



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

May 21, 2026

Michael Ross  
Christian Care Assisted Living  
1530 McLaughlin Avenue  
Muskegon, MI 49442-4191

RE: License #: AH610236765  
Investigation #: 2026A1021036  
Christian Care Assisted Living

Dear Michael Ross:

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. 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,

A handwritten signature in cursive script that reads "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**

<b>License #:</b>	AH610236765
<b>Investigation #:</b>	2026A1021036
<b>Complaint Receipt Date:</b>	04/03/2026
<b>Investigation Initiation Date:</b>	04/03/2026
<b>Report Due Date:</b>	06/03/2026
<b>Licensee Name:</b>	Christian Care Inc.
<b>Licensee Address:</b>	1530 McLaughlin Ave. Muskegon, MI 49442
<b>Licensee Telephone #:</b>	(231) 722-7165
<b>Administrator/ Authorized Representative:</b>	Michael Ross
<b>Name of Facility:</b>	Christian Care Assisted Living
<b>Facility Address:</b>	1530 McLaughlin Avenue Muskegon, MI 49442-4191
<b>Facility Telephone #:</b>	(231) 777-3494
<b>Original Issuance Date:</b>	01/01/2000
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	08/01/2025
<b>Expiration Date:</b>	07/31/2026
<b>Capacity:</b>	105
<b>Program Type:</b>	AGED

## II. ALLEGATION(S)

	<b>Violation Established?</b>
Resident A has gone without showers.	Yes
Additional Findings	No

## III. METHODOLOGY

04/03/2026	Special Investigation Intake 2026A1021036
04/03/2026	Special Investigation Initiated - Letter contacted APS worker for additional information
04/09/2026	Contact - Telephone call made left message with facility
04/10/2026	Contact - Document Received received Resident A's documents
05/21/2026	Exit Conference

### **ALLEGATION:**

**Resident A has gone without showers.**

### **INVESTIGATION:**

On 04/03/2026, the licensing department received a complaint from Adult Protective Services (APS). APS reported that Resident A had not received a shower in six weeks.

On 04/06/2026, I received correspondence from the APS worker. The APS worker reported that it was found that Resident A became involved with PACE around 12/01/2025 and PACE does not provide a shower aid. The APS worker reported that there was miscommunication between PACE and the facility on who was responsible for showering Resident A. The APS worker reported that it was found that Resident A went without showers for a few weeks.

On 04/09/2026, I interviewed staff person 1 (SP1) by telephone. SP1 reported that Resident A was active with hospice services and then PACE. SP1 reported that Resident A was on the shower schedule for 06:30am and kept refusing the showers because she would be outside the facility smoking. SP1 reported that staff did not

document these refusals. SP1 reported that Resident A was moved to the shower schedule for Monday and Friday around 08:30am. SP1 reported this change occurred approximately one month ago. SP1 reported that floor staff are to document when a shower is given or when a shower is refused.

I reviewed Resident A’s service plan. The service plan read,  
*“Bathing/shower: resident requires assistance from 1 staff member for this task 2x weekly Mon and Fri mornings.”*

I reviewed facility observation notes for Resident A. The notes read,  
*“01/21/2026: Resident was added to different days on the shower schedule from 3<sup>rd</sup> shift to morning shift to better suit her.*  
*02/27/2026: Document showers given 2x daily and refusals.”*

I reviewed facility documentation on showers. The documentation revealed the following:

- 02/27/2026: shower done
- 03/01/2026: shower done
- 03/10/2026: shower done
- 03/20/2026: shower done
- 03/30/2026: shower done
- 04/03/2026: shower refused

<b>APPLICABLE RULE</b>	
<b>R 325.1933</b>	<b>Personal care of residents.</b>
	<b>(2) A home shall afford a resident the opportunity and instructions when necessary for daily bathing, oral and personal hygiene, daily shaving, and hand washing before meals. A home shall ensure that a resident bathes at least weekly and more often if necessary.</b>
<b>ANALYSIS:</b>	Interviews conducted and review of documentation revealed Resident A is to receive a shower on Monday and Fridays and caregivers are to document if showers are accepted or refused. Review of shower documentation revealed lack of documentation on whether Resident A was offered a shower, received a shower, or refused a shower.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**IV. RECOMMENDATION**

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



04/17/2026

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Kimberly Horst  
Licensing Staff

Date

Approved By:



05/21/2026

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

Date