



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

October 18, 2023

Darcy Quisenberry
CSM Alger Heights, LLC
1019 28th St.
Grand Rapids, MI 49507

RE: License #: AL410384527
Investigation #: 2024A0583002
Alger Heights - North

Dear Ms. Quisenberry:

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) 356-0183.

Sincerely,

A handwritten signature in cursive script, appearing to read "Toya Zylstra".

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**
Report contains explicit language.

I. IDENTIFYING INFORMATION

License #:	AL410384527
Investigation #:	2024A0583002
Complaint Receipt Date:	10/09/2023
Investigation Initiation Date:	10/09/2023
Report Due Date:	11/08/2023
Licensee Name:	CSM Alger Heights, LLC
Licensee Address:	1019 28th St. Grand Rapids, MI 49507
Licensee Telephone #:	(616) 258-0268
Administrator:	Chelsea Lindsey
Licensee Designee:	Chelsea Lindsey
Name of Facility:	Alger Heights - North
Facility Address:	1015 28th St. SE Grand Rapids, MI 49548
Facility Telephone #:	(616) 229-0427
Original Issuance Date:	10/25/2016
License Status:	REGULAR
Effective Date:	04/25/2023
Expiration Date:	04/24/2025
Capacity:	17
Program Type:	PHYSICALLY HANDICAPPED, DEVELOPMENTALLY DISABLED, MENTALLY ILL, AGED

II. ALLEGATION(S)

	Violation Established?
Resident B was assaulted by Resident A.	No
Additional Findings	Yes

III. METHODOLOGY

10/09/2023	Special Investigation Intake 2024A0583002
10/09/2023	APS Referral
10/09/2023	Special Investigation Initiated - On Site
10/10/2023	Contact - On Site
10/10/2023	Contact – Telephone Staff Heather Taylor
10/10/2023	Contact – Telephone Resident A
10/11/2023	Contact – Telephone Resident B
10/17/2023	Exit Conference Licensee Designee Chelsea Lindsey

ALLEGATION: Resident B was assaulted by Resident A.

INVESTIGATION: On 10/09/2023 complaint allegations were received from Adult Protective Services. The complaint stated, “(Resident A) is known to be aggressive” and “sometime within the past two weeks (Resident A) hit (Resident B) in the head”. Furthermore, I observed that the complaint stated, “this is not the first time that (Resident A) has physically put his hands on a resident in the home”.

On 10/09/2023 I completed an unannounced onsite investigation at the facility and privately interviewed staff Tiona Lyons, Resident C, and Resident D.

Ms. Lyons stated she is the “house manager” of the facility. Ms. Lyons stated Resident A has a history of verbal aggression towards residents and staff. Ms. Lyons stated Resident A swears at residents and staff. Ms. Lyons stated she was

unaware of Resident A physically assaulting Resident B and has no knowledge of Resident A physically assaulting residents or staff.

Resident C stated Resident A is verbally aggressive towards residents and has threatened to break other residents' necks. Resident C stated residents are afraid of Resident A. Resident C stated she has no knowledge of Resident A physically assaulting residents.

Resident D stated Resident A frequently yells at residents. Resident D stated that Resident A has threatened to "break residents' necks", which causes residents to feel unsafe. Resident D stated she recently heard from Resident B that Resident A "bopped" Resident B on the head. Resident D stated she did not observe the incident. Resident D stated she has not observed Resident A physically mistreat other residents.

On 10/10/2023 I completed an unannounced onsite investigation at the facility and privately interviewed Resident E. Resident E stated Resident A verbally threatens residents by stating "I'll kick your ass". Resident E stated she has never observed Resident A physically mistreat residents.

On 10/10/2023 I interviewed staff Heather Taylor via telephone. Ms. Taylor stated that approximately one month ago she observed Resident A hit Resident B on her head with an open hand while located in the main living area of the facility at approximately 7:00 PM. Ms. Taylor stated she informed Resident A that his actions were inappropriate and "not to put his hands on (Resident B)". Ms. Taylor stated Resident B was assessed for injuries and there were none. Ms. Taylor stated Resident B did not cry and went to her bedroom. Ms. Taylor stated that to her knowledge Resident A has never assaulted residents or staff in the past, but often "swears" at residents and staff.

On 10/10/2023 I interviewed Resident A via telephone. Resident A stated he never physically assaulted Resident B or any other resident at the facility. Resident A stated he has never verbally mistreated Resident B or any other resident at the facility.

On 10/11/2023 I interviewed Resident B via telephone. Resident B stated Resident A "never hit me" and denied Resident A has physically mistreated her in the past. Resident B stated Resident A "never threatened me" and she is not afraid of Resident A.

On 10/17/2023 I completed an Exit Conference with Licensee Designee Chelsea Lindsey via telephone. Ms. Lindsey stated she agreed with the Special Investigation findings.

APPLICABLE RULE	
R 400.15308	Resident behavior interventions prohibitions.
	(1) A licensee shall not mistreat a resident and shall not permit the administrator, direct care staff, employees, volunteers who are under the direction of the licensee, visitors, or other occupants of the home to mistreat a resident. Mistreatment includes any intentional action or omission which exposes a resident to a serious risk or physical or emotional harm or the deliberate infliction of pain by any means.
ANALYSIS:	<p>Resident A stated he never physically assaulted Resident B or any other resident at the facility. Resident A stated he has never verbally mistreated Resident B or any other resident at the facility.</p> <p>Resident B stated Resident A never hit her and denied Resident B has physically mistreated her in the past. Resident B also stated Resident A has never threatened her and she is not afraid of Resident A.</p> <p>A preponderance of evidence was not discovered during the course of the special investigation to substantiate violation of the applicable rule.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDINGS: The facility does not have adequate staff.

INVESTIGATION: While onsite 10/09/2023, I observed there were no staff present in the facility for approximately twenty minutes.

Staff Tiona Lyons stated she had been assisting in a different facility on the same campus with meal planning, which left no staff at the facility for resident care and supervision. Ms. Lyons stated she was gone from the facility for “about twenty minutes” and stated it is a regular occurrence given the lack of staffing at the facility. Ms. Lyons stated that she was the only staff assigned and working in the facility to provide care for the four residents who were presently at the facility.

Resident C and Resident D both stated that staff Tiona Lyon was the only staff presently working at the facility, but she was gone from the facility for approximately twenty minutes assisting at another facility. Resident C and Resident D stated it is a regular occurrence for staff to leave the facility and assist other facilities for up to twenty minutes at time.

On 10/17/2023 I completed an Exit Conference with Licensee Designee Chelsea Lindsey via telephone. Ms. Lindsey stated that there has been an ongoing problem with facility staff leaving their assigned facility to assist other facilities, leaving the facility with no staff onsite. Ms. Lindsey stated facility staff have been informed that the practice of leaving their assigned facility with no staff is not acceptable and the incidents have decreased. Ms. Lindsey stated she will submit an acceptable Corrective Action Plan.

APPLICABLE RULE	
R 400.15206	Staffing requirements.
	(1) The ratio of direct care staff to residents shall be adequate as determined by the department, to carry out the responsibilities defined in the act and in these rules and shall not be less than 1 direct care staff to 15 residents during waking hours or less than 1 direct care staff member to 20 residents during normal sleeping hours.
ANALYSIS:	<p>Staff Tiona Lyons stated she had been assisting at a different facility on the same campus with meal planning and acknowledged that she left the facility without staff. Ms. Lyons stated she was gone from the facility for approximately twenty minutes and stated it is a regular occurrence given the lack of staffing at the facility. Ms. Lyons stated that she was the only staff at the facility to provide care for the four residents who were presently at the facility.</p> <p>A preponderance of evidence was discovered during the course of the special investigation to substantiate violation of the applicable rule.</p>
CONCLUSION:	VIOLATION ESTABLISHED

ADDITIONAL FINDINGS: Facility staff do not follow a menu.

INVESTIGATION: While onsite 10/09/2023, staff Tiona Lyons, Resident D, and Resident E each reported that facility staff do not follow a posted menu. Staff Tiona Lyons stated that the facility recently switched food services and staff do not

currently follow a posted menu or record meal substitutions. Ms. Lyons stated that there is not currently a menu for the facility to follow.

On 10/17/2023 I completed an Exit Conference with Licensee Designee Chelsea Lindsey via telephone. Ms. Lindsey stated that she is aware that facility staff are not completing menus at least one week in advance and are not completing substitution forms as required. Ms. Lindsey stated she will submit an acceptable Corrective Action Plan.

APPLICABLE RULE	
R 400.15313	Resident nutrition.
	(4) Menus of regular diets shall be written at least 1 week in advance and posted. Any change or substitution shall be noted and considered as part of the original menu.
ANALYSIS:	Staff Tiona Lyons, Resident D, and Resident E each reported that facility staff do not follow a posted menu. Staff Tiona Lyons stated that the facility recently switched food services and currently does not follow a posted menu or record meal substitutions. Ms. Lyons stated that “there is no menu right now”. A preponderance of evidence was discovered during the course of the special investigation to substantiate violation of the applicable rule.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

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



10/17/2023

Toya Zylstra
Licensing Consultant

Date

Approved By:



10/18/2023

Jerry Hendrick
Area Manager

Date