GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 25, 2026

Kimberly Wozniak
Valley Pines Senior Living
6117 Charlevoix Woods Ct.
Grand Rapids, MI 49546-8505

RE: License #: AH410410352
Investigation #: 2026A1021042
Valley Pines Senior Living

Dear Kimberly Wozniak:

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,

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 #:	AH410410352
Investigation #:	2026A1021042
Complaint Receipt Date:	05/28/2026
Investigation Initiation Date:	05/29/2026
Report Due Date:	07/27/2026
Licensee Name:	Cascade Care Operations LLC
Licensee Address:	940 Monroe Ave NW Grand Rapids, MI 49503
Licensee Telephone #:	(616) 308-6915
Administrator:	Starlin Williams
Authorized Representative:	Kimberly Wozniak
Name of Facility:	Valley Pines Senior Living
Facility Address:	6117 Charlevoix Woods Ct. Grand Rapids, MI 49546-8505
Facility Telephone #:	(616) 954-2366
Original Issuance Date:	05/24/2022
License Status:	REGULAR
Effective Date:	08/01/2026
Expiration Date:	07/31/2027
Capacity:	71
Program Type:	AGED

II. ALLEGATION(S)

	Violation Established?
Resident A was not provided with medications.	Yes
Facility is not clean.	No
Additional Findings	No

III. METHODOLOGY

05/28/2026	Special Investigation Intake 2026A1021042
05/29/2026	Special Investigation Initiated - Telephone interviewed complainant
06/09/2026	Inspection Completed On-site
06/11/2026	Contact-Telephone made Interviewed Pharmacy
06/25/2026	Exit Conference

The complainant identified some concerns that were not related to home for the aged licensing rules and statutes. Therefore, only specific items pertaining to homes for the aged provisions of care were considered for investigation. The following items were those that could be considered under the scope of licensing.

ALLEGATION:

Resident A was not provided with medications.

INVESTIGATION:

On 05/28/2026, the licensing department received a complaint with allegations that Resident A did not receive medications. The complainant alleged Resident A was to have her blood glucose checked prior to breakfast and this did not occur. The complainant alleged that Resident A's physician discontinued Mucinex, however, Resident A received this medication for months after it was discontinued.

On 06/09/2026, I interviewed the administrator Starlin Williams at the facility. The administrator reported that Resident A did have her blood glucose checked prior to

breakfast. The administrator reported that breakfast is served 0700-0900. The administrator reported that Resident A was seen by the in-house physician. The administrator reported that if a medication is discontinued, the physician needs to send the order to the facility pharmacy. The administrator reported that the facility has good communication with the in-house physician.

On 06/11/2026, I interviewed PharmaScript of Michigan. The pharmacy reported that a discontinued order for the Mucinex was sent to the facility on 05/03/2026.

I reviewed Resident A's MAR for May 2026. The MAR revealed the Mucinex Tab 600mg was discontinued on 05/03/2026.

I reviewed Resident A's Vital Sign Summary Report for 03/01/2026-05/15/2026. The report revealed on 04/14/2026, Resident A's blood glucose was checked at 10:45am, which would have been after the breakfast meal.

I review Resident A's medication administration record (MAR) for April 2026. The MAR revealed on 04/18/2026, Resident A's blood glucose was not checked.

APPLICABLE RULE	
R 325.1932	**Resident's medications.**
	(2) Prescribed medication managed by the home must be given, taken, or applied pursuant to labeling instructions, orders and by the prescribing licensed healthcare professional.
ANALYSIS:	Interviews conducted and review of documentation revealed Mucinex medication was administered as prescribed by the licensed healthcare professional. Review of documentation revealed two instances in which the blood glucose was not taken, therefore, the facility was not in compliance with licensing rules.
CONCLUSION:	**VIOLATION ESTABLISHED**

ALLEGATION:

The facility is not clean.

INVESTIGATION:

The complainant alleged that the facility is not clean. The complainant alleged that the facility smells like urine and marijuana. The complainant alleged that Resident A's room was not kept clean. The complainant alleged that an unknown resident had a bowel movement in the hallway.

The administrator reported that the facility allows residents to go outside and smoke cigarettes and marijuana. The administrator reported that when the residents come back inside, they sometimes smell. The administrator reported that the facility has two housekeepers that clean the common areas and resident rooms. The administrator reported that the facility is kept clean and in good condition.

On 06/10/2026, I interviewed staff person 1 (SP1) at the facility. SP1 reported that she is responsible for cleaning common areas and two hallways of resident rooms. SP1 reported that in a resident room, she dusts, vacuums, cleans the bathroom, and takes out the trash. SP1 reported that typically resident rooms are cleaned at least once a week.

I walked the entire facility twice. I did not smell any urine or marijuana. I observed residents playing bingo in the common area and all residents did not smell of urine. I observed two housekeeping carts with the housekeeper cleaning the facility. I observed for the dining room to be closed for cleaning purposes. I observed multiple resident rooms. The rooms were clean and tidy.

APPLICABLE RULE	
R 325.1979	**General maintenance and storage.**
	(1) The building, equipment, and furniture shall be kept clean and in good repair.
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.

06/15/2026

Kimberly Horst Date
Licensing Staff

Approved By:

06/25/2026

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