GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
MICHIGAN VETERAN HOMES
LANSING

ANNE ZERBE
EXECUTIVE DIRECTOR

October 15, 2026

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

SUBJECT: PA 351 of 2020 – FY26 Fourth Quarter Reporting

Dear Governor,

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 4Q, 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 4:

Michigan Veteran Homes at Chesterfield Township (MVHCT)	7.3 PPD
Michigan Veteran Homes D.J. Jacobetti (MVHDJJ)	4.968 PPD
Michigan Veteran Homes at Grand Rapids (MVHGR)	7.16 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	3	2 days
MVHDJJ	1	3 days
MVHGR	35	7 days

MVHCT Responses:

1. Member wishes to take additional supplements. – Member is seen quarterly by rounding provider to review current supplement regime and review any additional.
2. Member wishes to use Styrofoam cup for hot liquids- Member assessed for hot liquid safety and will use recommended dinnerware.
3. Member wishes to open his packages without staff present. – Safety vs privacy analysis completed. Safety protocols will remain in place.

MVHDJJ Responses:

1. Missing money was found. Returned to member when it returned from the laundry service 3 days post report.

MVHGR Responses:

1. New BIPAP was provided. Education completed with identified nurse regarding equipment safety.
2. Tank tops were not located. RP purchased replacements. Declined wanting a Claim Against the State.
3. Education completed with identified nursing staff regarding adhering to the member's care plan and/or special instructions.
4. Identified caregiver will no longer be assigned to member's current household. Care plan was reviewed and updated.
5. Education completed with identified caregiver.
6. Privately hired caregiver will no longer be able to come inside the facility.
7. Verbal education completed with staff. Care plan updated. Member not concerned with what he wears to community appointments.
8. Shirt was not located. Claim Against the State was submitted for potential reimbursement.
9. Some underwear was found in another member's room. Education to be completed with staff.
10. Some items were located; others remain missing. Will complete an updated inventory sheet. Education completed with laundry staff on double checking labels when delivering clothing items.
11. Almost all clothing items were located and returned aside from 1 singular sock - wife/RP not worried about the missing sock.
12. After further discussion, there was miscommunication between member and caregiver. Member is still willing to work with the caregiver.
    Identified caregiver was issued a final written warning.
13. Care plan was reviewed and updated.
14. State investigation was completed. Money was reimbursed to member.
15. Request for reimbursement was submitted.
16. Kardex updated with preference. Education to be completed with staff.
17. Replacement socks provided by the facility and member purchased some.
18. Confirmed care tasks were completed. Kardex updated.
19. Some improvement noted to socks and handkerchiefs being returned. RP purchased replacement items.
20. *Working toward resolution.*
21. Missing money clip and money was not located.
22. Wife purchased a replacement shirt and requested reimbursement.

23. Bird feeder was located and returned to member. Daughter purchasing a trellis for it to be hung from.
24. Education to be completed with staff.
25. RP purchased a replacement phone that will have a Scandent tag attached.
26. Member passed away and RP is no longer worried about missing clothing items.
27. Shirt was located, labeled, and returned to member.
28. Request for reimbursement was submitted.
29. Request for reimbursement was submitted.
30. Blanket was located, labeled, and returned.
31. Salad dressing was replaced.
32. Clothing items were found. Sign placed in member room indicating he does his own laundry.
33. *Working toward resolution.*
34. Education completed with housekeeping staff.

(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	7 facility deaths
MVHDJJ	5 facility deaths
MVHGR	8 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