



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

December 11, 2024

Collin Wiley  
Packard Group II  
P O Box 2066  
Southfield, MI 48037

RE: License #: AM820010110  
Investigation #: 2025A0119003  
Pallister Home

Dear Mr. Wiley:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan was required. On December 9, 2024, you submitted an acceptable written corrective action plan.

It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan.

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 (313) 456-0380.

Sincerely,

A handwritten signature in cursive script that reads "Shatonla Daniel".

Shatonla Daniel, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 919-3003

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM820010110
<b>Investigation #:</b>	2025A0119003
<b>Complaint Receipt Date:</b>	10/21/2024
<b>Investigation Initiation Date:</b>	10/28/2024
<b>Report Due Date:</b>	12/20/2024
<b>Licensee Name:</b>	Packard Group II
<b>Licensee Address:</b>	P O Box 2066 Southfield, MI 48037
<b>Licensee Telephone #:</b>	(313) 872-7283
<b>Administrator:</b>	Collin Wiley
<b>Licensee Designee:</b>	Collin Wiley
<b>Name of Facility:</b>	Pallister Home
<b>Facility Address:</b>	731 Pallister Detroit, MI 48202
<b>Facility Telephone #:</b>	(313) 872-7283
<b>Original Issuance Date:</b>	06/04/1993
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	07/19/2023
<b>Expiration Date:</b>	07/18/2025
<b>Capacity:</b>	10
<b>Program Type:</b>	PHYSICALLY HANDICAPPED MENTALLY ILL

**II. ALLEGATION(S)**

	<b>Violation Established?</b>
<b>On 10/14/2024, Staff- Perkins Jones was heard yelling and cursing at Resident A.</b>	Yes

**III. METHODOLOGY**

10/21/2024	Special Investigation Intake 2025A0119003
10/21/2024	Referral - Recipient Rights Received
10/22/2024	APS Referral Received
10/28/2024	Special Investigation Initiated - On Site Licensee Designee- Colin Wiley, Staff- Aaron Wilson, Resident B, Observed Resident C
10/28/2024	Contact - Face to Face Resident A
12/05/2024	Contact - Telephone call made Staff- Perkins Jones and Resident A's guardian
12/05/2024	Exit Conference Licensee Designee- Colin Wiley
12/09/2024	Inspection Completed-BCAL Sub. Compliance
12/09/2024	Corrective Action Plan Requested and Due on 12/09/2024
12/09/2024	Corrective Action Plan Received
12/09/2024	Corrective Action Plan Approved

## **ALLEGATIONS:**

**On 10/14/2024, Staff- Perkins Jones was heard yelling and cursing at Resident A.**

## **INVESTIGATION:**

On 10/28/2024, I completed an unannounced onsite inspection and interviewed Licensee Designee/ Administrator- Colin Wiley, Staff- Aaron Wilson, and Resident B regarding the above allegations. It should be noted that I observed Resident C and he could not be interviewed due to his disability. Mr. Wiley stated he initial reported the incident and subsequently generated an incident report. Mr. Wiley stated he entered the facility and heard Staff- Perkins Jones cursing loudly at Resident A. Mr. Wiley stated other residents were outside having a smoke break. Mr. Wiley stated he immediately removed Mr. Jones from the scheduled and subsequently fired him.

Mr. Wilson stated he had no direct knowledge of Mr. Jones yelling and cursing at Resident A. Mr. Wilson stated he has never yelled or cursed at Resident A. Mr. Wilson stated staff is not allowed to speak to residents in that manner and he would not tolerate this behavior his presence.

Resident B stated he did not hear Mr. Jones cursing at Resident A. However, Resident B stated Mr. Jones has cursed at him and other residents previously for not coming to get their medications fast enough.

On 10/28/2024, I completed a face to face interviewed with Resident A at STEP regarding the above allegations. Resident A stated Mr. Jones was singling him out at home and it has been bad for him. Resident A stated Mr. Jones was cursing at him and wanted to fight him. Resident A stated Mr. Jones cursed at the residents all of the time. Resident A stated Mr. Jones has cursed at him previously but he did not tell anyone.

On 12/05/2024, I telephoned and interviewed Staff- Perkins Jones and Resident A's guardian regarding the above allegations. Mr. Jones denied the allegations. Mr. Jones stated he raised his voice at Resident A but did not curse at him. Mr. Jones stated Resident A kept insisting there was something on the floor and he was telling him there wasn't anything on the floor. Mr. Jones stated he has no direct knowledge of any staff yelling and cursing at Resident A or any other residents.

Resident A's guardian stated she was made aware of incident involving Resident A and Mr. Jones by receiving an incident report. Resident A's guardian stated she does not have concerns and/or complaints about Resident A's care in the home. Resident A's guardian stated Resident A receives excellent care from the staff. Resident A's guardian denies having heard any staff yelling and cursing at any residents prior to this incident.

<b>APPLICABLE RULE</b>	
<b>R 400.14308</b>	<b>Resident behavior interventions prohibitions.</b>
	<p><b>(2) A licensee, direct care staff, the administrator, members of the household, volunteers who are under the direction of the licensee, employees, or any person who lives in the home shall not do any of the following:</b></p> <p><b>(f) Subject a resident to any of the following:</b></p> <p><b>(i) Mental or emotional cruelty.</b></p> <p><b>(ii) Verbal abuse.</b></p> <p><b>(iii) Derogatory remarks about the resident or members of his or her family.</b></p> <p><b>(iv) Threats.</b></p>
<b>ANALYSIS:</b>	<p>Licensee Designee/ Administrator- Colin Wiley stated he entered the facility and heard Staff- Perkins Jones cursing loudly at Resident A.</p> <p>Resident B stated Mr. Jones has cursed at him and other residents previously for not coming to get their medications fast enough.</p> <p>Resident A stated Mr. Jones was cursing at him and wanted to fight him. Resident A stated Mr. Jones cursed at the residents all of the time.</p> <p>Therefore, it is reasonable to believe Staff- Perkins Jones was verbally abusive towards Resident A.</p>
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**IV. RECOMMENDATION**

An acceptable corrective plan has been received; therefore, I recommend that the status of the license remains the same.



12/09/2024

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Shatonla Daniel  
Licensing Consultant

Date

Approved By:



12/11/2024

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Ardra Hunter  
Area Manager

Date