



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 11, 2025

Kimberly Singer
Welcome Home Assisted Living - Owosso
1605 Vandekarr Rd
Owosso, MI 48867

RE: License #: AS780402781
Investigation #: 2025A0622031
Welcome Home Honey

Dear Ms. Singer:

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) 284-9727.

Sincerely,

A handwritten signature in black ink, appearing to read 'Amanda Blasius', written in a cursive style.

Amanda Blasius, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS780402781
Investigation #:	2025A0622031
Complaint Receipt Date:	03/24/2025
Investigation Initiation Date:	03/27/2025
Report Due Date:	05/23/2025
Licensee Name:	Welcome Home Assisted Living - Owosso
Licensee Address:	1605 Vandekarr Rd Owosso, MI 48867
Licensee Telephone #:	(989) 723-3807
Administrator:	Brooke Bowen
Licensee Designee:	Kimberly Singer
Name of Facility:	Welcome Home Honey
Facility Address:	1605 Vandekarr Rd Owosso, MI 48867
Facility Telephone #:	(989) 723-3802
Original Issuance Date:	02/06/2020
License Status:	REGULAR
Effective Date:	08/06/2024
Expiration Date:	08/05/2026
Capacity:	6
Program Type:	AGED

II. ALLEGATION(S)

	Violation Established?
Only one direct care worker is providing care per shift and there are multiple residents with Hoyer lifts.	No
The home is not completing fire drills.	No
Direct care workers are only completing a 10-minute online class for CPR.	Yes

III. METHODOLOGY

03/24/2025	Special Investigation Intake- 2025A0622031
03/25/2025	No APS referral needed, as there is no suspected abuse or neglect.
03/27/2025	Special Investigation Initiated - On Site
03/27/2025	Inspection Completed-BCAL Sub. Compliance
04/09/2025	Exit conference with administrator, Brooke Bowen.

ALLEGATION: Only one direct care worker is providing care per shift and there are multiple residents with Hoyer lifts.

INVESTIGATION:

This allegation was investigated under Special Investigation Report #2025A0584010 on 02/11/2025 and no violations were cited. Please see this report for further information and details.

APPLICABLE RULE	
R 400.14206	Staffing requirements.
	(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.
ANALYSIS:	This allegation was investigated under Special Investigation Report 2025A0584010 on 02/11/2025 and no violations were cited.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: The home is not completing fire drills.

INVESTIGATION:

On 03/24/2025, I received this complaint through the LARA Bureau of Community and Health Systems online complaint system. According to the complaint, the home has no fire drill protocols and have not had any fire drills to know how to care for the residents in case of a fire. According to the complaint, there is only one staff to six residents.

On 03/27/2025, I completed an unannounced onsite investigation to Welcome Home Honey. During the unannounced onsite investigation, I viewed fire drills completed for 2023, 2024 and 2025. During the unannounced onsite investigation, the home had three residents. All three residents were observed during the investigation and only one resident requires a full assist and Hoyer lift.

I viewed fire drills for 2025, and one was completed for each month for quarter one, during the daytime, evening and sleeping hours. I viewed all fire drills for 2024 and 2023, and the home was in full compliance with completing three per quarter with one completed during daytime, evening and sleeping hours.

APPLICABLE RULE	
R 400.14318	Emergency preparedness; evacuation plan; emergency transportation.
	(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.
ANALYSIS:	During the unannounced onsite investigation, I was able to view fire drill records for Welcome Home Honey and all fire drills were completed for each quarter during daytime, evening and sleeping hours for 2023, 2024 and quarter one of 2025.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: Direct care workers are only completing a 10-minute online class for CPR.

INVESTIGATION:

On 03/24/2025, I received this complaint through the LARA Bureau of Community and Health Systems online complaint system. According to the complaint, staff are only completing a 10-minute online class for CPR.

On 03/27/2025, I completed an unannounced onsite investigation to Welcome Home Honey and viewed three direct care worker employee files. Two of the direct care workers files had American Red Cross approved in person CPR certification. The third direct care worker employee file for Kristine Woodgate documented a completed CPR and first aid course on 01/12/2025 through National CPR Foundation, which is an online website and does not allow an in-person instruction for demonstrating competency with cardiopulmonary resuscitation.

On 03/27/2025, I interviewed administrator, Brooke Bowen in person. She reported that staff are required to provide CPR certification when hired and she was unaware that online CPR was not approved or considered fully competent through the State of Michigan.

During the exit conference with administrator, Brooke Bowen she reported that she has scheduled an in person cardiopulmonary resuscitation class for May 1, 2025, for all direct care workers.

APPLICABLE RULE	
R 400.14204	Direct care staff; qualifications and training.
	(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 the following areas: (c) Cardiopulmonary resuscitation.
ANALYSIS:	During the unannounced onsite investigation, three direct care files were audited for in person Cardiopulmonary resuscitation and direct care worker Kristine Woodgate did not have verification of in person Cardiopulmonary resuscitation.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, I recommend that the status of the license remains the same.

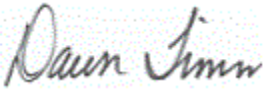


04/09/2025

Amanda Blasius
Licensing Consultant

Date

Approved By:



04/11/2025

Dawn N. Timm
Area Manager

Date