GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

February 24, 2026

Chryle Land
Heritage Haus LLC
P.O. Box 253
Bellaire, MI 49615

RE: License #: AM050339409
Investigation #: 2026A0009015
Heritage Haus

Dear Ms. Land:

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,

Adam Robarge, Licensing Consultant
Bureau of Community and Health Systems
Suite 11
701 S. Elmwood
Traverse City, MI 49684
(231) 350-0939

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM050339409
Investigation #:	2026A0009015
Complaint Receipt Date:	02/12/2026
Investigation Initiation Date:	02/13/2026
Report Due Date:	03/14/2026
Licensee Name:	Heritage Haus LLC
Licensee Address:	3230 S. M-88 Hwy Bellaire, MI 49615
Licensee Telephone #:	(231) 587-4843
Administrator:	Chryle Land
Licensee Designee:	Chryle Land
Name of Facility:	Heritage Haus
Facility Address:	3230 S. M-88 Hwy Bellaire, MI 49615
Facility Telephone #:	(231) 533-6869
Original Issuance Date:	06/27/2014
License Status:	REGULAR
Effective Date:	12/27/2024
Expiration Date:	12/26/2026
Capacity:	12
Program Type:	AGED

II. ALLEGATION(S)

	Violation Established?
Resident A is not allowed to come out of his room for meals.	No
A staff person threw compression socks at a resident.	No
Staff have not woken Resident C up in the morning and she has missed her morning medication.	Yes
Resident D is not allowed to be around the female residents.	No
A resident at the facility received alcohol from a staff person.	No
There are spiders in residents' bedding and ants and fruit flies in the summer.	No
The licensee has taken medication from one resident to give to another when that person is out of that particular medication.	Yes

III. METHODOLOGY

02/12/2026	Special Investigation Intake 2026A0009015
02/13/2026	Special Investigation Initiated – Telephone call made to adult protective services worker Lane Stopher
02/17/2026	Inspection Completed On-site Interview of direct care worker Roxanne Streiwieser, Resident A, Resident B and licensee designee Chryle Land Face to face contact with Resident C and Resident D
02/19/2026	Contact - Telephone call made to licensee designee Chryle Land
02/20/2026	Contact - Documents received from licensee designee Chryle Land
02/20/2026	Contact - Telephone call made to direct care worker Dan Jessen
02/20/2026	Contact - Telephone call made to direct care worker Earris Pigg
02/24/2026	Exit conference with licensee designee Chryle Land

ALLEGATION: Resident A is not allowed to come out of his room for meals

INVESTIGATION: I conducted an announced site visit at the Heritage Haus adult foster care home on February 17, 2026. Direct care worker Roxanne Streiwieser was present at the time of my visit and agreed to speak with me. I asked her about a resident not being able to eat with other residents at mealtimes and not being allowed to come out of his room at those times. Ms. Streiwieser seemed to know

who I was referring to and identified Resident A. She stated that Resident A does come out for all activities at the home but prefers to eat in his room at mealtimes. Ms. Streiswieser explained that he has some difficulty at mealtimes. He eats with his fingers and licks his utensils and plate. The staff do not care but this is disruptive to the other residents who share the table with him and they sometimes make comments about it. Resident A has been offered to eat in his room and he prefers that. Ms. Streiwieser took me to Resident A and I asked him about this. He stated, "I like to eat in my room during meals." Resident A agreed that he knows he can eat with the other residents whenever he wishes to. He likes to eat in his room with the door open. He also knows that he can go anywhere in the facility that other residents are at any time.

Licensee designee Chryle Land arrived at the facility while I was there and we spoke about the concerns that I had received. I asked her about the report that Resident A is not allowed to eat with the other residents. She said that Resident A is "disruptive" at the table. They are working with his doctor and his Program for All-inclusive Care for the Elderly (PACE) worker about his behavior. Resident A has chosen to eat in his room with the door open and they have allowed this. Resident A is allowed to eat with the other residents if he chooses to. He is not restricted from going where he wants. If he continues to be disruptive to the point that it was a real problem for other residents, she will need to discharge him.

I spoke with direct care worker Dan Jessen by telephone on February 20, 2026. I asked him about Resident A being required to eat in his room. Mr. Jessen said that Resident A prefers to eat meals in his room. His door is open at these times and he is near the dining room. Mr. Jessen said that Resident A is allowed to eat in the dining room with the other residents and he is not restricted from being at the table with them.

I also spoke with direct care worker Earris Pigg by telephone on February 20, 2026. She said that it is Resident A's choice to eat in his room. She said that he likes eating in his room. Ms. Pigg stated that in his last facility he also liked to eat in his room. Resident A eats slowly and has issues with his tongue. The staff are very patient with him but sometimes the other residents are not. Ms. Pigg said that if he wanted to eat with the other residents he would certainly be allowed.

APPLICABLE RULE	
R 400.681	**Resident rights; licensee responsibilities.**
	(1) A resident shall be treated with dignity and respect, free from exploitation, and protected and safe.
ANALYSIS:	Resident A chooses to eat in his room with the door open during mealtimes. His room is adjacent to the dining room. Resident A confirmed that this was his choice and he knows he can join the other residents at mealtimes if he wants to. The staff

	I spoke with about this issue confirmed this. In consideration of the above information, it is determined that Resident A is treated with dignity and respect, free from exploitation, and protected and safe.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: A staff person threw compression socks at a resident.

INVESTIGATION: I asked direct care worker Roxanne Streiwieser about the report that a staff person threw a resident's compression socks at them. She denied that she has ever seen that or heard about it happening. Ms. Streiwieser stated that there are only two residents who wear compression socks. She said that Resident B, who wears compression socks, was present at the time of my visit and that I could speak with him about it. I did speak with Resident B at that time. I asked if a staff person had thrown his compression socks at him. He said no, that never happened. I asked if anything like that had happened. He said no. Resident B denied that a staff had ever thrown anything at him. Ms. Streiwieser stated that she was not aware of staff throwing items at residents. She said that the other resident who wears compression socks has late-stage dementia and would not be able to relate it to me if her compression socks had been thrown at her.

I asked licensee designee Chryle Land about the report that a staff person threw a resident's compression socks at them. She denied that she knew anything about that allegation. She said that only two current residents use compression socks. They are assisted with putting their socks on in the morning and then they are taken off before bedtime. Ms. Land said that if she found out that had actually happened she would deal with the staff involved in a serious manner.

I asked direct care worker Dan Jessen about the report that a staff person threw compression socks at a resident. Mr. Jessen denied that he had ever thrown a resident's compression socks at them. He denied that he knew of any other staff doing that. Mr. Jessen could not think of anything that had happened like that.

I asked direct care worker Earris Pigg if she had ever known a staff there to throw compression socks at a resident. She said that she has not observed a coworker throw socks at any resident of the home.

APPLICABLE RULE	
R 400.681	**Resident rights; licensee responsibilities.**
	(1) A resident shall be treated with dignity and respect, free from exploitation, and protected and safe.

ANALYSIS:	Two residents in the home use compression socks. I spoke to the one verbal resident who wears compression socks about whether he had ever had his socks thrown at him. He denied that he had. He also denied that he had ever had anything else thrown at him. The staff I interviewed about the issue denied they had seen this happen. In consideration of the above information it is determined that the involved residents are treated with dignity and respect, free from exploitation, and protected and safe.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: Staff have not woken Resident C up in the morning and she has missed her morning medication.

INVESTIGATION: I asked direct care worker Roxanne Streiwieser about the report that Resident C is not woken up some mornings and has missed her medication as a result. Ms. Streiwieser replied that she works mornings with direct care worker Dan Jessen. They had been waking Resident C up at 6:00 or 6:30 a.m. but she would wake up "hateful". She would yell at them and accuse them of hurting her. They decided it would be best to allow her to wake up naturally in the morning and then administer her medications and feed her breakfast. Ms. Streiwieser said that Resident C would often sleep until around 9:00 or 10:00 a.m. when left alone. I asked to see the medications that she is prescribed in the morning. Ms. Streiwieser showed me that she is prescribed Acetaminophen 500 mg which is to be given at 6:30 a.m. and Citalopran HBR 10 mg, Famotidine 40 mg and Vitamin D which are to be given at 8:00 a.m. Ms. Streiwieser confirmed that she is aware that medications are to be given within an hour of their prescribed administration time.

I asked licensee designee Chryle Land about Resident C being allowed to sleep in mornings. She agreed that they had just started doing that because of Resident C being so unpleasant in the mornings when woken up by staff. Her physician prescribed her Adavan to try to address this issue but it did not help. They do prefer to have the residents up and going about their day early but realized this was not going to work with Resident C. She is now allowed to sleep in until "9ish" or so. She gets up when she wants, gets her medication and eats her breakfast. It works very well. Ms. Land also showed me Resident C's medication administration schedule. Ms. Land agreed that her morning medication was prescribed to be given at 6:30 a.m. and 8:00 a.m. I talked to her about checking with Resident C's doctor to see if it would be okay to instead have them prescribed "upon arising" or "in the a.m."

I asked direct care worker Dan Jessen about Resident C sleeping in mornings and getting her medication when she woke. Mr. Jessen said that Resident C does get her medication right when she wakes up. She had been having a difficult time when

they woke her up so they asked if she just wanted to sleep in. Resident C told them she would prefer that. They have gotten the doctor's prescription orders changed within the last several days to indicate that she can have her morning medication "upon arising". Mr. Jessen said that he believed that they were now supposed to be given between 8:00 and 11:00 a.m.

I asked direct care worker Earris Pigg about the report of Resident C not getting her morning medication until after she woke up late. Ms. Pigg stated that Resident C was very unpleasant in the morning. They were allowing her to sleep in and then administer her medication when she got up. Ms. Pigg said that Ms. Land spoke with Resident C's doctor recently and got her 6:30 a.m. medication changed to 8:00 a.m.

APPLICABLE RULE	
R 400.675	**Resident medications.**
	(1) Medication must be given, taken, or applied as prescribed, ordered, or directed by an appropriately licensed health care professional.
ANALYSIS:	Resident C was disagreeable with staff when she was being woken at 6:00 or 6:30 a.m. It was decided to allow her to sleep in because of this. She was getting up at "9ish" or as late as 10:00 a.m. Her morning medication was prescribed to be taken at 6:30 or 8:00 a.m. It was confirmed through this investigation that Resident C was not always given her medication within one hour of it being prescribed.
CONCLUSION:	**VIOLATION ESTABLISHED**

ALLEGATION: Resident D is not allowed to be around the female residents.

INVESTIGATION: I asked Ms. Streiwieser about the report that one of the residents is not allowed to be around female residents. She said that Resident D was not supposed to go into the rooms of female residents soon after he arrived to live there. It was the wish of Resident D's daughter that he not go into the rooms of female residents. The staff would remind Resident D not to go in their rooms uninvited and that was the only restriction. They were just honoring the daughter's wishes. Ms. Streiwieser denied that Resident D is a sexual offender or anything like that. She said she thinks he is "pretty harmless". She stated that, in fact, the owner's own mother is living there now and Resident D is allowed to go into her room and visit. They enjoy each other's company and he just sits in her room with her. Resident D never did anything to the female residents when he went into their rooms other than talk to them.

I asked licensee designee Chryle Land about the report that Resident D is not allowed to be around female residents. She said that about a year or so ago, Resident D was found lying on a female resident's bed. He wasn't doing anything, just laying there. He has dementia. He has never touched a female resident or done anything else to them. They did put an alert device on his door so that staff are aware if he leaves his room at night. His guardian was the one who wanted the alert on his door. Ms. Land said that Resident D is "affectionate not sexual". She has no concerns about him. They have a new female resident at the facility who likes Resident D's company. They spend time by sitting together in her room. There have been no problems with that arrangement.

I asked direct care worker Dan Jessen about Resident D not being allowed around female residents. He replied that the only restriction is that he is not allowed to go uninvited into female resident's rooms. This goes for all of them, they cannot go uninvited into other residents' rooms. Resident D is allowed to be around the female residents in the common areas of the home. Mr. Jessen denied that Resident D is a danger to the female residents in any way.

I asked direct care worker Earris Pigg about Resident D not being allowed around female residents. She said that Resident D was found lying in bed with a female resident but nothing happened. After that, he did have a restriction about not going into a female resident's room uninvited. Ms. Pigg said that he is never inappropriate, only affectionate. She had never seen him do anything inappropriate to a female resident. He currently is allowed to be in the owner's mother's room with the owner's knowledge so he is obviously safe to be around other female residents.

Licensee designee Chryle Land provided me with Resident D's Assessment Plan for AFC Residents (BCHS-3265). It indicated that he is able to "Control Sexual Behavior". It also indicated that he uses a motion sensor on his room door. The assessment plan was signed by Resident D's Representative on February 28, 2025.

APPLICABLE RULE	
R 400.671	**Resident care.**
	(4) A licensee shall provide supervision, protection, and personal care as specified in a resident's assessment plan. A hospice service plan, do-not resuscitate order, or any other advance directive must be included as an addendum to the resident assessment and maintained with the assessment plan in the resident's record.
ANALYSIS:	Resident D was found laying on a female resident's bed on one occasion shortly after moving into the facility. He suffers from dementia and it was believed that this was more related to his dementia rather than any predatory behavior. After this, he was reminded that he should not be going into a female resident's

	room without permission. He has always been allowed in common areas with female residents and there have been no issues. Resident D is currently spending time visiting with a female resident in her room with the female resident's blessing. There are no restrictions in Resident D's assessment regarding being around female residents. In consideration of the above information, it is determined that the licensee has provided supervision, protection and personal care as specified in a resident's assessment plan
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: A resident at the facility received alcohol from a staff person.

INVESTIGATION: I asked direct care worker Roxanne Streiwieser about the report that a resident was given alcohol by a staff person. She said that they do have "happy hour" at 2:45 p.m. at the facility. Those who can use alcohol have a small drink, six to eight ounces, of what they prefer. The alcohol itself is provided by the families who support its use. It is most often wine that is provided by the families. Each resident who drinks is given one drink and then it is locked up at the facility until the next happy hour. Not all residents partake in this activity. Some have non-alcohol beer. In the case of those who drink non-alcohol beer, they are allowed to have a full can. Ms. Streiwieser stated that none of the residents who use alcohol have any doctor's orders or medication directing that they are not allowed to consume alcohol. I asked her about the complaint which seemed to indicate that it involved a specific staff and a specific resident. Ms. Streiwieser replied she was not aware of that happening outside of the boundaries of happy hour or to a resident who was not supposed to have it.

I asked licensee designee Chryle Land about the report of a staff person giving a resident alcohol. She said that they do have "happy hour" there at 2:45 p.m. Some of the residents do have small amounts of alcohol at that time. This is provided by the resident's family, not by the facility. They do keep this locked up for them in the kitchen and then give them a small glass of whatever alcohol the family provided. Each resident is only allowed to have that small amount only if there is nothing from their doctor or other health care professional that they should not be using alcohol. They currently only have two residents who partake.

I asked direct care worker Dan Jessen about the report that a staff person had given alcohol to a resident. He replied, "Not that I'm aware of." He said that they do have a "happy hour" but only residents who have no restrictions from their doctor can have alcohol. The residents who do drink alcohol are limited to one drink. The alcohol is provided by the resident's family and is kept locked up when not in use. The only other instance he knew of was a resident whose daughter brought her a

wine cooler during a visit and the resident drank half of the wine cooler at that time. This resident did not have any restrictions for alcohol use from her doctor. It was around the time of their happy hour. Mr. Jessen denied that he knew of any other times that a staff person or anyone else might have given a resident alcohol.

I asked direct care worker Eearis Pigg about the report of a staff person giving alcohol to a resident. She said that she has not witnessed this.

APPLICABLE RULE	
R 400.689	**Resident health care.**
	(1) A licensee, with a resident's cooperation, shall follow the instructions and recommendations of a resident's physician or other designated health care professional.
ANALYSIS:	The facility does maintain a “happy hour” in which residents can consume small amounts of alcohol provided by their families. Small amounts of alcohol may have been consumed outside of the happy hour. There was no indication that any of the residents who used the alcohol did so against the instructions or recommendations of their physician or other designated health care professional.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: There are spiders in residents’ bedding and ants and fruit flies in the summer.

INVESTIGATION: I asked direct care worker Roxanne Streiwieser about the report of the home having a very high number of spiders, ants and fruit flies. Ms. Streiwieser replied that they do get spiders in the spring being that they border a wooded area. She said that it is nothing unusual and about the same as anyone else’s home who lives near the woods. She said that the owner’s husband regularly sprays insecticide around the outside of the house in the spring and summer. She went on to say that she did not think there was any major problem with ants and fruit flies in the summer. There are occasional ants and fruit flies like anyone gets in the fall. Besides the spraying of the insecticide, the owner’s husband has also placed ant traps in the bathroom areas of the home.

I asked licensee designee Chryle Land about an overabundance of spiders, ants and fruit flies. She said that her husband does use insecticide during the warmer months around the outside of the home. They keep their fruit in the refrigerator in the summer and fall. They also use ant traps in the bathrooms. There are occasional insects but nothing unusual.

I asked direct care worker Dan Jessen about the reported problem with spiders, ants and fruit flies in the summer and fall. He agreed that there is an occasional spider since the home is near a wooded area. He did not think it was anything unusual. The owner's husband regularly puts insecticide around the house and that keeps ants to a minimum. They keep the fruit in the refrigerator in the summer and fall and that keeps the fruit fly population down. He did not believe that there was any significant insect problem and that it is likely comparable to any home in the area.

I asked direct care worker Earris Pigg about the report of there being an excessive amount of spiders, ants and fruit flies in the home. Ms. Pigg stated she has seen some ants before but the owner's husband regularly puts insecticide around the house. She has only seen one spider and ants nearer to the garage, not where the resident rooms are located. She does not believe that insects are a problem.

APPLICABLE RULE	
R 400.645	**Environmental health.**
	(6) An insect, rodent, or pest control program must be maintained and carried out in a manner that continually protects the health of residents.
ANALYSIS:	Staff reported that there are occasional spiders, ants and fruit flies in the home. None of them believed that it was excessive. They all reported that insecticide is used on the perimeter of the home, ant traps are used in some bathrooms and fruit is kept in the refrigerator during the summer and fall. It was confirmed through this investigation that an insect control program is maintained and carried out in a manner that continually protects the health of residents.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: The licensee has taken medication from one resident to give to another when that person is out of that particular medication.

INVESTIGATION: I asked direct care worker Roxanne Streiwieser about the report that they have taken medication from one resident and given it to another if that resident is out of a particular medication and the other resident has the same medication. She said that if a resident is out of something like Tylenol they might take some from their "stock" medication if it is the same medication and dosage. I asked about prescription medication. Ms. Streiwieser replied that if a resident is out of something and another resident has the same medication with the same dosage, they have "borrowed" a medication from the other resident. This is only when the pharmacy has been closed. They replace it as soon as the other resident's

prescription is filled. She said that she could not tell me exactly whose medication this was or when it happened, but it has happened.

I asked licensee designee Chryle Land about her giving one resident another resident's medication. Ms. Land explained that they do not have a pharmacy in town. Some of their residents now receive their medication in sealed packets that contain the medication for a particular day and time. She knows that they cannot open a packet of one resident's medication to give to another. Ms. Land admitted that she might have given one resident another resident's medication if it was the same prescription and same dosage. She said that she may have done it if it was a cardiac medication and it was the during the weekend. Ms. Land said that she couldn't remember which resident she had done that with. She said that she did it herself and did not tell a staff to do it. Ms. Land stated that she does not regularly "borrow meds" and that if it did happen that one time, it might have been something like what she mentioned.

I asked direct care worker Dan Jessen about a resident's medication being taken and given to another resident if that person was out and it was the same prescription and dosage. Mr. Jessen denied that he had ever done that himself but said he had heard about it happening. He said he believed that a pharmacy order had been missed and that was why it happened. He confirmed that it was the same medication and the same dosage. It was when they were using the Bellaire Pharmacy. They now receive most of the residents' medication prepackaged and he does not believe anyone there would ever break open another resident's medication packet to give one of the pills to another resident.

I asked direct care worker Earris Pigg about the report that residents have been given another resident's medication if they are out and it is the same medication and dosage. Ms. Pigg stated that when she first started, she was told this was okay to do as long as they made sure to replace what was taken as soon as the other resident's medication was filled.

APPLICABLE RULE	
R 400.675	**Resident medications.**
	(6) Prescription medication must not be used by a person other than the resident for whom the medication was prescribed.
ANALYSIS:	It was confirmed through this investigation that prescription medication has been used by a person other than the resident for whom the medication was prescribed. Staff knew that it had happened or had been told that it was okay to do if it was the same medication, dosage and was replaced after being "borrowed".
CONCLUSION:	**VIOLATION ESTABLISHED**

I conducted an exit conference with licensee designee Chryle Land by telephone on February 24, 2026. I told her of the findings of my investigation and gave her the opportunity to ask questions.

IV. RECOMMENDATION

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

02/24/2026

Adam Robarge Date
Licensing Consultant

Approved By:

02/24/2026

Jerry Hendrick Date
Area Manager