GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 31, 2026

Carol Del Raso
Cascade Trails Senior Living
1225 Spaulding Road
Grand Rapids, MI 49546

RE: License #: AH410394304
Investigation #: 2026A1028029
Cascade Trails Senior Living

Dear Carol Del Raso:

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 (616) 356-0100.

Sincerely,

Julie Viviano

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
SPECIAL INVESTIGATION REPORT

I. IDENTIFYING INFORMATION

License #:	AH410394304
Investigation #:	2026A1028029
Complaint Receipt Date:	02/05/2026
Investigation Initiation Date:	02/09/2026
Report Due Date:	04/07/2026
Licensee Name:	Cascade Trails Senior Living, LLC
Licensee Address:	Suite 200 3196 Kraft Ave Grand Rapids, MI 49512
Licensee Telephone #:	(616) 464-1564
Administrator:	Amanda Mlejnek
Authorized Representative:	Carol Del Raso
Name of Facility:	Cascade Trails Senior Living
Facility Address:	1225 Spaulding Road Grand Rapids, MI 49546
Facility Telephone #:	(616) 328-6440
Original Issuance Date:	05/06/2020
License Status:	REGULAR
Effective Date:	08/01/2025
Expiration Date:	07/31/2026
Capacity:	71

Program Type:	ALZHEIMERS AGED

II. ALLEGATION(S)

	Violation Established?
On 12/11/2025 during third shift, Resident A was not provided with medication in accordance with physician orders.	Yes
Additional Findings	Yes

III. METHODOLOGY

02/05/2026	Special Investigation Intake 2026A1028029
02/09/2026	Special Investigation Initiated - Letter
02/09/2026	APS Referral
02/19/2026	Contact - Face to Face Interviewed the facility administrator at the facility.
02/24/2026	Contact - Document Received Received the requested documentation from the facility administrator via email.

This investigation will only address allegations pertaining to potential violations of the rules and regulations for Homes for the Aged (HFA). Please note that Homes for the Aged (HFA) facilities are not licensed to provide skilled care and do not require staff working in the home to be licensed or certified to work in the home.

ALLEGATION:

On 12/11/2025 during third shift, Resident A was not provided with medication in accordance with physician orders.

INVESTIGATION:

On 2/9/2026, the Bureau received the allegations anonymously through the online complaint system.

On 2/19/2026, I interviewed the facility administrator at the facility who reported knowledge of concerns expressed by Resident A's family member to facility staff during third shift on 12/11/2025 about medication administration. Resident A's family member reported to facility health and wellness director and the facility administrator that third shift staff were not knowledgeable about Resident A's comfort medication administration orders and Resident A went without medication for more than 2 hours because of this. The facility administrator reported that there was confusion because the facility had received new written orders that had not been entered into the system because the pharmacy was already closed when the medication order adjustments were made by the hospice physician and sent to the facility. However, the facility administrator reported that staff followed the new written physician orders that were received and that Resident A was provided with medication administration in accordance with the new physician orders on 12/11/2026. I requested documentation related to this special investigation from the facility administrator for my review.

On 2/24/2026, I received the requested documentation from the facility administrator via email.

On 3/2/20326, I reviewed the requested documentation which revealed the following:
Review of Resident A's service plan:

- Resident A required assistance with transfers, mobility, bathing, toileting, grooming, dressing, and feeding (special diet required.)
- The facility managed Resident A's meals, laundry, housekeeping tasks, and medication administration.
- Resident A was receiving hospice services and expired on 12/14/2025.

Review of physician medication orders:

- Medication order dated 11/14/2025 reads [Resident A] is to *take 1 tablet of Lorazepam 0.5mg by mouth every 4 hours as needed for anxiety and restlessness.*
- Medication order dated 12/11/2025 at 12:14 pm reads [Resident A] is to *take 0.5 ML of Morphine Sulfate 100mg/5ml by mouth every 1 hour as needed for pain or shortness of breath.*
- Medication order dated 12/11/2025 reads [Resident A] is to *take 1.0 ML of Morphine Sulfate 100mg/5ml by mouth every 2 hours & Q10 PRN.*
- Medication order dated 12/11/2025 reads [Resident A] is to *place 2 drops of Atropine 10MG/ML 1% Oral Susp. by mouth or under the tongue every 4 hours for excess secretions. Alternated with Hyoscyamine.*
- Medication order dated 12/12/2025 reads [Resident A] is to *place 1 tablet of Hyoscyamine Sulfate Oral Tablet Disintegrating (0.125mg) under the tongue every 4 hours for excess secretions. Alternated with atropine*.

Review of Supplementary Physician Orders:

- Medication order dated 12/11/2025 at 14:00 reads [Resident A] is to receive Morphine *20MG/ML, give 1 ML (20mg) every 2 hours and every 1 hour as needed for pain/shortness of breath. E-script to follow.*
- Medication order dated 12/14/2025 reads [Resident A] is to receive Morphine *20MG/ML, give 1 ML = (20mg) by mouth every 2 hours and every 1 hour as needed for pain.* No time was documented on the supplementary order.

Review of the November 2025 Medication Administration Record (MAR):

- Medication was administered in accordance with physician orders. No other concerns noted.

Review of the December 2025 MAR:

- On 12/12/2026, Resident A was to receive 1 0.5mg tablet of *LORAZEPAM SUBLINGUALLY EVERY 4 HOURS SCHEDULED at 1:00am*, but the entry is blank. It cannot be determined if Resident A received the medication in accordance with the physician order.
- There is an order for *MORPHINE SULFATE 100MG/5ML SOLN for Resident to TAKE 0.5ML BY MOUTH EVERY 2 HOURS. It was ordered 12/11/2025 and discharged 12/14/2025 at 12:00pm.*
- There is another order for MORPHINE SULFATE 100MG/5ML SOLN that Resident A was to be GIVEN 1ML (20MG) BY MOUTH EVERY 2 HOURS ** CORSOCARE WILL NEED A VALID PRESCRIPTION TO DISPENSE. ** *It was ordered 12/14/2025 and discharged 12/14/2025 at 1:00pm, but the MAR shows Resident A was administered the medication at 2:00pm, 4:00pm, and 6:00pm.*
- There is an additional order for MORPHINE SULFATE 100MG/5ML SOLN that Resident A was to be *GIVEN 0.25ML (5MG) SUBLINGUALLY EVERY 4 HOURS SCHEDULED *GIVE WITH LORAZEPAM*. It was ordered 12/7/2025 and it was last administered on 12/11/2025 at 9:00pm. It was discharged 12/12/2025 at 7:00am.*

APPLICABLE RULE	
R 325.1932	**Resident medications.**
	(2) The giving, taking, or applying of prescription medications shall be supervised by the home in accordance with the resident's service plan.

ANALYSIS:	It was alleged that on 12/11/2025 during third shift, Resident A was not provided with medication in accordance with physician orders. Interview with the facility administrator, onsite investigation, and review of documentation reveal the following: • There are overlapping and multiple physician medication orders along with additional supplementary physician orders for the administration of Morphine for Resident A from 12/11/2025 to 12/14/2025. • There are overlapping controlled substance count sheets that cannot be matched with the corresponding physician orders for Morphine administration either. • December 2025 MAR has overlapping orders for Morphine administration for Resident A. • December 2025 MAR is missing an entry for Lorazepam on 12/12/2025 and it cannot be determined if Resident A was administered the medication or not. Due to the overlapping Morphine orders and conflicting documentation, it cannot be determined which orders the facility staff were following during third shift on 12/11/2026 for the administration of Morphine for Resident A. Also, due to the missing entry for Lorazepam administration on 12/12/2025, it cannot be determined if Resident A was administered the medication or not. Therefore, the facility is in violation.
CONCLUSION:	**VIOLATION ESTABLISHED**

ADDITIONAL FINDINGS:

On 3/2/2026, review of the controlled substance count sheets revealed the following:

- The sheet dated from 11/29/2025 to 12/12/2025 is missing the signature of the person that administered 1 tablet of Lorazepam 0.5mg on 11/29/2025. ([Resident A] is to *take 1 tablet (=0.5mg) by mouth every 4 hours as needed for anxiety, restlessness*.)
- The sheet dated from 12/11/2025 to 12/14/2025 has blank and/or missing entries for administration of Morphine 20mg/ml.
- The sheet dated from 12/12/2025 to 12/14/2025 has blank and/or missing entries for administration of Morphine 100mg/5ml ([Resident A] is to *take 1.0ML by mouth every 2 hours & Q10 PRN.)*
- The sheet dated from 12/13/2025 to 12/14/2025 is missing the signature of the person that administered Morphine 100mg/5ml on 12/13/2025. ([Resident A] is to *take 0.5ml by mouth every 1 hour as needed for pain or shortness of breath*.)

APPLICABLE RULE	
R 325.1932	**Resident medications.**
	(3) If a home or the home's administrator or direct care staff member supervises the taking of medication by a resident, then the home shall comply with all of the following provisions: **(b) Complete an individual medication log that contains all of the following information:** **(i) The medication.** **(ii) The dosage.** **(iii) Label instructions for use.** **(iv) Time to be administered.** **(v) The initials of the person who administered the medication, which shall be entered at the time the medication is given.** **(vi) A resident's refusal to accept prescribed medication or procedures.**
ANALYSIS:	Review of the controlled substance count sheets revealed missing and/or blank entries on sheets dated 12/11/2025 to 12/14/2025 for the medication administration of Lorazepam and Morphine. Due to the blank entries, it cannot be determined if medication was administered in accordance with physician orders. Therefore, the facility is in violation.
CONCLUSION:	**VIOLATION ESTABLISHED**

ADDITIONAL FINDINGS:

On 2/19/2026, it was confirmed by the facility administrator during the onsite investigation that hospice staff pre-fill morphine syringes for facility staff to administer either later, as scheduled, and/or as needed to residents that have physician orders for the medication.

This practice is considered the pre-setting of medication because hospice staff removes the medication from the original pharmacy-labeled container or packaging, repackages the medication into a syringe, re-labels the repackaged medication, and then places the medication back into the medicine cart for facility staff to administer at a later time. Proper verification of correct medication along with correct medication administration cannot be certified by facility staff if medication is pre-set by hospice staff or any other third party and then administered later by facility staff.

APPLICABLE RULE	
R 325.1932	**Resident's medications.**
	(2) Prescribed medication managed by the home shall be given, taken, or applied pursuant to labeling instructions, orders and by the prescribing licensed health care professional.
ANALYSIS:	On 2/19/2026, it was confirmed that hospice staff pre-fill morphine syringes for facility staff to administer either later, as scheduled, and/or as needed. This is considered the pre-setting of medication and is not permitted in Home for the Aged facilities. Medication was not managed by the facility appropriately or given and/or applied in accordance with the labeling instructions as prescribed by the physician. Therefore, the facility is in violation.
CONCLUSION:	**VIOLATION ESTABLISHED**

IV. RECOMMENDATION

Contingent upon receipt of an approved corrective action plan, I recommend the status of this license remains the same.

Julie Viviano

3/2/2026

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Julie Viviano Date
Licensing Staff

Approved By:

Andrea L. Moore

07/31/2026

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