



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

September 29, 2025

Kari Conn  
Michigan Masonic Home  
1200 Wright Avenue  
Alma, MI 48801

RE: License #: AH290278031  
Investigation #: 2025A1021056  
Michigan Masonic Home

Dear Kari Conn:

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 authorized representative and a date.

If you desire technical assistance in addressing these issues, please feel free to 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 (517) 335-5985.

Sincerely,

*Kimberly Horst*  
Kimberly Horst, Licensing Staff  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
Lansing, MI 48909

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH290278031
<b>Investigation #:</b>	2025A1021056
<b>Complaint Receipt Date:</b>	05/19/2025
<b>Investigation Initiation Date:</b>	05/20/2025
<b>Report Due Date:</b>	07/18/2025
<b>Licensee Name:</b>	Michigan Masonic Home, Inc.
<b>Licensee Address:</b>	1200 Wright Ave Alma, MI 48801
<b>Licensee Telephone #:</b>	(989) 466-3801
<b>Administrator/ Authorized Representative:</b>	Kari Conn
<b>Name of Facility:</b>	Michigan Masonic Home
<b>Facility Address:</b>	1200 Wright Avenue Alma, MI 48801
<b>Facility Telephone #:</b>	(989) 463-3141
<b>Original Issuance Date:</b>	09/19/2005
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	08/01/2024
<b>Expiration Date:</b>	07/31/2025
<b>Capacity:</b>	138
<b>Program Type:</b>	AGED

**II. ALLEGATION(S)**

	<b>Violation Established?</b>
Inadequate staff at the facility.	Yes
Additional Findings	No

**III. METHODOLOGY**

05/19/2025	Special Investigation Intake 2025A1021056
05/20/2025	Special Investigation Initiated - Telephone referral placed to APS
05/21/2025	Inspection Completed On-site
05/27/2025	Comment Additional intake received on staffing
06/05/2025	Comment Additional intake received on staffing
06/16/2025	Comment Additional intake received on staffing
07/01/2025	Exit Conference
07/09/2025	Contact-Video meeting held with facility
07/09/2025	Contact-Document Received Received additional staffing information
07/28/2025	Contact-Document Received Received additional staffing information
08/13/2025	Contact-Document Received Received additional staffing information
08/14/2025	Contact-Document Received Received additional staffing information
08/15/2025	Contact-Document Received Received additional staffing information

09/09/2025	Contact-Document Received Received additional staffing information
09/29/2025	Exit Conference

The complainant identified some concerns that were not related to home for the aged licensing rules and statutes. Therefore, only specific items pertaining to homes for the aged provisions of care were considered for investigation. The following items were those that could be considered under the scope of licensing.

**ALLEGATION:**

**Inadequate staff at the facility.**

**INVESTIGATION:**

On 05/19/2025, the licensing department received three separate intakes on lack of staff at the facility. The complainant alleged Resident A was not checked on regularly because of lack of staff and Resident A fell. The complainant alleged residents have eloped from the facility because of lack of staff. The complainant alleged residents are being neglected because of lack of staff. All intakes were anonymous and therefore I was unable to contact the complainant for additional information.

On 05/27/2025, the licensing department received another intake with allegations that on 05/23/2025, there was only one medical assistant to administer medications for 66 residents.

On 05/21/2025, I interviewed staff person 1 (SP1) at the facility. SP1 reported the facility has two shifts. SP1 reported on first shift there are to be two or three medical assistants and four or five aids. SP1 reported on second shift there are to be two medical assistants and two aids. SP1 reported there are 64 residents in the facility and only one person is a two person assist. SP1 reported there is only one resident with a catheter. SP1 reported there are at least 10 residents that are at a level one care level which indicates the residents are mostly independent. SP1 reported the facility is currently using some agency staff for second shift. SP1 reported the facility does not pull from the skilled nursing facility to fill shift shortages. SP1 reported the facility does have a mandating policy in which an employee may have to stay four hours past their end shift time. SP1 reported the average call light response time is under 10 minutes. SP1 reported Resident A did have a fall on 05/17/2025. SP1 reported Resident A was checked on and then approximately 10 minutes later was found on the ground in her room. SP1 reported it appeared Resident A was attempting to transfer herself to the restroom. SP1 reported Resident A was transported to the emergency room for an evaluation. SP1 reported that even though

Resident A fell, she was checked on appropriately. SP1 reported no residents are an elopement risk and no residents have eloped from the facility.

On 05/21/2025, I interviewed SP2 at the facility. SP2 reported over the weekend, 05/16-05/18, there was inadequate number of staff at the facility. SP2 reported there were only two medical assistants and four aids. SP2 reported she was responsible for over 30 medication administrations. SP2 reported there was also a fall on 05/17 and 05/18 which resulted in both medical assistants being pulled off the medication carts to assist with falls.

On 05/21/2025, I interviewed SP3 at the facility. SP3 reported that typically there are five aids and three medical assistants. SP3 reported that over the weekend there was only two medical assistants and four aids. SP3 reported it was very chaotic all weekend and residents did not receive timely attention.

On 05/21/2025, I interviewed SP4 at the facility. SP4 reported she worked 05/16-05/18. SP4 reported Resident A was checked on 10 minutes prior to the fall. SP4 reported Resident A was checked on appropriately. SP4 reported during this timeframe, the facility only had two medical assistants. SP4 reported each medical assistant was responsible for approximately 30 medication administrations. SP4 reported that when the fall occurred on 05/16 and 05/17, it pulled both medical assistants off the medications carts to assist in managing the incident. SP4 reported residents are getting impatient with employee response time and then end of falling. SP4 reported the care aids are also responsible for assisting with serving the meals which takes away from resident care.

On 05/21/2025, I interviewed Resident B at the facility. Resident B reported there is inadequate staff at the facility. Resident B reported she has had to wait up to 30 minutes for staff assistance. Resident B reported at times that her medications are late.

On 05/21/2025, I interviewed administrator Kari Conn at the facility. Administrator reported the facility has adequate staff. Administrator reported that even with two medical assistants and four care aids the staffing ratio is 1:10.

I reviewed the call light response time for 05/16/2025-05/18/2025. The average call light response time was nine minutes.

On 05/22/2025, I interviewed the administrator by telephone regarding the staffing complaint for 05/23/2025. The administrator reported there was a timeframe on 05/23/2025, that the facility pulled from the skilled nursing facility to assist with medication administration because the facility was short on medical assistants.

I reviewed the staff schedule for 05/23/2025. The schedule revealed that on day shift there were five aids. The schedule revealed there was one medical assistant from 0600-1000 and one medical assistant from 0600-1100. There was a medical

assistant from the skilled nursing facility that worked 11:00am-2:00pm. Another medical assistant then worked 3:00pm-6:00pm. In addition, on night shift there was only one medical assistant from 10:00pm-6:00am.

On 07/09/2025, a video meeting was held with the facility regarding staffing. The facility reported their staffing ratios were recently changed and are based on census. The facility reported there is to be five employees on first shift and four employees on second shift.

On 07/28/2025, the licensing department received another complaint alleging lack of staff at the facility.

On 08/13/2025, the licensing department received another complaint alleging lack of staff at the facility.

On 08/14/2025, the licensing department received another complaint alleging lack of staff at the facility.

On 08/15/2025, the licensing department received two complaints alleging lack of staff at the facility.

I reviewed the staff schedule for 08/10/2025-08/17/2025. The schedule revealed the facility was below their staffing ratios on the following shifts:

Short one employee 1<sup>st</sup> shift on 8/13 12:00p-6:00p

Short one employee 2<sup>nd</sup> shift on 08/11 12:00a-6:00a

Short one employee 1<sup>st</sup> shift on 8/14 10:00a-6:00p

On 09/09/2025, the licensing department received another complaint alleging a lack of staff on 09/05/2025.

I reviewed the staff schedule for 09/05/2025. The schedule revealed the facility utilized a medical assistant from the facility clinic for a medication technician.

I reviewed call light response times for 07/02/2025-07/09/2025. The following was revealed in the review of the times:

Date	Daily Average
July 2 <sup>nd</sup>	20 Minutes 44 Seconds
July 3 <sup>rd</sup>	14 Minutes 23 Seconds
July 4 <sup>th</sup>	14 Minutes 05 Seconds
July 5 <sup>th</sup>	12 Minutes 54 Seconds
July 6 <sup>th</sup>	11 Minutes 43 Seconds
July 7 <sup>th</sup>	12 Minutes 48 Seconds
July 8 <sup>th</sup>	15 Minutes 31 Seconds

A focused review of call light response times was completed, and the following times were noted:

Start Time	Duration
5:38:06 AM	1 H 38 M 00 S
6:08:32 AM	30 M 12 S
6:32:42 AM	34 M 03 S
7:21:43 AM	37 M 20 S
7:53:50 AM	53 M 26 S
8:03:35 AM	37 M 39 S
8:05:24 AM	41 M 52 S
8:11:27 AM	30 M 13 S
10:49:39 AM	1 H 53 M 00 S
12:38:44 PM	1 H 02 M 00 S
1:30:43 PM	32 M 10 S
2:59:22 PM	1 H 10 M 00 S
4:34:42 PM	2 H 27 M 00 S
4:59:44 PM	46 M 22 S
5:46:08 PM	56 M 36 S
5:58:33 PM	38 M 28 S
6:05:58 PM	35 M 42 S
6:07:48 PM	35 M 16 S
11:45:13 PM	45 M 14 S

The facility initiated an internal review of these longer alert times. Findings of the internal review, including summary of staff and resident interviews, were provided.

The administrator reported that if a complaint is received related to the emergency pendant response times, the facility will run the report and meet 1:1 with the resident and investigate. The administrator reported that the facility is initiating a random audit of at least five residents weekly where the report will be run and management will meet with the resident. The administrator reported that if the resident expresses dissatisfaction with response times, the facility will initiate an investigation.

<b>APPLICABLE RULE</b>	
<b>R 325.1931</b>	<b>Employees; general provisions.</b>
	<b>(5) The home shall have adequate and sufficient staff on duty at all times who are awake, fully dressed, and capable</b>

	<b>of providing for resident needs consistent with the resident service plans.</b>
<b>ANALYSIS:</b>	Interviews conducted and review of staff schedules revealed the facility has worked below their staffing ratios as described by the Administrator. In addition, the facility has had to utilize staff from another licensed health care facility to fill staff shortages.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**IV. RECOMMENDATION**

Contingent upon receipt of an acceptable corrective action plan, I recommend no change in the status of the license.

*Kimberly Horst*

08/27/2025

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Kimberly Horst  
Licensing Staff

\_\_\_\_\_  
Date

Approved By:

*Andrea L. Moore*

09/29/2025

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

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Date