GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 20 2026

Marcia Curtiss
Bridgeway Park Grand Haven
704 Pennoyer
Grand Haven, MI 49417

RE: License #: AH700236766
Bridgeway Park Grand Haven
704 Pennoyer
Grand Haven, MI 49417

Dear Marcia Curtiss:

Attached is the Licensing Inspection Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. 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 dates 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 licensee or licensee designee or home for the aged authorized representative and a date.

An acceptable corrective action plan is requested. If you fail to submit an acceptable corrective action plan, disciplinary action will result. Please review the enclosed documentation for accuracy and contact me with any questions. In the event I am not available, and you need to speak to someone immediately, please feel free to contact the local office at (517) 335-5985.

Sincerely,

Julie Viviano, Licensing Staff
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
RENEWAL INSPECTION REPORT

I. IDENTIFYING INFORMATION

License #:	AH700236766
Licensee Name:	Grand Haven AL Operator LLC
Licensee Address:	21800 Haggerty Rd Northville, MI 48167
Licensee Telephone #:	(616) 842-0170
Authorized Representative/Administrator/Licensee Designee:	Marcia Curtiss
Name of Facility:	Bridgeway Park Grand Haven
Facility Address:	704 Pennoyer Grand Haven, MI 49417
Facility Telephone #:	(616) 842-0170
Original Issuance Date:	06/01/1999
Capacity:	60
Program Type:	AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/16/2026

Date of Bureau of Fire Services Inspection if applicable: N/A

Inspection Type: ☐ Interview and Observation ☒ Worksheet ☐ Combination

Date of Exit Conference: 07/16/2026

No. of staff interviewed and/or observed 8
No. of residents interviewed and/or observed 21
No. of others interviewed 0 Role N/A

- Medication pass / simulated pass observed? Yes ☒ No ☐ If no, explain.

- Medication(s) and medication records(s) reviewed? Yes ☒ No ☐ If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes ☐ No ☒ If no, explain. The home does not keep resident funds in trust.
- Meal preparation / service observed? Yes ☒ No ☐ If no, explain.

- Fire drills reviewed? Yes ☐ No ☒ If no, explain.
  Interviewed staff and reviewed policies and procedures with staff.
- Water temperatures checked? Yes ☒ No ☐ If no, explain.

- Incident report follow-up? Yes ☐ IR date/s: N/A ☒
- Corrective action plan compliance verified? Yes ☐ CAP date/s and rule/s: N/A
- Number of excluded employees followed up? 0 N/A ☒

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

R 325.1923	**Employee's health.**
	(2) A home shall provide initial TB screening at no cost for its employees. New employees shall be screened within 10 days after hire and before occupational exposure.
ANALYSIS:	Review of five employee records revealed one employee's TB screening could not be found. It cannot be determined if the employee received a TB screen within 10 days after hire or prior to occupational exposure. Therefore, the facility is in violation.
CONCLUSION:	**VIOLATION ESTABLISHED**

R 325.1932	**Resident's medications.**
	(3) Staff who supervise the administration of medication for residents who do not self-administer shall comply with all of the following: **(b) Complete an individual medication log that contains all of the following information:** **(i) The name of the prescribed medication.** **(ii) The prescribed required dosage and the dosage that was administered.** **(iii) Label instructions for use of the prescribed medication or any intervening order.** **(iv) The time when the prescribed medication is to be administered and when the medication was administered.** **(v) The initials of the individual who administered the prescribed medication.**
ANALYSIS:	Review of the May 2026, June 2026, and July 2026 narcotic administration records revealed that the records had missing information and that the records were incomplete. Staff did not document and/or did not complete the narcotic records in accordance with the rule requirement. Therefore, the facility is in violation.

CONCLUSION:	**VIOLATION ESTABLISHED**

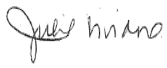
R 325.1975	**Laundry and linen requirements.**
	(1) A new construction, addition, major building change, or conversion after November 14, 1969 shall provide all of the following: **(a) A separate soiled linen storage room.** **(b) A separate clean linen storage room.**
ANALYSIS:	Inspection revealed items were found stored in the same area as soiled linens. Also, soiled linen containers were found in the medication rooms on each floor of the facility. Soiled linens cannot be stored in the medication rooms poses a great risk for cross-contamination. Inspection revealed multiple items were found stored in the same area as clean linens. This poses a risk for cross-contamination. Therefore, the facility is in violation.
CONCLUSION:	**VIOLATION ESTABLISHED**

R 325.1979	**General maintenance and storage.**
	(3) Hazardous and toxic materials shall be stored in a safe manner.
ANALYSIS:	Inspection revealed hazardous and toxic chemicals were found unsecured on a housekeeping cart in the assisted living unit. These chemicals were easily accessible to anyone in the facility. Hazardous and toxic chemicals were also found unsecured in the common area spa rooms on each floor of the facility. The chemicals were found in unlocked cabinets and were easily accessible to anyone in the facility. This presents a potential risk of ingestion, harm, and/or injury to residents in the home with impaired cognition and/or function. Therefore, the facility is in violation.
CONCLUSION:	**VIOLATION ESTABLISHED**

R 325.1972	**Solid wastes.**
	All garbage and rubbish shall be kept in leakproof, non-absorbent containers. The containers shall be kept covered with tight-fitting lids and shall be removed from the home daily and from the premises at least weekly.
ANALYSIS:	Inspection of the facility revealed garbage or rubbish containers in the common areas, the laundry areas, common area spa rooms, the medication rooms, and the main kitchen without tight-fitting lids. All garbage and rubbish shall be kept in leakproof, non-absorbent containers to prevent cross-contamination.
CONCLUSION:	**VIOLATION ESTABLISHED**

IV. RECOMMENDATION

Receipt of an acceptable corrective action plan is requested and due by 8/4/2026.



7/20/2026

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Date

Licensing Consultant