



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 14, 2025

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

RE: License #: AS780402783
Investigation #: 2025A1033023
Welcome Home Sunshine

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) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Jana Lipps".

Jana Lipps, 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 #:	AS780402783
Investigation #:	2025A1033023
Complaint Receipt Date:	03/18/2025
Investigation Initiation Date:	03/20/2025
Report Due Date:	05/17/2025
Licensee Name:	Welcome Home Assisted Living - Owosso
Licensee Address:	1605 Vandekarr Rd Owosso, MI 48867
Licensee Telephone #:	(989) 723-3807
Administrator:	Kimberly Singer, Designee
Licensee Designee:	Kimberly Singer, Designee
Name of Facility:	Welcome Home Sunshine
Facility Address:	1609 Vandekarr Rd Owosso, MI 48867
Facility Telephone #:	(989) 720-1609
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?
Direct care staff are not competent in cardiopulmonary resuscitation.	Yes
Fire drills are being fabricated, and direct care staff do not know the proper procedure in the event of a fire at the facility.	No

III. METHODOLOGY

03/18/2025	Special Investigation Intake 2025A1033023
03/20/2025	Special Investigation Initiated - On Site Interviews conducted with Administrator, Brooke Sabaj, direct care staff/home manager, Shellia Harrow, and direct care staff, Mary Jo Smith. Review of direct care staff schedule, fire drill records, fire safety protocols and evacuation plan, and employee files initiated.
04/04/2025	Contact - Telephone call made Interview conducted with direct care staff, Paige Hart, via telephone.
04/04/2025	Exit Conference Conducted via email correspondence sent to the email address on the facility file for licensee designee, Kimberly Singer.

ALLEGATION: Direct care staff are not competent in cardiopulmonary resuscitation.

INVESTIGATION:

On 3/18/25 I received an online complaint regarding the Welcome Home Sunshine, adult foster care facility (the facility). The complaint alleged direct care staff are not fully competent in cardiopulmonary resuscitation as they do not complete the hands on physical skills portion of the training. On 3/20/25 I conducted an unannounced, on-site investigation at the facility. I reviewed the employee files for six direct care staff. I made the following observations:

- Direct care staff, Bridgett Hunter, had a current CPR certification from the American Heart Association. She has completed the physical skills and written examinations. Her certification expires in August 2025.

- Direct care staff, Winny Oguda, has a current certification from the National CPR Foundation. This certificate indicated that she had completed a written examination on 7/10/24. There was no available documentation of a completed physical skills examination.
- Direct care staff, Shellia Harrow, has a current certification from the National CPR Foundation. This certificate indicated that she had completed a written examination on 6/24/24. There was no available documentation of a completed physical skills examination. Ms. Harrow's file did have documentation of a previously completed physical skills examination, but this has since expired.
- Direct care staff, Mary Jo Smith, has a certificate from the National CPR Foundation. This certificate indicated that she had completed the written examination on 3/5/23. The certificate noted being valid for two years. There was no documentation of a physical skills examination.
- Direct care staff, Paige Hart, has a certificate from the National CPR Foundation. This certificate indicated that she had completed a written examination on 7/10/24. There was no available documentation of a completed physical skills examination.
- Direct care staff, Catie Snider, has a certificate from the National CPR Foundation. This certificate indicates that Ms. Snider completed a written examination on 10/17/24. There was no available documentation of a completed physical skills examination.

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:	Based upon review of six direct care staff employee files, it can be determined that there are currently five employees who are not fully competent in cardiopulmonary resuscitation (CPR). Each employee file had documentation of a written examination being completed, with an attached certificate. However, only Ms. Hunter's file demonstrated that she also completed the physical skills portion of CPR training. To be considered competent in CPR, an individual must be able to demonstrate the skills learned during the written examination, in a physical skills examination to prove their ability to perform CPR when required.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION: Fire drills are being fabricated, and direct care staff do not know the proper procedure in the event of a fire at the facility.

INVESTIGATION:

On 3/18/25 I received an online complaint regarding the facility. The complaint alleged direct care staff were fabricating fire drills and further alleged direct care staff were not properly trained to know the procedure to follow during a fire or other evacuation emergency. On 3/20/25 I conducted an unannounced, on-site investigation at the facility. I interviewed direct care staff, Mary Jo Smith, regarding the allegation. Ms. Smith reported that fire drills are conducted at the facility and she has participated in these fire drills. Ms. Smith reported fire drills take place once per month. She reported direct care staff/home manager, Shellia Harrow, facilitates the fire drills. She reported that Ms. Harrow will set the alarm and then direct care staff work to get the residents out of the building to the meeting location. Ms. Smith reported that she will get the residents out who are the most ambulatory and strongest and then she will focus on the bedbound or less mobile residents. Ms. Smith reported Resident A is bedbound and will require being transferred to a wheelchair or direct care staff will have to use a sheet to carry her out of the facility. Ms. Smith reported that the facility is generally just staffed with one direct care staff member per shift so they try to run the fire drills with just one individual. She reported that management will step in and assist if needed.

During the on-site investigation on 3/20/25 I interviewed Ms. Harrow regarding the allegation. Ms. Harrow reported that she is the home manager for this facility and facilitates the fire drills. Ms. Harrow reported that the process is that they inform residents they will be conducting a fire drill, set the fire alarm, and then time the drill to see the response time. Ms. Harrow reported that she or another individual may assist the direct care staff member in directing the residents if needed. Ms. Harrow reported that the facility is generally staffed with just one direct care staff member per shift.

During the on-site investigation on 3/20/25 I interviewed Administrator, Brooke Sabaj. Ms. Sabaj reported fire drills are conducted once per month. She reported that the drills are timed and recorded. Ms. Sabaj reported fire drills are conducted with only the direct care staff scheduled at the time of the drill.

During the on-site investigation on 3/20/25 I had Ms. Smith run a fire drill, unassisted, as she was the only direct care staff member on the schedule at the time of the investigation. At the time of the fire drill, Resident A was in her bed in her bedroom, Resident B was seated at the dining room table watching television, Resident C was in the restroom, and Resident D was lying down on her bed in her bedroom. Ms. Smith had to transfer Resident A to a wheelchair, assist Resident D in getting up and out of bed, and guide Resident B, C, D out the front door of the facility. Ms. Smith was able to complete this fire drill in 2 minutes and 58 seconds.

During the on-site investigation on 3/20/25 I reviewed the following documents:

- *Welcome Home Sunshine Schedule*. This document demonstrated there are occasional morning shifts where there is an overlap and there are two direct care staff scheduled concurrently. The document consistently demonstrated that from 2pm through 6am there is one direct care staff scheduled per shift.

- *Resident Register*. This document identified that there are currently four residents residing at the facility.
- *Fire Drill Chart*. I reviewed the fire drill records recorded on this document from January 2023 through the present. All fire drills were recorded monthly and at daytime, evening, or sleeping hours. The evacuation times on the fire drills ranged from 3 minutes and 6 seconds to 5 minutes and 3 seconds.
- I observed a posted evacuation route on the wall by the front entrance during this investigation.
- I reviewed the safety and fire prevention training for all six direct care staff employee files. Each file had documented completion of safety and fire prevention training.

On 4/4/25 I interviewed direct care staff, Paige Hart, via telephone regarding the allegation. Ms. Hart reported she works third shift at the facility. Ms. Hart reported she has been involved in fire drills at the facility. Ms. Hart reported that management will conduct the fire drills and time the drills. She reported that the goal is to get everyone out of the facility within five minutes or less. Ms. Hart reported that she focuses on the residents who are more ambulatory first and gets them to safety and then works with the residents who require more mobility assistance. Ms. Hart reported she completes fire drills independently as she is the only direct care staff scheduled during third shift. She reported that the fire drills are conducted monthly.

APPLICABLE RULE	
R 400.14318	Emergency preparedness; evacuation plan; emergency transportation.
	(4) A licensee shall ensure that residents, all employees, volunteers under the direction of the licensee, and members of the household are familiar with emergency and evacuation procedures.
ANALYSIS:	Based upon interviews conducted with Ms. Smith, Ms. Harrow, Ms. Sabaj, and Ms. Hart, as well as review of fire drills, direct care staff schedule, and safety and fire prevention trainings, as well as the outcome of the conducted fire drill conducted at the on-site investigation on 3/20/25, it can be determined direct care staff are trained in fire procedures and demonstrate understanding of the fire drill process and how to conduct fire drills at the facility. Due to a lack of sufficient evidence to suggest otherwise, there will be no violation established at this time.
CONCLUSION:	VIOLATION NOT ESTABLISHED

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:	Based upon interviews conducted with direct care staff, review of fire drill records for the past 18 months, and observations made during the fire drill conducted on 3/20/25, it can be determined that there is no available evidence to suggest that fire drills are not currently being conducted at the facility on a monthly basis during evening, sleeping, and daytime hours. Therefore, a violation will not be established at this time.
CONCLUSION:	VIOLATION NOT ESTABLISHED

IV. RECOMMENDATION

Contingent upon receipt of an approved corrective action plan, no change to the status of the license recommended at this time.

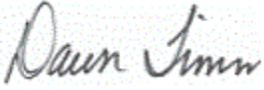
Jana Lipps

4/9/25

Jana Lipps
Licensing Consultant

Date

Approved By:



04/14/2025

Dawn N. Timm
Area Manager

Date