GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

August 3, 2026

Marcia Curtiss
CSM Alger Heights, LLC
1019 28th St.
Grand Rapids, MI 49507

RE: License #: AL410398969
Investigation #: 2026A0583052
Willow Creek - West

Dear Mrs. Curtiss:

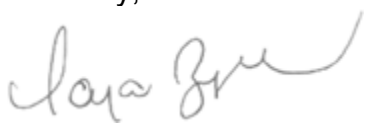
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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,



Toya Zylstra, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 333-9702

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL410398969
Investigation #:	2026A0583052
Complaint Receipt Date:	07/14/2026
Investigation Initiation Date:	07/15/2026
Report Due Date:	08/13/2026
Licensee Name:	CSM Alger Heights, LLC
Licensee Address:	1019 28th St. Grand Rapids, MI 49507
Licensee Telephone #:	(616) 262-1792
Administrator:	Marcia Curtiss
Licensee Designee:	Marcia Curtiss
Name of Facility:	Willow Creek - West
Facility Address:	1011 28th St. SE Grand Rapids, MI 49507
Facility Telephone #:	(616) 432-3074
Original Issuance Date:	11/02/2020
License Status:	REGULAR
Effective Date:	05/02/2025
Expiration Date:	05/01/2027
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED, DEVELOPMENTALLY DISABLED, MENTALLY ILL, ALZHEIMERS, AGED

II. ALLEGATION(S)

	Violation Established?
The facility's refrigerators are unclean.	Yes
Staff do not serve adequate meals.	No
Staff do not assist residents with bathing.	No
Additional Findings	Yes

III. METHODOLOGY

07/14/2026	Special Investigation Intake 2026A0583052
07/15/2026	Inspection Completed On-site
07/15/2026	Special Investigation Initiated - On Site
07/23/2026	APS Referral
08/03/2026	Exit Conference Licensee designee Marcia Curtiss

ALLEGATION: The facility's refrigerators are unclean.

INVESTIGATION: On 07/14/2026 allegations were received from the BCAL online reporting system. It was alleged that "the refrigerators are gross there is mold and blood in the fridge".

On 07/14/2026 I interviewed staff Laverne Duke via telephone. She reported that she was recently "fired" from working at the facility. She stated the facility's refrigerators containing residents' medications and food are unclean as evidenced by "blood" and "mold".

On 07/15/2026 I completed an unannounced onsite investigation at the facility and interviewed executive director Jennifer Leak. She stated that to her knowledge, the refrigerators are clean and free of hazards. She stated the current condition of the refrigerator was indicative of its previous condition.

While onsite I observed that the facility's refrigerator was unclean as evidenced by sticky substances and crumbs. I did not observe mold or blood.

On 07/23/2026 I referred the complaint allegations to Adult Protective Services via the online reporting portal.

On 08/03/2026 I completed an exit conference via telephone with licensee designee Marcia Curtiss. She stated that she agreed with the findings.

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:	While onsite I observed that the facility's refrigerator was unclean as evidenced by sticky substances and crumbs. A preponderance of evidence does support that violation of the applicable rule occurred. The facility's refrigerator is unclean.
CONCLUSION:	**VIOLATION ESTABLISHED**

ALLEGATION: Staff do not serve adequate meals.

INVESTIGATION: The complaint alleged that staff "serve frozen food" and "they are not prepared prep meals".

On 07/14/2026 I interviewed staff Laverne Duke via telephone. She reported that staff do not feed residents enough food and deny second servings. She stated that staff do not follow the posted menu and instead provide "frozen food".

While onsite on 07/15/2026, Ms. Leak reported that residents are provided with adequate portion sizes and staff serve residents second servings when requested. She stated that staff follow the posted menu and serve three nutritious meals daily. She stated the facility provides care to residents with "memory care" needs.

Resident A and Resident B were interviewed and both stated that staff follow the posted menu and provide adequate portions of food. Both residents stated that staff provide second servings when requested.

While onsite I observed the posted menu which contained healthy and nutritious meals.

While on site on 07/16/2026 I interviewed staff Latoya Wimbley, Constance Sallee, Vanessa Meadows and cook Michael Madison. Each staff member stated that residents are provided with three nutritious meals daily and staff serve second helpings when requested. Each staff member stated staff follow the posted menu.

While onsite on 07/22/2026 I observed the monthly weight records of Residents A-S. Resident C was admitted on 06/08/2026 weighing 120 lbs. and 108 lbs. on 07/22/2026. Resident D was not weighed upon her admission date of 06/17/2026. Resident E was admitted to the facility on 05/07/2026 weighing 98 lbs. and 86 lbs.

on 06/02/2026. Resident G weighed 244.6 lbs. on 02/16/2026 and 224.8 lbs. on 03/02/2026. Resident H was not weighed in May 2026. Resident H weighed 150.6 lbs. on 07/10/2026 and 184.4 lbs. on 07/22/2026. Resident I was not weighed in June 2026. Resident I weighed 114.6 lbs. on 05/08/2026 and 166 lbs. on 07/22/2026.

Ms. Leak stated the weight records are inaccurate. She stated that Resident D was not weighed upon her admission date of 06/17/2026, Resident H was not weighed May 2026, and Resident I was not weighed in June 2026. Ms. Leak stated that residents' weights are not accurately recorded because staff did not consistently subtract and do not know the weight of their wheelchairs. She stated she has no other explanation for the inaccuracy of weight records and resident weight losses.

On 08/03/2026 I completed an exit conference via telephone with licensee designee Marcia Curtiss. She stated that she agreed with the findings.

APPLICABLE RULE	
R 400.663	**Nutrition; adoption by reference.**
	(1) A licensee shall provide daily a minimum of 3 nutritious meals to residents.
ANALYSIS:	Resident C was admitted on 06/08/206 weighing 120 lbs. and 108 lbs. on 07/22/2026. Resident E was admitted to the facility on 05/07/2026 weighing 98 lbs. and 86 lbs. on 06/02/2026. Resident G weighed 244.6 lbs. on 02/16/2026 and 224.8 lbs. on 03/02/2026. Ms. Leak stated some residents' weights were not accurately recorded because staff did not consistently subtract and do not know the weight of their wheelchairs. She stated that she has no other explanation regarding the inaccuracy of weight records and resident weight losses. Resident A and Resident B were interviewed and each stated that staff follow the posted menu and provide adequate volumes of food. Each stated that staff provide second servings when requested. Staff Latoya Wimbley, Constance Sallee, Vanessa Meadows, and cook Michael Madison stated that residents are provided with three nutritious meals daily and staff serve second helpings when requested. A preponderance of evidence does not support that violation of the applicable rule occurred.

CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: Staff do not assist residents with bathing.

INVESTIGATION: The complaint alleged that it “seems to be a common practice that the residents aren’t getting showers”.

On 07/14/2026 Ms. Duke stated via telephone that staff do not regularly assist residents with showering. She stated that Resident A last received shower assistance on 07/06/2026; however, prior to that she had not been showered since June. She stated that Resident F smells of feces because she is not regularly aided with showering by staff. She stated that Resident P has only been provided shower assistance “two times since April”.

While onsite on 07/15/2026, Ms. Leak stated that residents are regularly provided with bathing and grooming assistance. She stated that the allegation is false. She stated that each resident is provided with shower assistance according to their care needs. She stated that Resident F is currently hospitalized. She stated that Resident P received shower assistance today.

Staff Latoya Wimbley stated that staff regularly assist residents with bathing and grooming.

Resident A presented with appropriate hygiene and clean clothing. She stated that staff assist her with showering approximately twice weekly. She stated that she is happy with the level of care provided.

Resident B presented with appropriate hygiene. He stated that staff regularly assist residents with grooming and bathing. He stated that he is happy with the level of care provided.

While onsite on 07/16/2026 staff Constance Sallee stated that that staff regularly assist residents with bathing and grooming.

On 08/03/2026 I completed an exit conference via telephone with licensee designee Marcia Curtiss. She stated that she agreed with the findings.

APPLICABLE RULE	
R 400.681	**Resident rights; licensee responsibilities.**
	(1) A resident shall be treated with dignity and respect, free from exploitation, and protected and safe.

ANALYSIS:	Ms. Leak stated that residents are regularly provided with bathing and grooming assistance. She stated the allegation is false. Ms. Sallee stated that that staff regularly assist residents with bathing and grooming. Resident A presented with appropriate hygiene and clean clothing. She stated that staff assist her with showering approximately twice weekly. She stated that she is happy with the level of care provided. Resident B presented with appropriate hygiene. He stated that staff regularly assist residents with grooming and bathing. He stated that he is happy with the level of care provided. A preponderance of evidence does not support that violation of the applicable rule occurred.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDINGS: Food stored in the refrigerator lacked labeling.

INVESTIGATION: While onsite on 07/15/2026 I observed various food items removed from their original packaging and stored in the refrigerator that lacked labeling to identify the prepared or opened date.

Ms. Leak agreed that various food items lacked the appropriate labeling. She agreed to correct the issue.

On 08/03/2026 I completed an exit conference via telephone with licensee designee Marcia Curtiss. She stated that she did not dispute the finding and would submit an acceptable Corrective Action Plan.

APPLICABLE RULE	
R 400.665	**Food service.**
	(7) When food is removed from its original packaging and stored, it must be clearly labeled to identify the prepared or opened date and an expiration or discard date. The discard date must be no more than 7 days on all perishable foods that are opened or if food is prepared and held at safe storage temperatures. The day of opening or day of preparation must be counted as day 1. If there are signs of spoilage, food must be discarded immediately. If any

	residents of the home have known food allergies, the label must also indicate that this food contains the food or ingredient that the resident is allergic to.
ANALYSIS:	While onsite I observed various food items removed from their original packaging and stored in the refrigerator that lacked labeling to identify the prepared or opened date. Ms. Leak agreed that various food items lacked the appropriate labeling. She agreed to correct the issue. A preponderance of evidence supports that violation of the applicable rule occurred. The facility's refrigerator contained food that was removed from its original packaging and was not labeled to identify the prepared or opened date.
CONCLUSION:	**VIOLATION ESTABLISHED**

ADDITIONAL FINDINGS: Staff failed to weigh residents monthly.

INVESTIGATION: While onsite on 07/22/2026 I observed the monthly weight records of Residents A-S. Resident C was admitted on 06/08/206 weighing 120 lbs. and 108 lbs. on 07/22/2026. Resident D was not weighed upon her admission date of 06/17/2026. Resident E was admitted to the facility on 05/07/2026 weighing 98 lbs. and 86 lbs. on 06/02/2026. Resident G weighed 244.6 lbs. on 02/16/2026 and 224.8 lbs. on 03/02/2026. Resident H was not weighed May 2026. Resident H weighed 150.6 lbs. on 07/10/2026 and 184.4 lbs. on 07/22/2026. Resident I was not weighed in June 2026. I observed that Resident I weighed 114.6 lbs. on 05/08/2026 and 166 lbs. on 07/22/2026.

Ms. Leak stated that the weight records are inaccurate. She stated that Resident D was not weighed upon her admission date of 06/17/2026, Resident H was not weighed May 2026, and Resident I was not weighed in June 2026. Ms. Leak stated that some residents' weights are not accurately recorded because staff did not consistently subtract the weight of their wheelchairs and staff do not know the weight of their wheelchairs. She had no other explanation regarding the inaccuracy of weight records and resident weight losses.

On 08/03/2026 I completed an exit conference via telephone with licensee designee Marcia Curtiss. She stated that she did not dispute the finding and would submit an acceptable Corrective Action Plan

APPLICABLE RULE	
R 400.691	**Resident records.**

	(1) A licensee shall complete and maintain a separate record for each resident that includes all of the following: (g) Admission and monthly weight record.
ANALYSIS:	Resident D was not weighed upon her admission date of 06/17/2026. I observed that Resident E was admitted to the facility on 05/07/2026 weighing 98 lbs. and weighed 86 lbs. on 06/02/2026. Resident G weighed 244.6 lbs. on 02/16/2026 and 224.8 lbs. on 03/02/2026. Resident H was not weighed May 2026. Resident H weighed 150.6 lbs. on 07/10/2026 and 184.4 lbs. on 07/22/2026. Resident I was not weighed in June 2026. Resident I weighed 114.6 lbs. on 05/08/2026 and 166 lbs. on 07/22/2026. Ms. Leak stated the weight records are inaccurate. She stated that Resident D was not weighed upon her admission date of 06/17/2026, Resident H was not weighed May 2026, and Resident I was not weighed in June 2026. Ms. Leak stated that some residents' weights are not accurately recorded because staff did not consistently subtract the weight of their wheelchairs and staff do not know the weight of their wheelchairs. A preponderance of evidence supports that violation of the applicable rule occurred. Staff fail to weigh residents monthly and the recorded weights are inaccurate.
CONCLUSION:	**VIOLATION ESTABLISHED**

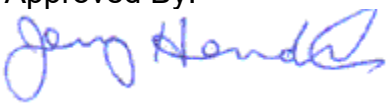
IV. RECOMMENDATION

Upon receipt of an acceptable Corrective Action, I recommend no change to the license.

08/03/2026

Toya Zylstra, Licensing Consultant Date

Approved By:



08/03/2026

Jerry Hendrick, Area Manager Date