



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

Megan Pena
Hope Network Behavioral Health Services
PO Box 890
3075 Orchard Vista Drive
Grand Rapids, MI 49518-0890

February 3, 2025

RE: License #: AM490392115
Investigation #: 2025A0873008
Bay Haven Integrated Care

Dear Mrs. Pena:

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.

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 (616) 356-0100.

Sincerely,

Garrett Peters, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N. W.
Grand Rapids, MI 49503
(906) 250-9318
enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM490392115
Investigation #:	2025A0873008
Complaint Receipt Date:	12/11/2024
Investigation Initiation Date:	12/13/2024
Report Due Date:	02/09/2025
Licensee Name:	Hope Network Behavioral Health Services
Licensee Address:	PO Box 890 3075 Orchard Vista Drive Grand Rapids, MI 49518-0890
Licensee Telephone #:	(616) 430-7952
Administrator:	Megan Pena
Licensee Designee:	Kathy Frazier
Name of Facility:	Bay Haven Integrated Care
Facility Address:	799 Hombach Street St. Ignace, MI 49781
Facility Telephone #:	(906) 298-8000
Original Issuance Date:	10/08/2019
License Status:	REGULAR
Effective Date:	04/08/2024
Expiration Date:	04/07/2026
Capacity:	10
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. ALLEGATION(S)

	Violation Established?
Staff Jackie Auger swore in front of Resident A.	Yes
Additional Findings	No

III. METHODOLOGY

12/11/2024	Special Investigation Intake 2025A0873008
12/13/2024	Special Investigation Initiated - Letter Email sent to complainant
12/17/2024	Contact - Telephone call made Interview with ORR Sarkar
01/10/2025	Inspection Completed On-site
01/10/2025	Contact - Face to Face Interview with Kathy Frazier
01/10/2025	Contact - Face to Face Interview with Melissa Oliver
01/31/2025	Contact - Telephone call made Call to Ms. Augur
01/31/2025	Inspection Completed-BCAL Sub. Compliance

ALLEGATION:

Staff Jackie Auger swore in front of Resident A.

INVESTIGATION:

On 12/11/24, I received a complaint from Ms. Keegan Sarakar, officer of recipient rights for community mental health for central Michigan. Resident A has heard Ms. Auger swear in front of him and other residents. It was unclear if the swearing was directed at Resident A.

On 1/10/25, I interviewed licensee designee Kathy Frazier at the facility. Ms. Auger worked at the facility for less than one year. She was recently fired for swearing in front of residents and other staff.

On 1/10/25, I interviewed program manager Melissa Oliver at the facility. Ms. Auger would often complain to management, other staff, and residents if she was asked to do tasks around the facility. She retaliated against residents and staff by giving them the silent treatment and being rude and insubordinate. Ms. Auger was recently fired for these behaviors in addition to swearing around residents.

On 1/31/25, I left a voicemail for Ms. Auger to discuss the allegations but have not heard back from her.

APPLICABLE RULE	
R 400.14305	Resident protection.
	(3) A resident shall be treated with dignity and his or her personal needs, including protection and safety, shall be attended to at all times in accordance with the provisions of the act.
ANALYSIS:	After interviewing staff at Bay Haven, it was confirmed staff Auger regularly swore in front of residents.
CONCLUSION:	VIOLATION ESTABLISHED

On 2/3/25, I explained the findings of this report to licensee designee Kathy Frazier. Ms. Frazier told me that Ms. Auger would most likely not cooperate with the investigation.

IV. RECOMMENDATION

Contingent upon an acceptable corrective action plan, I recommend no changes to the status of this license.

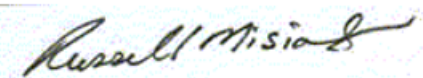


2/3/25

Garrett Peters
Licensing Consultant

Date

Approved By:



2/4/25

Russell B. Misiak
Area Manager

Date