



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 4, 2026

Ann Auger
St. Ann's Home
2161 Leonard Street, NW
Grand Rapids, MI 49504-3829

RE: License #: AH410236894
Investigation #: 2026A1028036
St. Ann's Home

Dear Ann Auger:

Attached is the Special Investigation Report for the above referenced facility. No substantial violations were found.

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 contact the local office at (616) 356-0100.

Sincerely,

A handwritten signature in cursive script, appearing to read "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 #:	AH410236894
Investigation #:	2026A1028036
Complaint Receipt Date:	03/09/2026
Investigation Initiation Date:	03/10/2026
Report Due Date:	05/08/2026
Licensee Name:	St. Ann's Home Inc.
Licensee Address:	2161 Leonard NW Grand Rapids, MI 49504
Licensee Telephone #:	(616) 453-7715
Administrator:	Dana Prince
Authorized Representative:	Ann Auger
Name of Facility:	St. Ann's Home
Facility Address:	2161 Leonard Street, NW Grand Rapids, MI 49504-3829
Facility Telephone #:	(616) 453-7715
Original Issuance Date:	12/01/1968
License Status:	REGULAR
Effective Date:	08/01/2025
Expiration Date:	07/31/2026
Capacity:	95
Program Type:	AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
Resident A was placed in the memory unit for more than 20 months and it is not an appropriate setting for Resident A.	No
Additional Findings	No

III. METHODOLOGY

03/09/2026	Special Investigation Intake 2026A1028036
03/10/2026	Special Investigation Initiated - Letter
03/10/2026	APS Referral
03/18/2026	Contact - Face to Face Interviewed the facility administrator by telephone while at the facility.
03/18/2026	Contact - Face to Face Interviewed Employee A at the facility.
03/18/2026	Contact - Document Received Received the requested documentation from Employee A at the facility.
03/25/2026	Contact – Document Sent Emailed the facility administrator and Employee A requesting additional information.
03/25/2026	Contact – Document Received Received the requested additional information from the facility administrator and Employee A.
04/03/2026	Contact – Document Sent Emailed the facility administrator and Employee A requesting additional information.
04/06/2026	Contact – Document Received Received the requested additional information from the facility administrator and Employee A.

04/20/2026	Contact – Document Received Received additional information from the complainant.
04/21/2026	Contact – Document Received Received additional information from the complainant.
04/23/2026	Contact – Document Received Received additional information from the complainant.
04/24/2026	Contact – Document Received Received additional information from the complainant.
05/01/2026	Contact – Document Received Received additional information from the complainant.

This investigation will only address allegations pertaining to potential violations of the rules and regulations for Homes for the Aged (HFA).

ALLEGATION:

Resident A was placed in the memory unit for more than 20 months and it is not an appropriate setting for Resident A.

INVESTIGATION:

On 3/10/2026, the Bureau received the allegations through the online complaint system.

On 3/18/2026, the facility administrator was not available to interview in person due to a prior scheduled offsite conference, but I was able to interview [them] via telephone while investigating onsite at the facility. The facility administrator reported that Resident A was admitted to the facility in May 2024. In late June 2024 to early July 2024, Resident A incurred a urinary tract infection (UTI) which altered [their] cognition at that time. At that time, Resident A resided in the assisted living (AL) unit which was not a secure unit. Resident A demonstrated patterns of confusion, exit seeking, and disorientation to the environment during this time, which became unsafe because Resident A was visually impaired. After UTI treatment was completed, a risk benefit assessment was completed by the facility and the physician to determine the most appropriate placement for Resident A. Upon returning to the facility in July 2024 and after the risk benefit assessment was completed, it was determined that Resident A would be safest in the secured unit because it is a smaller unit that would provide increased care and increased supervision. Resident A and [their] authorized representative (AR) agreed to Resident A being placed in the secured unit as documented in the updated service plan in July 2024. Also, the facility administrator reported that Resident A continues

to demonstrate episodes of occasional confusion despite no recent history of UTI. The secured unit provides an increased level of staff assistance for safety as well due to Resident A's significant visual impairment. The facility administrator reported there had been no requests for Resident A to move to another unit and no complaints about Resident A residing in the secured unit from July 2024 until February 2026 when Resident A's AR requested Resident A be moved back to the AL unit because of costs. The AR also expressed concerns at this time that Resident A does not have cognitive impairment and that the secured unit does not provide enough social stimulation. However, the facility administrator reported Resident A does like to spend time in [their] room, go to mass daily, and will participate in activities when or if [they] feel like it. Staff encourage Resident A's participation in activities but cannot force Resident A to participate if [they] choose not to. The facility administrator explained to the AR that Resident A will not receive the same level of close care, assistance, or supervision if transferred to the AL unit. Resident A received a care level of 3 in the secured unit and the AL unit only provides a care level of 2. It was explained to the AR that residents in the AL unit require less assistance with care routines and due to Resident A's visual impairment, the smaller secured unit would be more appropriate for Resident A's safety. Also, since Resident A has resided in the secured unit since July 2024, [they] are oriented to the secured unit and can navigate the unit easily, despite [their] visual impairment. The facility administrator explained to the AR that the AL unit is very large, and there are concerns about Resident A being able to navigate the AL unit without increased staff assistance and supervision. Also, it was emphasized to the AR that staff do not provide the same level of care that Resident A has been receiving. However, the AR continued to express concerns about the level of care in the AL unit versus the secured unit due to costs. Facility staff expressed the safety and care concerns to the AR about Resident A being in an unsecured larger unit that Resident A is not oriented with. On 3/17/2026, a care conference with the facility administrator, staff, Resident A, the AR, and an additional family member was completed to discuss and review the four levels of care and the different units currently available in the facility. Resident A expressed that [they] just wanted a bigger room, so the facility offered a larger room in the secured unit, but the AR declined and requested Resident A be moved to the AL unit. The facility administrator reported that the facility would try and accommodate the AR's request and trial Resident A in the AL unit for 30 days. However, a reassessment would occur on the 30th day to determine if it continued to be an appropriate and safe placement for Resident A. The facility administrator again expressed the safety and care concerns to the AR and reported if the AL unit is not appropriate for Resident A, then Resident A can trial the skilled unit on the facility campus if [they] qualify for that unit or Resident A can move back to a larger room in the secured unit. The AR was agreeable to the terms of Resident A trialing the AL unit but continued to make requests to decrease the level of care to reduce the costs for Resident A. The facility worked with the AR to decrease the level of care to reduce the costs for Resident A but emphasized to the AR that Resident A's service plan will reflect that Resident A will receive less staff assistance and supervision at the reduced level of care. The facility administrator also reported that

the facility has onsite therapy that may be able to assist Resident A with the transition to the AL unit if Resident A qualifies through [their] healthcare insurance.

On 3/18/2026, I interviewed Employee A at the facility whose statement was consistent with the facility administrator's statement. Employee A provided me with the requested documentation for my review.

On 3/18/2026, I reviewed Resident A's service plan while onsite and had no concerns. I also completed an inspection of the AL unit and the secured unit within the facility due to this special investigation. I observed staff appropriately assisting residents with care. No concerns were noted during the inspection.

On 3/25/2026, I sent an email to the facility administrator and Employee A requesting follow-up information.

On 3/25/2026, I received an email from the facility administrator and Employee A who confirmed that Resident A moved to the AL unit on 3/24/2026. In the AL unit, Resident A had *episodes of confusion and disorientation, refusals of water, and is currently unable to ambulate safely in the hallways without physical guidance and has been observed running into walls. Staff have been instructed [to] provide hands-on assistance to ensure safety.* A reassessment is still tentatively scheduled in 30 days to determine if Resident A can safely remain in the AL unit. The facility will continue to monitor Resident A for [their] safety and wellbeing during the trial period in the AL unit to determine the next and most appropriate steps for Resident A. Also, the facility will continue to collaborate with Resident A, their AR, and the physician to ensure appropriate care during the trial period in the AL unit and ongoing.

On 4/3/2026, I emailed the facility administrator and Employee requesting additional information.

On 4/3/2026, I received the requested additional information from the facility administrator.

On 4/6/2026, I received an additional email from the facility administrator revealing the following:

Resident A's Timeline:

- 3/07/2024: *Samaritas The Woods Assisted Living Memory Care Center's Level of Care indicates confusion and exit seeking activity.*
- 3/24/2026: Moved into Mary's Haven Assisted Living.
- 3/25/2026: Picked up for Part B Therapy.
- 5/11/2024: *Moved into Mary's Haven Assisted Living.*
- 5/23/2024: *Picked up for Part B Therapy.*
- 7/10/2024: *Moved into Joseph's Haven Secured Assisted Living Neighborhood following exit from building.*
- 6/22/2025: *Discharged from Part B Therapy due to Hospital Admit.*
- 6/22/2025: *Discharged to the Hospital.*

- 6/25/2025: Admitted to St. Ann's Joachim's Place Skilled Nursing for SAR.
- 7/15/2025: Moved back to her apartment in Joseph's Haven Secured Assisted Living Neighborhood.

On 4/29/2026, I reviewed the additional requested information which revealed the following:

Review of the facility administrator's return email:

- On 4/3/2026, the facility administrator reported that *'Joseph's Haven is frequently referred to as the Memory Care Unit, but it does not have a specialty population license or designation for this unit. We generally serve populations that are exit seeking which was the original premise for [Resident A's] move to the secured unit. This unit provides a secured space with shorter halls and easier access to dining, activities, and bathing. We do hold activities that meet the needs of the current residents residing in the space; not exclusive to memory care programming. We provide specific life enrichment programs that are resident centered. One example would be that we would have a dedicated Life Enrichment aide take [Resident A] for daily walks around the entire building outside of the secured unit as well as a dedicated member to take [Resident A] to daily mass.'*

Review of July 2024 Progress Notes:

- Resident A had a diagnosis of unspecified convulsions, unspecified dementia, unspecified severity, with other behavioral disturbance. [Resident A's] culture returned for urinary analysis and positive for Ecoli. Kerflex 500mg ordered for 7 days.
- On 7/1/2024 at 1:59pm, [Resident A] *hit the pendant call-light to go back to [their] room. Staff told [Resident A] they were would be back to help [them] in a few minutes due to currently assisting wheelchair residents back to their rooms. [Resident A] decided not to wait for staff and got up which resulted in [Resident A] becoming lost in the assisted living wing. [Resident A] began shouting for help as staff arrived to assist. Staff asked [Resident A] 'why didn't [they] wait for staff?', with [Resident A] responding that staff take too long and then [Resident A] asked, "Why? Don't I take priority?" [Resident A] was very agitated and said 'staff need to help sooner.*
- On 7/9/2024 4:38pm, [Resident A] demonstrated increased behaviors and pulled the fire alarm on unit. DPOA notified.
- On 7/10/2024 at 1:52 pm, communication with the physician was entered as the following:
Situation: [Resident A] exited building looking for [sic] Grandparents to pick [them] up to take [them] to the store. Location double doors library front of building.
Background: Increased confusion last 24 hours. Completed Keflex for UTI 6/30/2024. Legally blind, dementia with behavior disturbance, history or convulsions.

Assessment (RN)/Appearance (LPN): Alert to self, place, time. Confusion on situation, delusional on [sic] Grandparents being alive and poor safety awareness. No injury.

Recommendation: [physician] notified STAT labs ordered. Order to place resident in secure unit if available.

- On 7/10/2024 at 2:25pm, a nurse entered the following progress note: Immediate room change from 107 to 401 r/t altered mental status with exit seeking behaviors. PCP, QOL, DPOA notified. Personal belongings transferred, medications, transferred, room change in ADT completed.
- On 7/11/2024 at 10:22 pm, a progress note was entered by an unknown writer that read: *'Patient seen for exit seeking behavior, delusions, and paranoia. [Resident A] was moved to secure memory care unit of assisted living. Patient is calm and up in chair. [Sic] urinalysis was reviewed, culture is pending. There is no fever or chills. Urinalysis grossly positive for UTI. Since [Resident A] has been moved to secure unit, [Resident A] has had no continued symptoms of delusions or exit seeking behavior, hallucinations.'*
- On 7/14/2026 at 2:25pm, a certified nurse aide (CAN) reported in progress note that Resident A yelled loudly at the facility CNA and asked when [they] would be returning to room 107. [Resident A] was compliance with returning to [their] room in the secured unit.
- On 7/16/2024 at 10:57 am, a facility staff member wrote that [Resident A] requested 3 glasses of juice and chugged the juice, demanding more. The staff members told [Resident A] there was no more juice and [Resident A] responded with, *"You do not take care of me. Leave the unit and go get me more juice."* [Staff member] responded that [they] would notify the kitchen staff to bring more juice at lunch, but it was not appropriate to leave the unit then. When it was time for mass, the staff member attempted to confirm with [Resident A] that [they] wanted to go to mass. [Resident A] responded that *"I already told you I wanted to go to mass"* and then proceeded to mock the staff member and grew more agitated.
- On 7/17/2024 at 9:23 am, a follow urinary analysis was requested by Resident A's family.
- On 7/17/2024 at 10:01 pm a progress note was entered by facility staff that noted [Resident A] was abrasive towards staff during shower time. [Resident A] made rude remarks about staff's inability to do [their] job or not doing [their] job correctly.
- On 7/18/2024 at 11:33 am and 12:38 pm, progress notes were entered by facility staff that noted [Resident A] *asked for multiple glasses of juice and pop between meals and was getting upset when staff would not provide them. DPOA was conferenced with and [they] agreed to limit the amount of juice and pop consumed throughout the day. Working with dietician to set daily amount and make sure all staff is aware and on same page. Angry behaviors noted throughout every shift, asks frequently for pop and juice and becomes angry when staff say no. [Resident A] observed raising [sic] voice to staff members and mocking [staff members] responses.*

- On 7/18/2024 at 1:11 pm, *dietary recommendations for fluid intake – 8oz of juice with each meal (can be 4oz of 2 different kinds of juice if [preferred].) Give skim milk with meals, if refuses or wants more, then go to juice. May have pop in between meals (caffeine free/diet) limit pop to 2 cans/day. Encourage water throughout the day.*
- On 7/18/2024 at 6:31 pm, the physician entered the following progress note: *Symptoms of delusions, hallucinations, and exit seeking behavior may be related to UTI. Patient needs to remain in secure memory care through treatment. Will continue to discuss with nursing staff patient's correct placement. Will start Levaquin 500mg 1 p.o. daily for UTI for 5 days. Await culture.*
- On 7/19/2024 at 12:40pm, very pleasant today - [Resident A] asked staff a few times, *'How much longer are they gonna keep me here?'*
- On 7/19/2024 at 3:28pm, staff spoke with [Resident A] about recommendations on daily juice/soda intake. [Resident A] replied "OK" and showed understanding, did not get upset [sic].
- On 7/21/2024, [Resident A] being very demanding towards staff during meals. [Resident A] seemed in a pleasant mood after lunch.
- On 7/22/2024 at 3:03 pm, [Resident A] out with Samaritans this morning, no behaviors observed.
- On 7/23/2024, a follow-up with urology referral checked on due to DPOA reporting no one has contacted [them] about the appointment yet.
- On 7/25/2024 at 12:41 pm, [Resident A] was observed being demanding during mealtimes. Said to be reoccurring behavior. During lunch, [Resident A] had lunch and drink in front of [them] but was yelling at staff "Would you two shut up and get me my food already." Staff gently reminded [Resident A] that [they] already had food and [Resident A] responded, "I don't want any of this."

Review of Provider Physician Notes:

- On 8/6/2024, [Resident A] seen increasing behaviors, agitation. Patient now in secure memory unit. Nursing progress notes reviewed. Patient is difficult to direct at times. Getting belligerent with staff. Meds reviewed and vital signs are stable. Patient had an event where [they] attempted elopement. [Resident A] has been in secured memory care unit since and has done well in this environment. No fever or chills, no signs or symptoms of infection at this time.
- On 8/11/2024, patient is appropriate for secure memory care unit.
- On 2/5/2026, patient is seen today to discuss the possibility of moving to assisted living, out of memory care unit, secure unit at family request. Patient had been in the past residing in assisted living. However, [they] attempted elopement on one occasion and on another occasion was found to be outside by staff and succeeded in fact in exiting the building. The choice was made at that time to move to secure unit. Patient is calm [sic] right now. Legal blindness complicates [sic] living environment as well. Plan: Patient had been in SAR at one time and moving environment had several ill effects on patient, QOL, esp. because of [sic] blindness. A new

environment was detrimental to [sic] mental status as well, leading to anxiousness. And, although the resident would get used to the new environment, [they] succeeded in elopement which makes [this writer/physician] very concerned, again esp. with blindness about [their] safety in an unsecured area. Due to the small set-up of [their] room and living environment in the secure memory unit, it's easier for staff to keep an eye on [the resident], decreases [their] fall risk, and improves [their] safety. I feel the benefit of keeping [them] in the secure unit memory unit outweighs any risk at this time and [their] dementia will advance in the future.

Review of Resident A's level of care assessments with coordinating service plans from May 2024 to March 2026:

- The service plan dated 5/16/2024 and signed by Resident A's AR shows Resident A resided in the assisted living unit.
- A level of care assessment was completed on 10/16/2024 and then signed by Resident A's AR on 10/16/2024.
- A level of care assessment was completed on 4/20/2025 and then signed by Resident A's AR on 4/20/2025.
- The service plan dated 4/20/2025 and signed by Resident A's AR shows Resident A resided in the memory care unit.
- A level of care assessment was completed on 8/25/2025 and then was signed by Resident A's AR on 8/28/2025.
- The most recent level of care assessment was completed on 3/16/2026 and signed by Resident A's AR on 3/16/2026.

APPLICABLE RULE	
R 325.1921	Governing bodies, administrators, and supervisors.
	<p>(1) The owner, operator, and governing body of a home shall do all of the following:</p> <p>(b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.</p>

ANALYSIS:	<p>It was alleged that Resident A was placed in the memory care unit for more than 20 months and it is not an appropriate setting for Resident A. Interviews, onsite investigation, and review of documentation revealed the following:</p> <ul style="list-style-type: none"> • Resident A received a physician's diagnosis of unspecified dementia, unspecified severity, with other behavioral disturbance in July 2024. • Physician documentation from 2024 to present supports Resident A's placement in the memory care unit. • The facility demonstrates maintenance of an organized program from May 2024 to present to provide Resident A with protection, supervision, and care in accordance with the service plan to meet [their] needs. • Service plans were reviewed, approved, and signed by the facility representative and Resident A's AR from 2024 to 2026. • There is evidence that the facility collaborated with Resident A and [their] AR about care routines, health and wellbeing, along with Resident A and [their] AR's preferences to ensure overall care from May 2024 to present. <p>Due to the facility complying with Resident A and [their] AR's request to move Resident A back to the assisted living unit in March 2026 despite physician recommendation that Resident A remain in the memory care unit, there is no violation found.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

IV. RECOMMENDATION

I recommend that the status of this license remains the same. No violation(s) found.



3/25/2026

Julie Viviano
Licensing Staff

Date

Approved By:



06/02/2026

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

Date