



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

January 3, 2024

Kim Waddell
NRMI LLC
17187 N. Laurel Park Dr., Suite 160
Livonia, MI 48152

RE: License #: AS810412116
Investigation #: 2024A0122007
Maple Ridge

Dear Kim Waddell:

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 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) 284-9720.

Sincerely,

A handwritten signature in black ink that reads "Vanita Bouldin". The signature is written in a cursive, flowing style.

Vanita C. Bouldin, Licensing Consultant
Bureau of Community and Health Systems
22 Center Street
Ypsilanti, MI 48198
(734) 395-4037

Enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS810412116
Investigation #:	2024A0122007
Complaint Receipt Date:	12/08/2023
Investigation Initiation Date:	12/08/2023
Report Due Date:	02/06/2024
Licensee Name:	NRMI LLC
Licensee Address:	160 17187 N. Laurel Park Dr. Livonia, MI 48152
Licensee Telephone #:	(734) 646-1603
Administrator:	Kim Waddell
Licensee Designee:	Kim Waddell
Name of Facility:	Maple Ridge
Facility Address:	3439 Maple Ypsilanti, MI 48197
Facility Telephone #:	(734) 528-9215
Original Issuance Date:	06/01/2022
License Status:	REGULAR
Effective Date:	12/01/2022
Expiration Date:	11/30/2024
Capacity:	4

Program Type:	PHYSICALLY HANDICAPPED TRAUMATICALLY BRAIN INJURED
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I. ALLEGATION(S)

	Violation Established?
On 10/20/2023, an unknown staff member used Resident A's card to complete an unauthorized transaction.	Yes

II. METHODOLOGY

12/08/2023	Special Investigation Intake 2024A0122007 APS Referral
12/08/2023	Special Investigation Initiated - Letter Email received 11/29/23 and 12/07/23, reporting the incident and submitting additional information from Kim Waddell, Licensee Designee.
12/11/2023	Contact – Telephone call made. Guardian A. Unavailable – left voice message requesting return phone call.
12/12/2023	Contact – Telephone call received. Completed an interview with Guardian A.
01/02/2024	Exit Conference Discussed findings with Kim Waddell, Licensee Designee.

ALLEGATION: On 10/20/2023, an unknown staff member used Resident A's card to complete an unauthorized transaction.

INVESTIGATION: On 11/29/2023, Kim Waddell stated that Guardian A reported an unauthorized transaction on Resident A's debt card dated 10/20/2023. Ms. Waddell stated an internal investigation was opened. Thus far, it has been found that Resident A's card was kept in a common area of the adult foster care facility. It is believed that an unknown staff member took the card on 10/20/2023, used it to make transactions, and returned it to the common area.

Per Ms. Waddell, a police report has been filed and police report number 23-18196 was assigned.

On 12/12/2023, I completed an interview with Guardian A. Guardian A reported she had been informed of the misappropriation of Resident A's funds by an unknown staff member. Per Guardian A she has retrieved and submitted banking statements to the administration of the Maple Ridge facility for their internal investigation. Guardian A stated she is pleased with internal investigation of this issue and feels that the incident is being handled appropriately. Guardian A stated she has no issues or concerns regarding the care Resident A is receiving from the staff members of Maple Ridge adult foster care facility.

Guardian A confirmed that Resident A is diagnosed with a Traumatic Brain Injury and unable to be interviewed.

On 01/02/2024, I completed an exit conference with Kim Waddell and discussed my findings with her. Ms. Waddell stated she understood my findings and would submit a corrective action plan to address the rule violation found.

APPLICABLE RULE	
R 400.14315	Handling of resident funds and valuables.
	(10) A licensee, administrator, direct care staff, other employees, volunteers under the direction of the licensee, and members of their families shall not accept, take, or borrow money or valuables from a resident, even with the consent of the resident.

ANALYSIS:	<p>On 11/29/2023, Kim Waddell reported an unauthorized transaction dated 10/20/2023 on Resident A's debt card. Ms. Waddell completed an internal investigation and found that Resident A's debit card was kept in a common area within the facility and an unknown staff member had access to the card.</p> <p>On 12/12/2023, Guardian A stated she had been informed of the incident and had submitted Resident A's banking statements to assist with the internal investigation.</p> <p>Based upon my investigation I find that an unknown direct care staff took possession of Resident A's debt card on 10/20/2023 and completed a personal transaction.</p>
CONCLUSION:	VIOLATION ESTABLISHED

III. RECOMMENDATION

Contingent upon receipt and approval of a corrective action plan I recommend no change to the status of the license.



Vanita C. Bouldin
Licensing Consultant

Date: 01/02/2024

Approved By:



Ardra Hunter
Area Manager

Date: 01/03/2024