



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

January 24, 2025

Karen Barry  
Bay Valley Adult Foster Care Inc.  
5113 Reinhardt Lane  
Bay City, MI 48706

|                  |                     |
|------------------|---------------------|
| RE: License #:   | AL090084487         |
| Investigation #: | 2025A0123010        |
|                  | Bay Valley AFC Inc. |

Dear Karen Barry:

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.
- Indicate how continuing compliance will be maintained once compliance is achieved.
- Be signed and dated.

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) 643-7960.

Sincerely,

A handwritten signature in cursive script, appearing to read "Shamidah Wyden".

Shamidah Wyden, Licensing Consultant  
Bureau of Community and Health Systems  
411 Genesee  
P.O. Box 5070  
Saginaw, MI 48607  
989-395-6853

enclosure

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

**I. IDENTIFYING INFORMATION**

|                                       |  |
|---------------------------------------|--|
| <b>License #:</b>                     | AL090084487  |
| <b>Investigation #:</b>               | 2025A0123010   |
| <b>Complaint Receipt Date:</b>        | 12/02/2024   |
| <b>Investigation Initiation Date:</b> | 12/04/2024   |
| <b>Report Due Date:</b>               | 01/31/2025   |
| <b>Licensee Name:</b>                 | Bay Valley Adult Foster Care Inc.  |
| <b>Licensee Address:</b>              | 5113 Reinhardt Lane<br>Bay City, MI 48706                                  |
| <b>Licensee Telephone #:</b>          | (989) 450-8769   |
| <b>Administrator:</b>                 | Karen Barry  |
| <b>Licensee Designee:</b>             | Karen Barry  |
| <b>Name of Facility:</b>              | Bay Valley AFC Inc.  |
| <b>Facility Address:</b>              | 5113 Reinhardt Lane Bay City, MI 48706                                     |
| <b>Facility Telephone #:</b>          | (989) 450-8769   |
| <b>Original Issuance Date:</b>        | 01/07/1999   |
| <b>License Status:</b>                | REGULAR  |
| <b>Effective Date:</b>                | 05/09/2023   |
| <b>Expiration Date:</b>               | 05/08/2025   |
| <b>Capacity:</b>                      | 20   |
| <b>Program Type:</b>                  | PHYSICALLY HANDICAPPED<br>DEVELOPMENTALLY DISABLED<br>MENTALLY ILL<br>AGED |

## II. ALLEGATION(S)

|   | Violation<br>Established? |
|---|---------------------------|
| The facility has had one staff person working alone on third shift on several instances to care for 20 residents. | No                        |
| Staff are not fully trained.  | Yes                       |
| Staff are not trained in medication administration.   | No                        |

## III. METHODOLOGY

|            |  |
|------------|--|
| 12/02/2024 | Special Investigation Intake<br>2025A0123010   |
| 12/02/2024 | APS Referral<br>Information received regarding APS referral.                         |
| 12/04/2024 | Special Investigation Initiated - Telephone<br>I spoke with Complainant 1 via phone. |
| 12/11/2024 | Inspection Completed On-site<br>I conducted an unannounced on-site at the facility.  |
| 12/12/2024 | Contact - Telephone call made<br>I spoke with co-owner Shawn Pnacek.                 |
| 12/12/2024 | Contact- Document Received<br>Requested documentation received.                      |
| 12/18/2024 | Contact - Telephone call made<br>I left a voicemail for staff Alana Arroya.          |
| 12/18/2024 | Contact - Telephone call made<br>I interviewed staff Laurie Holmes.                  |
| 12/18/2024 | Contact - Telephone call made<br>I interviewed staff Sara Carrier.                   |
| 12/18/2024 | Contact - Telephone call made<br>I interviewed staff Natavia Jeffries.               |
| 01/08/2025 | Contact- Document Received<br>Requested documentation received.                      |

|            |   |
|------------|---|
| 01/21/2025 | Contact- Telephone call made<br>Attempted call to co-owner Shawn Pnacek requesting a return call regarding exit conference. |
| 01/22/2025 | Contact- Document sent<br>Email sent to Shawn Pnacek regarding exit conference.   |
| 01/24/2025 | Exit Conference-<br>Sent summary of findings to Shawn Pnacek via email.   |

#### **ALLEGATION:**

- **The facility has had one staff person working alone on third shift on several instances to care for 20 residents.**
- **Staff are not fully trained.**
- **Staff are not trained in medication administration.**

**INVESTIGATION:** On 12/04/2024, I spoke with Complainant 1 via phone. Complainant 1 stated that the home was short staffed all during the beginning of November 2024. Between the middle of October and November 2024, most of the staff except two were fired. Staff working alone on third shift were not CPR/First aid trained.

On 12/11/2024, I conducted an unannounced on-site at the facility. I interviewed staff Alyssa Wiedyk, staff Alexis Publoh, staff Wendy Preston, Resident A, Resident B, and Resident C. During this on-site, I observed about 13 residents all eating lunch. They residents appeared clean and appropriately dressed. No issues were noted. The facility also appeared clean and orderly.

Staff Alyssa Wiedyk was interviewed. She denied the allegations. She stated that she has worked in the facility since September 2024. Staff Wiedyk stated she works 1<sup>st</sup> shift, and there are two to three staff that work on first shift (two on Wednesdays only, which is not a shower day), two staff on second shift, and two staff on third shift. Staff Wiedyk denied having any knowledge of any shift being short staffed since working in the facility. Staff Wiedyk stated that she is fully trained. The facility's management is working on scheduling a CPR/First Aid class. Staff Wiedyk stated that she is medication trained. Staff Wiedyk stated that she has no knowledge of any staff working alone and working alone without being First Aid/CPR trained. She also denied having knowledge of anyone passing medications without being medication trained. Staff Wiedyk stated that there are about 12 staff that work at the facility currently.

Staff Alexis Publoh was interviewed. Staff Publoh denied the allegations. Staff Publoh stated that she works first shift. Staff Publoh stated that there are three staff

on first shift (two on Wednesday's only), two or three on second shift, and two staff on third shift. Staff Publoh denied having any knowledge of the facility being short staffed on third shift, and stated there is always two staff on shift. Staff Publoh denied seeing any signs of neglect of duties from third shift staff at shift change. Staff Publoh stated that she is fully CPR/First Aid certified and fully trained, including medication trained. She stated that the facility currently has about 12 to 14 staff. Staff Publoh denied that any residents are currently a two-person assist.

Staff Wendy Preston was interviewed. Staff Preston denied the allegations. Staff Preston stated that there are about three new staff members who are not medication trained yet, and they are not passing medications. They work on shift with a trained medication passer. She stated that they are currently working with the Red Cross to get a training class for staff that are not first aid/CPR certified. Staff Preston stated that there are six staff that need the class. Staff Preston stated that she works second shift and fills in shifts when needed. Staff Preston stated that no worker has worked third shift alone to her knowledge. Staff Preston stated that all staff have the basic required staff trainings completed. Staff Preston stated that the residents who use a wheelchair can self-propel. There are no two person-assists, and there are two residents with Alzheimer's/dementia who have a tendency to wander.

During this on-site investigation. I reviewed resident files for all 16 residents in the facility. There were about eight residents who are diagnosed with dementia and/or Alzheimer's. All but about three residents require the use of an assistive device, i.e. cane, walker, and/or wheelchair. There are at least two that require assistance with walking/mobility, and about six residents who require either total or almost total assistance with personal care activities.

During this on-site, I interviewed Resident A, Resident B, and Resident C. Resident A stated that things in the facility are stable. Resident A stated that their personal care needs are being met. Resident A denied having any complaints and stated that they received their medications daily.

Resident B stated that the staff are nice, their needs are met, and Resident B denied having any complaints. Resident B stated that they have seen about three or four staff working during shifts. Resident B stated that they receive their medications daily.

Resident C was interviewed. Resident C appeared to be hard of hearing. Resident C stated that they like living in the facility, and the facility has quite a bit of staff working presently. Resident C did not express any concerns or issues.

On 12/12/2024, I spoke with co-owner Shawn Pnacek via phone. He stated that he knew a complaint was coming after firing a staff person for sleeping while on duty. Shawn Pnacek stated that the facility is currently fully staff, at one time was overstaffed, but they have enough staffing to provide coverage when necessary. Shawn Pnacek stated that he does not think it is the case that staff are not medication trained, and that some do need first aid/CPR certification.

On 12/12/2024, I received copies of the facility's staff schedules dated 10/21/2024 through 01/05/2025. Per the staff schedules there were two dates that only noted one staff working on third shift (11/21/2024- staff Natavia Jeffries and 11/22/2024-staff Mahaleigh Castellano) but fill ins (coverage) was noted. For each week there were at least three staff members who were assigned to third shifts, with two staff assigned each day.

During the course of the investigation, comparing the staff schedule for third shift, with staff verification of training documentation including CPR/First Aid, it was found that there was no sufficient documentation provided to confirm that at least one staff person on each shift had an up-to-date CPR/First Aid training certificate on file at the time they were scheduled to work between 10/21/2024 and 11/24/2024 for multiple dates. Documentation shows staff Alivia Michalski's CPR/first aid was dated 12/12/2024, but she worked shifts between 10/21/2024 thru 11/17/2024 with staff Mahaleigh Castellano and staff Natavia Jeffries who also did not have verification of CPR/First Aid training documentation (dated before 10/21/2024) on file for that time frame. The CPR/First aid documentation provided for Staff Jeffries is dated 01/04/2025. Only one of four third shift staff on the schedule between 10/21/2024 and 11/17/2024 had documentation on file for verifying they were fully trained. This staff person was staff Ericka Ciszek. Staff Mashelle Gawne did not have any verification of training on file.

During the course of the investigation, comparing the staff schedule for third shift with staff verification of medication training, there was at least one medication administration trained staff person working on each day for third shift between 10/21/2024 through 01/05/2025.

On 01/14/2025, I received a follow-up email from home manager Wendy Preston confirming that there was no documentation on file for a third shift staff person named Mashelle Gawne who was on the schedule between 10/21/2024 and 10/30/2024. Staff Preston stated that staff Mashelle Gawne was hired prior to Staff Preston working at the facility, and she had only met the staff person twice before they quit. Staff Preston stated that third shift staff Serenity Castellano also did not have her CPR/First aid yet, and that she did not have a copy of third shift staff Mahaleigh Castellano's CPR/First aid.

A copy of the facility's *Resident Register* reflects that there are 16 residents currently living in the facility.

On 12/18/2024, I interviewed third shift staff person Laurie Holmes. Staff Holmes denied working alone on third shift and stated that there are always two staff working. Staff Holmes stated that she is fully trained. Staff Holmes stated that it is a good company, staff have been trained, and the staff that are not doing good are being let go.

On 12/18/2024, I interviewed third shift staff person Sara Carrier. Staff Carrier stated that she had not worked a shift alone. Staff Carrier stated that she will not touch the medication cart until she receives training. Staff Carrier stated that she was CPR/first aid trained and also received training at her previous place of employment. Staff Carrier stated that she is still going through training now at Bay Valley.

On 12/18/2024, I interviewed third shift staff person Natavia Jeffries. Staff Jeffries stated that they are fully trained, including CPR/first aid and medications. Staff Jeffries stated they also have training from a previous job. Staff Jeffries denied ever working a shift alone.

| <b>APPLICABLE RULE</b> |  |
|------------------------|--|
| <b>R 400.15206</b>     | <b>Staffing requirements.</b>  |
|                        | <b>(2) A licensee shall have sufficient direct care staff on duty at all times for the supervision, personal care, and protection of residents and to provide the services specified in the resident's resident care agreement and assessment plan.</b>  |
| <b>ANALYSIS:</b>       | <p>On 12/11/2024, I conducted an unannounced on-site inspection at the facility. I interviewed staff Alyssa Wiedyk, staff Alexis Publoh, and staff Wendy Preston. They denied the allegations.</p> <p>Resident A, Resident B, and Resident C were interviewed on 12/11/2024 and did not express any staffing issues.</p> <p>On 12/18/2024, I interviewed third shift staff persons, Laurie Holmes, Sara Carrier, and Natavia Jeffries. They denied the allegations.</p> <p>During the course of this investigation I reviewed the facility's staff schedules for 10/21/2024 through 01/05/2025. It appeared that there were at least two staff on shift for each shift.</p> <p>There is no preponderance of evidence to substantiate a rule violation.</p> |
| <b>CONCLUSION:</b>     | <b>VIOLATION NOT ESTABLISHED</b>   |

| <b>APPLICABLE RULE</b> |  |
|------------------------|--|
| <b>R 400.15204</b>     | <b>Direct care staff; qualifications and training.</b>   |
|                        | <b>(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of</b> |



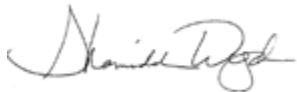
|                    |   |
|--------------------|---|
|                    | <p>the following areas:</p> <ul style="list-style-type: none"> <li>(a) Reporting requirements.</li> <li>(b) First aid.</li> <li>(c) Cardiopulmonary resuscitation.</li> <li>(d) Personal care, supervision, and protection.</li> <li>(e) Resident rights.</li> <li>(f) Safety and fire prevention.</li> <li>(g) Prevention and containment of communicable diseases.</li> </ul>   |
| <b>ANALYSIS:</b>   | <p>During the course of the investigation, comparing the staff schedule for third shift with staff verification of training documentation including CPR/First Aid, it was found that there was no sufficient documentation provided to confirm that at least one staff person on each shift had an up-to-date CPR/First Aid training certificate on file at the time they were scheduled to work between 10/21/2024 and 11/24/2024 for multiple dates.</p> <p>There was only one staff person, staff Mashelle Gawne, on the staff schedule during that same timeframe that did not have any verification of training documentation on file.</p> <p>There is a preponderance of evidence to substantiate a rule violation.</p> |
| <b>CONCLUSION:</b> | <b>VIOLATION ESTABLISHED</b>  |

| <b>APPLICABLE RULE</b> |   |
|------------------------|---|
| <b>R 400.15312</b>     | <b>Resident medications.</b>  |
|                        | <p><b>(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:</b></p> <ul style="list-style-type: none"> <li><b>(a) Be trained in the proper handling and administration of medication.</b></li> </ul>  |
| <b>ANALYSIS:</b>       | <p>During the course of the investigation, comparing the staff schedule for third shift with staff verification of medication training, there was at least one medication administration trained staff person working on each day for third shift between 10/21/2024 through 01/05/2025.</p> <p>There is no preponderance of evidence to substantiate a rule violation.</p> |
| <b>CONCLUSION:</b>     | <b>VIOLATION NOT ESTABLISHED</b>  |

On 1/24/2025, I sent an email informing/summarizing the allegations and findings to co-corporate director Shawn Pnacek. Attempts were made to contact Shawn Pnacek on 01/21/2025, and 01/22/2025.

#### IV. RECOMMENDATION

Contingent upon the receipt of an acceptable corrective action plan, I recommend continuation of the AFC large group home license (capacity 13-20).




01/24/2025

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Shamidah Wyden  
Licensing Consultant

Date

Approved By:



01/24/2025

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Mary E. Holton  
Area Manager

Date