



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

January 29, 2026

Toni Greig
The Village of East Harbor
33875 Kiely Dr.
Chesterfield, MI 48047

RE: License #: AH500236869
Investigation #: 2026A1035019
The Village of East Harbor

Dear Licensee:

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 feel free to contact me. In any event, the corrective action plan is due within 15 days.

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,

A handwritten signature in blue ink, appearing to read "Jennifer Heim".

Jennifer Heim, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
Lansing, MI 48909
(313) 410-3226
enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH500236869
Investigation #:	2026A1035019
Complaint Receipt Date:	01/07/2026
Investigation Initiation Date:	01/08/2026
Report Due Date:	03/06/2026
Licensee Name:	The Village of East Harbor
Licensee Address:	33875 Kiely Dr. Chesterfield, MI 48047
Licensee Telephone #:	(586) 725-6030
Administrator:	Donald Tolliver
Authorized Representative/	Toni Greig
Name of Facility:	The Village of East Harbor
Facility Address:	33875 Kiely Dr. Chesterfield, MI 48047
Facility Telephone #:	(586) 725-6030
Original Issuance Date:	06/03/1999
License Status:	REGULAR
Effective Date:	08/01/2025
Expiration Date:	07/31/2026
Capacity:	86
Program Type:	ALZHEIMERS AGED

II. ALLEGATION(S)

	Violation Established?
Resident A is not receiving care in accordance with his service plan. Resident A has not received podiatry services as requested.	Yes
Additional Findings	No

III. METHODOLOGY

01/07/2026	Special Investigation Intake 2026A1035019
01/07/2026	APS Referral
01/08/2026	Special Investigation Initiated - Letter
01/20/2026	Contact - Face to Face
01/29/2026	Inspection Complete.
01/29/2026	Exit Conference.

ALLEGATION:

Resident A is not receiving care in accordance with his service plan. Resident A has not received podiatry services as requested.

INVESTIGATION:

On January 7, 2026, the Department received two complaints forwarded from Adult Protective Services (APS) which read:

“As of 11/23/2025, there are concerns related to Resident A and the lack of care he is receiving at this time. Specifically, Resident A currently has ingrown toenails that have not been cut. Further, there is a toe on his left foot that has complete grown under his toe. Although there was a podiatry appointment scheduled for Resident A, the appointment was cancelled due to their not being enough residents scheduled for the day. At this time, Resident A is not experiencing any pain from his ingrown toenails.”

“Since December of 2024 and ongoing, Resident A has been observed with toenails that are overly long and a bunion on his left foot. Staff at the nursing home stated that Resident A would see a pediatrist however that has not happened. The nursing

home has a pediatricist that comes to the facility on a quarterly basis however that has not happened. There is concern that Resident A is being neglected by staff at the nursing home. These concerns were brought to the nursing staff and were supposed to be addressed however they have not as this issue is ongoing. Resident A has no feeling in his feet as he has neuropathy.”

On January 20, 2026, an onsite investigation was conducted. While onsite, I interviewed Toni Greig Authorized Representative who states Resident A was sent to the hospital for further evaluation related to stroke-like symptoms. Resident A is expected to return to The Village of East Harbor TCU then transition back to the memory care unit. There was no care concerns brought to management attention prior to this interview.

Resident A’s service plan states he requires one person assistance with showers. The service plan does not indicate frequency of showers. Facility email writer shower sheets stating there is an inconsistency of weekly showers, there are no progress notes, and inconstant ADL/ care charting. Podiatry consult was entered on 09/25/2025 without follow up notation or visit notes.

APPLICABLE RULE	
R 325.1931	Employees; general provisions.
	<p>(1) Personal care and services that are provided to a resident by the home shall be designed to encourage residents to function physically and intellectually with independence at the highest practical level.</p> <p>(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.</p>
ANALYSIS:	Facility was unable to provide documentation to support Resident A’s care needs had been met. A podiatry consult was entered without follow up documentation.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action, I recommend the status of this license remain unchanged.



01/27/2025

Jennifer Heim, Health Care Surveyor Date
Long-Term-Care State Licensing Section

Approved By:



01/29/2026

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