GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
MICHIGAN VETERAN HOMES
LANSING

ANNE ZERBE
EXECUTIVE DIRECTOR

July 13, 2026

Governor Gretchen Whitmer
State of Michigan
Romney Building
Lansing, MI 48909

Dear Governor,

SUBJECT: PA 351 of 2020 – FY26 Third Quarter Reporting

Attached please find the quarterly report from the Michigan Veteran Homes at Chesterfield Township, the Michigan Veteran Homes D.J. Jacobetti, and the Michigan Veteran Homes at Grand Rapids, pursuant to Public Act 351 of 2020, MCL 36.112a.

If you have any questions regarding this report, please contact Beth Simonton-Kramer at 616.498.5357.

Sincerely,

Anne Zerbe
Executive Director, MVH

Attachment

cc: Senate Committee on Veterans and Emergency Services
Senate Appropriations Subcommittee on Military, Veterans, State Police
House Committee on Military, Veterans and Homeland Security
House Appropriations Subcommittee on Military and Veterans and State Police
Major General Paul D. Rogers, DMVA Director

MVH Quarterly Report **Quarter 3Q, FY 2026**

Pursuant to Public Act 560 of 2016 (as amended by PA 351 of 2020), MCL 36.112(a)

Sec. 9 (1) No later than January 1, April 1, July 1, and October 1 of each year, the Michigan Veteran Homes, its successor agency, or the department of military and veterans' affairs shall report in writing all the following information concerning any state veterans' facility to the governor, the senate and house committees on veterans' affairs, and the senate and house appropriations subcommittees for the department of military and veterans' affairs:

(a) Staffing levels and the extent to which staffing levels do or do not meet industry standards.

38 CFR Part 51.130(d) requires a minimum of 2.5 hours per-patient delivered (PPD).
Actual total direct care PPD for FY26 Quarter 3:

Michigan Veteran Homes at Chesterfield Township (MVHCT)	7.2 PPD
Michigan Veteran Homes D.J. Jacobetti (MVHDJJ)	5.314 PPD
Michigan Veteran Homes at Grand Rapids (MVHGR)	7.3 PPD

(b) Number of patient complaints, average time to review a complaint and respond, and response to each complaint.

Home	Number of Complaints	Average Time to Review and Respond
MVHCT	1	5 days
MVHDJJ	3	1 day
MVHGR	33	10 days

MVHCT Responses:

1. Member keeps receiving regular cups, when he is supposed to utilize a 2-handle cup. Kitchen Supervisor made aware for staff education.

MVHDJJ Responses:

1. Member had a complaint of his personal scissors were missing. New scissors were provided by the home.

2. Member had a complaint that the dietary department was not providing snacks and coffee as expected. Administrator addressed the concern with the dietary department and snacks were provided as expected.
3. Member complaint of missing wallet, keys, and money. Staff assisted member in searching his room and other locations of the home and were unable to locate the missing items. DPOA was contacted to provide an update. During the conversation, the DPOA confirmed the member's son was in possession of the missing items.

MVHGR Responses:

1. Education completed with staff.
2. Care plan updated.
3. Improvement in food temperatures at meals and implementation of plate warmers.
4. Two parts: 1) Denied wanting care plan updated. 2) Will review adding sweet potatoes to the upcoming menu selection survey.
5. Confirmed items from the shopping trip were delivered to the member's room.
6. Items were replaced by RP, Claim Against the State was completed for potential reimbursement.
7. Some money found, RP stated form could be closed.
8. Some shirts were found at the facility, RP brought in some replacement shirts. RP declined wanting to file a claim against the state for reimbursement.
9. Caregiver is no longer assigned to Blue Bridge household.
10. Daughter satisfied with follow-up completed by facility staff regarding concerns.
11. Family is doing member's laundry. Laundry processes reviewed and changed.
12. Order was updated to reflect different shifts for catheter bag to be changed.
13. 3 pairs of sweatpants were located. Lower dentures were repaired and returned.
14. Daughter will contact the hospital regarding process for getting a replacement phone/reimbursement.
15. Education was completed with the caregiver.
16. Replacement phone was bought by family.
17. Member was satisfied with follow-up completed by the facility.
18. Could not substantiate the allegation of financial misappropriation. State investigation completed. Police report was filed.
19. Member and daughter satisfied with facility follow-up. Received replacement clothing items. Re-education completed with staff member.
20. 1 mattress pad was located, the other remains missing. RP was not worried about it at this time.
21. Jacket was located, labeled, and returned to the member.
22. Clothing items were not found. Denied wanting to file a Claim Against the State for potential reimbursement.
23. Transportation for dialysis has been changed to Life EMS.
24. Education completed with the identified nurse.
25. Could not substantiate the identified concern.
26. Verbal education completed with the identified caregiver.

27. Relish was replaced and plan implemented to ensure relish is available in the member fridge.
28. Nursing staff conducting a self-med administration assessment with the member to see if he can self-administer any as needed pain medications.
29. Member's hat could not be found. Volunteer Coordinating will see if there's a donor willing and able to purchase a replacement.
30. Claim Against the State submitted for potential reimbursement.
31. White pants were found, labeled, and returned to the member.
32. Resolution pending – opened on 6/28/26.
33. Resolution pending – opened on 6/30/26.

(c) Timeliness of distribution of pharmaceutical drugs.

MVHCT - Pharmaceutical drugs are delivered to medication rooms and medication carts at the Home every two weeks for distribution for the following two-week period.

MVHDJJ - Pharmaceutical drugs are delivered to medication rooms and medication carts at the Home every two weeks for distribution for the following two-week period.

MVHGR – Pharmaceutical drugs are delivered the nursing units and medication carts at the Home every two weeks for distribution for the following two-week period.

(d) Security provided for pharmaceutical drugs in the facility, including the title of the individuals providing the security.

MVHCT - Pharmaceutical drugs are locked in the C2 safe within the pharmacy, to which only the licensed pharmacist listed below has sole access. The pharmacy requires a two-means of authentication in efforts to enter the pharmacy. Narcotics are double locked within the pharmacy. On the units, the medication rooms are locked, as are medication carts, and narcotics are double locked. The medication nurse on duty on any given shift is the only employee with the key to medications on the household.

A PYXIS Medication Station, located within the wellness center storage room for after-hours and weekend usage, only. The Wellness Center after-hours required key-card access, which is controlled, and a pre-determined group of Nurse Managers have specific key-card access to enter said storage room where the PYXIS is located.

The PYXIS station is accessed via individual sign on with password. There is also a security camera located in the Wellness Center in additional to the storage room.

Returned medications to the pharmacy are handled via nursing and documented on a form. Returned medications are re-stocked or destroyed as appropriate. Returned medications are logged into the QS1 pharmacy system.

The following individual provides the security and oversight of pharmaceutical drugs:

Kristie Schemansky, PharmD.

MVHDJJ - Pharmaceutical drugs are locked in the pharmacy, to which only the licensed pharmacists listed below have access. The pharmacy is equipped with an alarm. Narcotics are double locked within the pharmacy. On the unit(s), the medication rooms are locked, as are medication carts, and narcotics are double locked. The medication nurse on duty on any given shift is the only employee with the key to medications on the unit(s).

The following individuals provide the security and oversight of pharmaceutical drugs:

Brad Harvala, Pharmacy Director

Lori Krueger, Pharmacist

Barb Salmela, Pharmacist

MVHGR- Pharmaceutical drugs are locked in the pharmacy, to which only the licensed pharmacists listed below have access. The pharmacy is equipped with an alarm. Narcotics are double locked within the pharmacy. On the units, the medication rooms are locked, as are medication carts, and narcotics are double locked. The medication nurse on duty on any given shift is the only employee with the key to medications on the units(s).

A PYXIS Medication Station, located in the pharmacy entry way is available after hours. The front entry is only accessible via key card access when the pharmacy is closed. The PYXIS station is accessed via fingerprint or individual sign on with password. There is also a security camera located in the entry way.

The unit medication rooms are locked. Medication carts are locked with key access only and narcotics are double locked.

Returned medications to the pharmacy are handled via nursing and documented on a form. Returned medications are re-stocked or destroyed as appropriate. Returned medications are logged into the QS1 pharmacy system.

The following individuals provide the security and oversight of pharmaceutical drugs:

Louis Ciaramello, RPh

(e) How patient money is accounted for, including the name and title of the individual who supervises patient spending accounts.

MVHCT - Patient monies *held by the facility* are accounted for using generally accepted accounting principles, with interest applied to the balances monthly.

The following individual supervises patient spending accounts:

Sara Brys, Business Office Manager

MVHDJJ - Patient monies *held by the facility* are accounted for using generally accepted accounting principles, with interest applied to the balances monthly.

The following individual supervises patient spending accounts:

Sean Depuydt, Business Manager

MVHGR - Patient monies *held by the facility* are accounted for using generally accepted accounting principles, with interest applied to the balances monthly.

The following individual supervises patient spending accounts:

Ashley Rawlings, Business Manager

(f) Number of facility resident deaths that occurred since the most recent report.

MVHCT	9 facility deaths
MVHDJJ	13 facility deaths
MVHGR	11 facility deaths

(2) The department of military and veterans' affairs shall place the reports required under subsection (1) on its public website in a prominent and conspicuous manner.

These reports are published at www.michigan.gov/mvh/about/legislation