GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 21, 2026

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

RE: License #: AL410398971
Investigation #: 2026A0583046
Willow Creek - East

Dear Mrs. Curtiss:

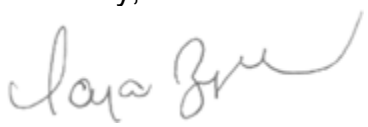
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 #:	AL410398971
Investigation #:	2026A0583046
Complaint Receipt Date:	07/06/2026
Investigation Initiation Date:	07/08/2026
Report Due Date:	08/05/2026
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 - East
Facility Address:	1019 28th St. SE Grand Rapids, MI 49508
Facility Telephone #:	(616) 262-1792
Original Issuance Date:	08/05/2020
License Status:	REGULAR
Effective Date:	02/05/2025
Expiration Date:	02/04/2027
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED, AGED, DEVELOPMENTALLY DISABLED, MENTALLY ILL ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
The facility was insufficiently staffed on 07/04/2026.	No
Additional Findings	Yes

III. METHODOLOGY

07/06/2026	Special Investigation Intake 2026A0583046
07/08/2026	Special Investigation Initiated - On Site
07/08/2026	APS Referral
07/21/2026	Exit Conference Licensee designee Marcia Curtiss

ALLEGATION: The facility was insufficiently staffed on 07/04/2026.

INVESTIGATION: On 07/07/2026 the above complaint allegation was received from an anonymous complainant via LARA-BCHS-Complaint system. The complaint alleged that on 07/04/2026 “a staff member left even though she was mandated to stay and didn't tell the other staff member leaving the facility understaffed”.

On 07/09/2026 I completed an unannounced onsite investigation at the facility and privately interviewed executive director Jennifer Leak, staff Darkeisha Phillips, and staff Nita Hewlett.

Ms. Leak stated that she did not work Saturday 07/04/2026. She stated that to her knowledge, the facility was continually staffed with two staff 07/04/2026. She stated that on 07/04/2026 the facility housed seventeen residents, and only Resident A requires the assistance of two staff for safe transfers. She acknowledged that the staff schedule for 07/04/2026 does not accurately reflect which staff worked at the facility and does not accurately document the hours worked by each staff member.

Ms. Phillips stated that she worked at the facility on 07/04/2026 from 3:30 PM until 11:00 PM and two staff were always present. She stated that when she arrived at the facility at 3:30 PM, staff Lakeisha Hopkins and Laverne Duke were working.

Ms. Hewlett stated that she completes the facility’s staff schedule. She stated that on 07/04/2024 the facility was continually staffed with two staff. She stated that multiple staff “called off” and various staffing changes were made but these changes were not updated on the staff schedule. She acknowledged that the staff schedule does not accurately reflect who worked at the facility and the hours worked.

While onsite I observed the facility's staff schedule. The staff schedule does not accurately reflect the 07/04/2026 staff hours worked and scheduling changes. The schedule does not indicate who worked at the facility each shift on 07/04/2026 or accurately indicate the hours worked by each staff member.

On 07/08/2026 I referred the complaint allegation to adult protective services via the online portal.

On 07/09/2026 I received an email from Ms. Leak that contained Resident A's Assessment Plan, signed 08/17/2025 and an "updated staff schedule". The Assessment Plan indicates Resident A requires staff assistance for safe transfers via the utilization of a "sit to stand". The updated staff schedule stated that on 07/04/2026 staff Lakeshia Hopkins worked 7:00 AM until 3:30 PM, staff Lourdes Monterroso worked 7:00 AM until 3:30 PM, staff Laverne Duke worked 3:30 PM until 3:45 PM, staff Darkeisha Phillips worked 3:30 PM until 11:00 PM, and staff Constance Sallee worked 3:45 PM until 11:00 PM.

On 07/09/2026 I interviewed staff Lourdes Monterroso. She stated that she worked at the facility on 07/04/2026 from 7:00 AM until 3:30 PM. She stated that when she left the facility at 3:30 PM, two staff members were present. She could not recall the names of the staff that started working at 3:30 PM.

On 07/09/2062 I interviewed staff Lakeisha Hopkins via telephone. She stated that on 07/04/2026 she worked from 12:00 AM until 3:30 PM. She stated that she worked from 12:00 PM until 7:00 AM with Ms. Hodges and worked from 7:00 AM until 3:30 PM with Ms. Monterosso. She stated that to her knowledge, the facility was staffed with two staff the duration of 07/04/2026.

On 07/09/2026 I interviewed staff Constance Sallee via telephone. She confirmed that she worked at the facility on 07/04/2026 from 3:45 PM until 11:00 PM with Ms. Phillips.

On 07/13/2026 I interviewed Staff Laverne Duke via telephone. She stated that on 07/04/2026 she worked at the facility "by myself from 3:30 PM until 3:45 PM" and and "3:50 PM until 4:00 PM". She stated that administrative staff and other staff members have been untruthful in their interviews regarding staffing ratios for fear of retaliation. She stated the staff schedule does not accurately reflect where and when staff worked on 07/04/2026.

On 07/21/2026 I completed an exit conference via telephone with licensee designee Marcia Curtiss. She stated that she agreed with the special investigation finding.

APPLICABLE RULE	
R 400.633	**Staffing requirements.**

	(1) A licensee shall always have sufficient direct care staff on duty for the supervision, personal care, and protection of residents and to provide the services specified in a resident's assessment plan, health care appraisal, and resident care agreement. At a minimum, the ratio of direct care staff to residents must not be less than 1 direct care staff to either of the following: (a) 15 residents during waking hours or 20 residents during sleeping hours for large group homes and congregate facilities. (b) 12 residents for small group and family homes.
ANALYSIS:	I observed that Resident A requires staff assistance for safe transfers via the utilization of a “sit to stand”. The staff schedule stated that on 07/04/2026 staff Lakeshia Hopkins worked 7:00 AM until 3:30 PM, staff Lourdes Monterroso worked 7:00 AM until 3:30 PM, staff Laverne Duke worked 3:30 PM until 3:45 PM, staff Darkeisha Phillips worked 3:30 PM until 11:00 PM, and staff Constance Sallee worked 3:45 PM until 11:00 PM. Based upon my investigation, which includes interviews and a review of pertinent documentation, a preponderance of evidence does not support that a violation of the applicable rule occurred.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDINGS: The facility’s staffing schedule is incorrect.

INVESTIGATION: While onsite I observed the facility’s staff schedule. The staff schedule did not accurately reflect the 07/04/2026 staff hours worked and scheduling changes. The schedule did not indicate who worked at the facility each shift on 07/04/2026 and did not accurately indicate the hours worked by each staff member.

Ms. Leak acknowledged that the staff schedule for 07/04/2026 was not updated to accurately reflect which staff worked at the facility and did not accurately document the hours worked by each staff member.

Ms. Hewlett stated that she completes the facility’s staffing schedule. She stated that on 07/04/2024 the facility was continually staffed with two staff. She stated that multiple staff “called off” from working and various staffing changes were made but not updated on the staff schedule. She acknowledged that the staff schedule did not accurately reflect who worked at the facility and their hours worked.

On 07/21/2026 I completed an exit conference via telephone with licensee designee Marcia Curtiss. She did not dispute the finding.

APPLICABLE RULE	
R 400.639	**Staff records.**
	(3) A licensee shall maintain for 90 days a daily work schedule and assignments that includes all of the following: **(a) Names of staff on duty.** **(b) Job titles.** **(c) Hours or shifts worked.** **(d) Date of schedule.** **(e) Scheduling changes when made.**
ANALYSIS:	Ms. Leak acknowledged that the staff schedule for 07/04/2026 was not updated to accurately reflect which staff worked at the facility 07/04/2026 and did not accurately document the hours worked by each staff member. Ms. Hewlett stated that she completes the facility's staff schedule. She stated that on 07/04/2024 the facility was continually staffed with two staff. She stated that multiple staff "called off" from working and various staffing changes were made but not updated on the staff schedule. She acknowledged that the staff schedule did not accurately reflect who worked at the facility and their hours worked. Based upon my investigation, which includes interviews and a review of pertinent documentation, a preponderance of evidence does support that a violation occurred. The facility staff schedule lacks the required documentation of names of staff on duty, hours/shifts worked, and scheduling changes.
CONCLUSION:	**VIOLATION ESTABLISHED**

IV. RECOMMENDATION

Upon receipt of an acceptable Corrective Action Plan, I recommend the license remain unchanged.

07/21/2026

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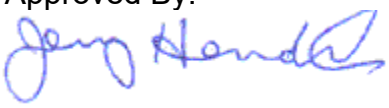
Toya Zylstra, Licensing Consultant Date

Approved By:



07/21/2026

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Jerry Hendrick, Area Manager Date