLE RULE	
R 325.1931	**Employees; general provisions.**

	(2) A home shall treat a resident with dignity and his or her personal needs, including protection and safety, shall be attended to consistent with the resident's service plan.
ANALYSIS:	Interviews conducted and observations made revealed lack of evidence to support this allegation.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION:

Facility has insufficient staff.

INVESTIGATION:

The administrator reported that the facility has adequate staff. The administrator reported that on first and second shift there is one medication technician and four caregivers. The administrator reported that on third shift there is one medication technician and three caregivers. The administrator reported that the schedule reflects a possible mandation for each shift. The administrator reported that there is a call in policy and absent policy. The administrator reported that if there is an unexpected staff shortage, management will work the floor. The administrator reported that when employees were recently terminated, she signed a staffing agreement with a staffing agency, however, the agency has not been used. The administrator reported that she has not received complaints about staffing levels.

SP2 reported that there are adequate staff at the facility. SP2 reported that the facility has a good group of employees and residents receive good care.

SP3 reported that there is adequate staff at the facility. SP3 reported no concerns with staffing levels.

I reviewed the staff schedule for 12/15/2025-12/28/2025. The schedule revealed the staffing ratios were met as described by the administrator.

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 lack of evidence to support this allegation.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION:

Residents do not receive medications.

INVESTIGATION:

The complainant alleged that residents do not receive medications. The complainant alleged that residents are always out of critical medications.

The administrator reported that there are a few incidents in which a resident may run out of medications, but it is not a systemic issue. The administrator reported that when this occurs, it is typically due to a refill or a prescription issue. The administrator reported that the majority of medications are on a 30 day cycle fill. The administrator reported that if there is an issue with medicine, management is notified and addresses the issue.

SP2 reported she counts medications to ensure the count is correct and that residents are not low on medications. SP2 reported residents do receive their medications as prescribed.

On 01/15/2026, I interviewed SP1 at the facility. SP1 reported residents do receive their medications. SP1 reported if there is an medication issue, management or the medicaiton technician will immediately address the issue

I reviewed the medication exemption report for the facility for 01/08/2026-01/15/2026. The report revealed there were only three issues with medications not administered due to a refill issue. However, the report revealed that the facility acted appropriately and the medication was to be delivered later that evening.

APPLICABLE RULE	
R 325.1932	**Resident medications.**
	(2) Prescribed medication managed by the home shall be given, taken, or applied pursuant to labeling instructions, orders and by the prescribing licensed health care professional.

ANALYSIS:	Interviews conducted and review of documentation revealed lack of evidence to support this allegation.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION:

The facility pre-sets medications.

INVESTIGATION:

The complainant alleged that medications are pre-prepped.

The administrator reported that this was a major issue when she started at the facility, but it has decreased. The administrator reported that there has been education and re-training for all medication technicians. The administrator reported that while this may still occur, it has decreased.

SP2 reported that there is no medication cart at the facility and all medications are prepped in the medication room and then taken to the resident. SP2 reported first shift is a heavy medication pass and the facility has spread out medication times to lighten the load on the first shift.

At the facility, I observed the medication room. I observed individual medication baskets for each resident. In front of multiple resident medication baskets, there were plastic cups of medications with the date and time written on the cup.

APPLICABLE RULE	
R 325.1932	**Resident medications.**
	(2) Prescribed medication managed by the home shall be given, taken, or applied pursuant to labeling instructions, orders and by the prescribing licensed health care professional.
ANALYSIS:	Interviews conducted and observations made revealed medication technicians are in fact pre-setting medications. By doing so, the facility cannot ensure the medication is taken as prescribed by the licensed health care professional and therefore is in violation of this rule.
CONCLUSION:	**VIOLATION ESTABLISHED**

ALLEGATION:

Facility has bugs.

INVESTIGATION:

The complainant alleged that residents are living with bugs, ants and roaches especially in the dining areas.

The administrator reported that there was an isolated incident with ants in a resident's room due to food being opened. The administrator reported that management and the housekeeping staff cleaned the room, and the ants were removed. The administrator reported that the facility has a monthly visit from a pest control company and there have been no major issues.

SP3 reported that in the summer months there will be a few bugs and ants in the facility. SP3 reported that the maintenance workers always immediately address this issue.

I walked through the facility, including the dining areas. I did not observe any bugs, ants or roaches.

I reviewed pest company receipt from visit in November 2025. The document revealed no indication of a pest problem at the facility.

APPLICABLE RULE	
R 325.1978	**Insect and vermin control.**
	(1) A home shall be kept free from insects and vermin.(2) Pest control procedures shall comply with MCL 324.8301 et seq.
ANALYSIS:	Interviews conducted and observations made revealed lack of evidence to support this allegation.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

IV. RECOMMENDATION

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

01/16/2026

Kimberly Horst — Date
Licensing Staff

Approved By:

01/29/2026

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