



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 10, 2026

Morgan Bailey
Serenity Homes - North, L.L.C.
747 Tamarack Ave NW
Grand Rapids, MI 49504

RE: License #: AL700382076
Investigation #: 2026A0340035
Serenity Homes - North

Dear Ms. Bailey:

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,



Rebecca Piccard, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 446-5764

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL700382076
Investigation #:	2026A0340035
Complaint Receipt Date:	04/23/2026
Investigation Initiation Date:	04/23/2026
Report Due Date:	06/22/2026
Licensee Name:	Serenity Homes - North, L.L.C.
Licensee Address:	747 Tamarack Ave NW Grand Rapids, MI 49504
Licensee Telephone #:	(419) 494-4008
Administrator:	Morgan Bailey
Licensee Designee:	Morgan Bailey
Name of Facility:	Serenity Homes - North
Facility Address:	830 Hayes Street Marne, MI 49435
Facility Telephone #:	(616) 677-6015
Original Issuance Date:	06/02/2016
License Status:	REGULAR
Effective Date:	09/26/2024
Expiration Date:	09/25/2026
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL, AGED

II. ALLEGATION(S)

	Violation Established?
Resident A's room is dirty.	Yes
Resident A does not receive enough food.	Yes
Additional Findings	Yes

III. METHODOLOGY

04/23/2026	Special Investigation Intake 2026A0340035
04/23/2026	APS Referral Complaint received from APS
04/23/2026	Special Investigation Initiated - Telephone Consultant Mullins
05/01/2026	Inspection Completed On-site
05/01/2026	Inspection Completed-BCAL Sub. Compliance
06/01/2026	Exit Conference Designee Morgan Bailey

ALLEGATION: Resident A's room is dirty.

INVESTIGATION: On April 23, 2026, a complaint was filed by Adult Protective Services (APS) with the BCHS Online Complaints. It was assigned to me for investigation. The complaint stated that Resident A's bedroom is dirty and the bed sheets are dirty. APS did not assign this complaint for investigation.

On April 23, 2026, I contacted Licensing Consultant Anthony Mullins. I asked him if this was a known issue or ongoing concern. He stated there are no recent citations or complaints regarding the cleanliness of Resident A's room.

On May 1, 2026, I conducted an unannounced home inspection. I met Resident A, introduced myself and explained the reason for my visit. She agreed to meet with me and to show me her bedroom. Once there, Resident A explained the issues she has with the lack of cleanliness of her room which she shares with Resident B. I observed that the floor was dirty and appeared to have not been mopped in quite some time. Something had spilled on Resident B's side of the room and it had dried and become sticky. Her roommate's sheets were brown in color, not because they were brown sheets, but were actually white and unwashed. It was obvious the sheets had not been washed in quite some time. Resident A also showed me her

private bathroom, which is located off her bedroom. The toilet in the bathroom was brown on the inside due to not being cleaned. The floor was visibly dirty as well. I asked her how often staff clean and Resident A stated they do not clean.

I then spoke to Home Manager Kayla Bailey about the allegations. While speaking with her I observed two staff sitting at the kitchen table visiting with each other. Ms. Bailey stated staff clean the bedrooms once per week. I asked her about laundry and why the bed sheets I observed were dirty. She stated that the resident doesn't wear shoes and then goes to bed with dirty feet and the sheets become dirty immediately after washing. I informed Ms. Bailey that it appears that Resident A's room and bathroom have not been cleaned in a very long time. I also stated that the sheets I observed do not appear to have been marked from dirty feet but that they were brown from an extended period of time of not being washed. Ms. Bailey had no response. I suggested that instead of staff sitting at the table visiting that they get up and begin cleaning the rooms as Ms. Bailey suggests they do.

Resident A was standing nearby. I addressed her stating she needs to inform staff if something spills and needs to be mopped.

APPLICABLE RULE	
R 400.647	Safety and maintenance of premises.
	(1) A facility must be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.
ANALYSIS:	<p>The allegation was made that Resident A's room is dirty.</p> <p>Resident A confirmed her room is dirty and it was observed to be dirty and not to have been cleaned by staff in quite some time.</p> <p>Ms. Bailey stated residents' rooms are cleaned every week and bedsheets are laundered but Resident B goes to bed with dirty feet.</p> <p>It was confirmed through this investigation that Resident A's bedroom, bathroom, and bed sheets are dirty.</p>
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION: Resident A does not receive enough food.

INVESTIGATION: On April 23, 2026, a complaint was filed by Adult Protective

Services with the BCHS Online Complaints. It was assigned to me for investigation. It stated Resident A has difficulty chewing and is not getting enough food.

On May 1, 2026, I conducted an unannounced home inspection. I asked Resident A about the food served at Serenity Home. She stated that all she is given is cottage cheese to eat. Resident A showed me documentation from her doctor Luke Schanz, DO at Corewell on 2/26/26, which stated she is diagnosed with “Dysphagia” and is to have a special diet of soft and bite size food, thin liquids and close supervision. Resident A stated this does not happen and her special diet is not followed.

I spoke with the Home Manager, Kayla Bailey. She stated it is known that Resident A has trouble chewing and swallowing so her food is pureed. Staff utilize her protein shakes to thin out her food. I advised Ms. Bailey that is not what is ordered for her special diet. I informed her that Resident A’s food is to be cut into small pieces and she is to be supervised while eating. Ms. Bailey acknowledged that staff are not following those orders.

I questioned Ms. Bailey about the cottage cheese Resident A is served. She stated that Resident A asks for cottage cheese because that is all she wants to eat. I asked Ms. Bailey if she were offered pureed fajitas or cottage cheese which would she choose. She agreed that the pureed food is not appetizing or appropriate to be the only option for Resident A.

We discussed that the choices for Resident A’s meals should also not be foods that are already difficult to chew such as the fajitas as she reported to have been served the night before. I also advised that unless Resident A requests her food be pureed, that is not what is ordered for her to consume.

Ms. Bailey agreed to follow the special diet instructions. We continued to discuss food options and how to document alternatives to meet Resident A’s needs.

APPLICABLE RULE	
R 400.663	Nutrition; adoption by reference.
	(5) A resident who has a prescribed diet by an appropriately licensed health care professional shall be provided that diet.
ANALYSIS:	The allegation was made that Resident A is not getting enough food. Resident A stated she has a difficult time chewing and swallowing. She stated she is only given cottage cheese to eat. Documents from her doctor’s office dated 2/26/26 state she has dysphagia and requires soft, bite size food, thinned liquids, and

	<p>supervision when eating due to choking hazard. Resident A stated none of that is followed.</p> <p>Ms. Bailey acknowledged that Resident A's special diet has not been followed.</p>
CONCLUSION:	VIOLATION ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION: While conducting the above investigation, it was discovered that menus were not being followed and staff were not documenting changes made to the menu.

Resident A stated dinner the night before had been fajitas which she was not able to consume so she ate cottage cheese. When I reviewed the menu, fajitas were listed on another day and the cottage cheese that was served to Resident A was not listed as an alternative food item.

When I asked Ms. Bailey about the food that is served to Resident A, she showed me the menu. She stated she makes changes on her computer and then prints a new menu out. I pointed out the contradiction that fajitas were served the night before but fajitas were listed as being served on another night on the menu. Ms. Bailey stated she would correct the error. I informed her that she is required to document the changes and also list alternative options for residents who do not want the food being served from the menu.

APPLICABLE RULE	
R 400.663	Nutrition; adoption by reference.
	(6) Menus, excluding special diets, must be written at least 1 week in advance and posted. Any change or substitution must be documented.
ANALYSIS:	I observed the menu to not be coordinated with what food is being served. I also observed no documentation for meal alternatives or substitutions.
CONCLUSION:	VIOLATION ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION: While conducting the above investigation I asked to review Resident A's Health Care Appraisal. Home Manager Kayla Bailey was unable to

locate Resident A's Health Care Appraisal. I requested she send it to me once located. As of this date it has not been received.

APPLICABLE RULE	
R 400.685	Resident admission; resident assessment plan; resident care agreement; health care appraisal.
	(10) A resident or resident's designated representative shall provide a written health care appraisal or a medical discharge summary by an appropriate health care professional that is completed within the 90-day period before admission. A written health care appraisal must be completed at least annually thereafter. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be completed no later than 30 days after admission.
ANALYSIS:	Resident A's Health Care Appraisal was not available for review during the course of this investigation.
CONCLUSION:	VIOLATION ESTABLISHED

On June 1, 2026, I conducted an exit conference with Designee Morgan Bailey. I informed her of the conditions in which Resident A's bedroom was found. I informed her of the improper food being provided to Resident A and the lack of following a special diet as ordered. I also informed Ms. Bailey of the absence of Resident A's Health Care Appraisal while I was at the home and failure to send it to me in the month following. She understood the reasons for the citations and agreed to send a Corrective Action Plan. She had no questions at this time.

IV. RECOMMENDATION

Due to the citations found I recommend a Corrective Action Plan be submitted, and a provisional license be issued per the previous recommendation made by Anthony Mullins pertaining to special investigation SIR2026A0467030.

Rebecca Piccard

June 10, 2026

Rebecca Piccard
Licensing Consultant

Date

Approved By:

Jerry Hendrick

June 10, 2026

Jerry Hendrick
Area Manager

Date