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 #: AL410398971
Investigation #: 2026A0583049
Willow Creek - East

Dear Mrs. Curtiss:

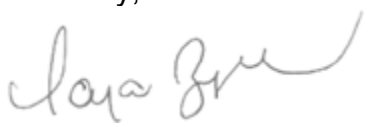
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 #:	2026A0583049
Complaint Receipt Date:	07/14/2026
Investigation Initiation Date:	07/14/2026
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 - 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, DEVELOPMENTALLY DISABLED, MENTALLY ILL, AGED, ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
The facility's refrigerators are unclean.	No
Staff do not serve adequate meals.	No
Resident Q did not receive his medications as prescribed.	No
Staff do not assist residents with bathing.	No
Additional Findings	Yes

III. METHODOLOGY

07/14/2026	Special Investigation Intake 2026A0583049
07/14/2026	Special Investigation Initiated - Telephone Staff Laverne Duke
07/15/2026	APS Referral
07/15/2026	Inspection Completed On-site
08/03/2026	Exit Conference Licensee Designee Marcia Curtiss

ALLEGATION: The facility's refrigerators are unclean.

INVESTIGATION: On 07/14/2026 complaint allegations were received from Adult Protective Services and dismissed for their investigation. The allegations stated that "The fridges are molded".

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

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 that the current condition of the refrigerator was indicative of its previous condition.

While onsite I observed that the refrigerator was clean and free of mold. The kitchen and dining areas were also clean.

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 refrigerator was clean and free of mold. The kitchen and dining areas were also clean. A preponderance of evidence does not support that violation of the applicable rule occurred.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: Staff do not serve adequate meals.

INVESTIGATION: The complaint alleged that residents are not “fed properly”.

On 07/14/2026 Ms. Duke stated via telephone that staff do not provide residents with “second helpings” of food. She stated the portion sizes are small, leaving residents hungry.

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 that the facility provides care to residents with “memory care” needs.

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

While onsite 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 residents second helpings when requested. Each staff member stated that staff follow the posted menu.

While onsite on 07/22/2026 Resident P was sitting at the communal dining table eating lunch which consisted of a hot dog, potato salad, and fruit. She stated that she is happy with the food provided at the facility and she receives an adequate amount of food daily. She stated she is provided with second servings when she requests.

While onsite on 07/22/2026 Resident I stated she is happy with the meals served

at the facility. She stated she is served an adequate amount of food daily and is provided with second servings when she requests.

While onsite on 07/22/2026 I observed the monthly weight records of Residents A-O. Resident O was not weighed in March 2026. Resident O weighted 142.1 lbs. on 02/16/2026, 192 lbs. on 04/06/2026, and 154.6 lbs. on 05/08/2026. Resident G weighed 176 lbs. on 01/23/2026, 144.2 lbs. on 02/06/2026, 171 lbs. on 03/20/2026, 114 lbs. on 04/10/2026, 111.8 lbs. on 05/01/2026, 110 lbs. on 06/05/2026, and 112 lbs. on 07/03/2026. I did not observe other concerning weight loss.

Ms. Leak stated that Resident O was not weighed March 2026. Ms. Leak stated that Resident O and G's 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.

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:	While onsite I observed that the posted menu contained healthy and nutritious meals. I observed the monthly weight records of Residents A-O. Resident O was not weighed in March 2026. Resident G weighed 176 lbs. on 01/23/2026, 144.2 lbs. on 02/06/2026, 171 lbs. on 03/20/206, 114 lbs. on 04/10/2026, 111.8 lbs. on 05/01/2026, 110 lbs. on 06/05/2026, and 112 lbs. on 07/03/2026. I did not observe other concerning weight loss. Resident P and Resident I both stated they are provided with adequate portions of food. Staff Latoya Wimbley, Constance Sallee, Vanessa Meadows, and cook Michael Madison onsite. Each staff member stated that residents are provided with three nutritious meals daily and served second helpings when requested. A preponderance of evidence does not support that violation of the applicable rule occurred.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: Resident Q did not receive his medications as prescribed.

INVESTIGATION: The complaint alleged that "facility was also providing medication to the deceased man (Resident Q) prior to authorization from hospice".

On 07/14/2026 Ms. Duke stated via telephone that she worked at the facility on 07/04/2026 and administered Resident Q's medications as prescribed.

While onsite on 07/15/2026, Ms. Leak stated that Resident Q died at the facility while under hospice care on 07/04/2026 at approximately 4:30 PM. She stated that according to Resident Q's Medication Administration Record, he received his medications as prescribed.

While onsite I observed Resident Q's MAR. Resident Q was prescribed Lorazepam .5MG every four hours starting 07/03/2026 2:00 PM, Morphine 20MG/ML four times daily starting 07/02/2026 11:00 AM, Morphine 20MG PRN every hour for pain starting 07/02/2026 11 AM. On 07/04/2026 Ms. Duke and staff Lakeisha Hopkins administrated Resident Q's medications between 4:00 AM and 4:00 PM. Resident Q's MAR indicated he received his medications as prescribed.

On 07/23/2026 I interviewed Ms. Hopkins via telephone. She stated that she administered Resident A's medications as prescribed on 07/04/2026.

On 07/28/2026 I interviewed Faith Hospice registered nurse, Allison Boersma, via telephone. She stated that to her knowledge, staff administered Resident Q's medications as prescribed.

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 400.675	**Resident medications.**
	(1) Medication must be given, taken, or applied as prescribed, ordered, or directed by an appropriately licensed health care professional.
ANALYSIS:	While onsite I observed Resident Q's MAR. Resident Q was prescribed Lorazepam .5MG every four hours starting 07/03/2026 2:00 PM, Morphine 20MG/ML four times daily starting 07/02/2026 11:00 AM, Morphine 20MG PRN every hour for pain starting 07/02/2026 11 AM. On 07/04/2026 staff Laverne Duke and Lakeisha Hopkins administrated Resident Q's medications between 4:00 AM and 4:00 PM. Resident Q's MAR indicated he received his medications as prescribed.

	Ms. Duke and Ms. Hopkins stated that they administered Resident Q's medications as prescribed. 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 "Residents are not being bathed"**.**

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.

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

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

While onsite on 07/22/2026 I interviewed Resident P and Resident I. Both stated that staff assist them with grooming and bathing. Both stated they are happy with the level of care provided by staff. I observed both residents with appropriate hygiene 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. Wimbley stated staff regularly assist residents with bathing and grooming. Ms. Sallee stated that staff regularly assist residents with bathing and grooming.

	I interviewed Resident P and Resident I. Both stated that staff assist them with grooming and bathing. Both stated they are happy with the level of care provided by staff. I observed both residents with appropriate hygiene and grooming. 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 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 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-O. Resident O was not weighed in March 2026. Resident O weighted 142.1 lbs. 02/16/2026, 192 lbs. on 04/06/2026, and 154.6 lbs. on 05/08/2026. Resident G weighed 176 lbs. on 01/23/2026, 144.2 lbs. on 02/06/2026, 171 lbs. on 03/20/206, 114 lbs. on 04/10/2026, 111.8 lbs. on 05/01/2026, 110 lbs. on 06/05/2026, and 112 lbs. on 07/03/2026. I did not observe other concerning weight loss.

Ms. Leak stated that Resident O was not weighed March 2026. Ms. Leak stated that Resident O and G's 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.

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:	I observed that Resident O was not weighed in March 2026. Resident O weighted 142.1 lbs. 02/16/2026, 192 lbs. on 04/06/2026, and 154.6 lbs. on 05/08/2026. Resident G weighed 176 lbs. on 01/23/2026, 144.2 lbs. on 02/06/2026, 171 lbs. on 03/20/206, 114 lbs. on 04/10/2026, 111.8 lbs. on 05/01/2026, 110 lbs. on 06/05/2026, and 112 lbs. on 07/03/2026. Ms. Leak stated that Resident O was not weighed March 2026. Ms. Leak stated that Resident O and G's 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 failed to weigh residents monthly and the recorded weights are inaccurate.
CONCLUSION:	**VIOLATION ESTABLISHED**

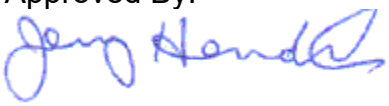
IV. RECOMMENDATION

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

08/03/2026

Toya Zylstra Date
Licensing Consultant

Approved By:



08/03/2026

Jerry Hendrick Date
Area Manager