GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 1, 2025

Makenzi Peters
Carveth Village of Middleville
690 W Main Street
Middleville, MI 49333

RE: License #: AH080236758
Investigation #: 2025A1028045
Carveth Village of Middleville

Dear Makenzi Peters:

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 I am not available, and you need to speak to someone immediately, please contact the local office at (616) 356-0100.

Sincerely,

Julie Viviano, Licensing Staff
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503

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

I. IDENTIFYING INFORMATION

License #:	AH080236758
Investigation #:	2025A1028045
Complaint Receipt Date:	03/31/2025
Investigation Initiation Date:	03/31/2025
Report Due Date:	05/30/2025
Licensee Name:	Carveth Village Assisted Living
Licensee Address:	690 W Main St. Middleville, MI 49333
Licensee Telephone #:	(269) 795-4972
Authorized Representative:	Steve Peters
Licensee Designee:	Makenzi Peters
Name of Facility:	Carveth Village of Middleville
Facility Address:	690 W Main Street Middleville, MI 49333
Facility Telephone #:	(269) 795-4972
Original Issuance Date:	04/30/1999
License Status:	REGULAR
Effective Date:	08/01/2024
Expiration Date:	07/31/2025
Capacity:	68
Program Type:	AGED

II. ALLEGATION(S)

	Violation Established?
Staff member 1 stole Resident A's medication in January 2025 and the facility did not take action to address it.	No
Residents have rashes and bed sores because staff are not completing regular checks on residents.	No
Resident B eloped from the facility.	No
Additional Findings	Yes

III. METHODOLOGY

03/31/2025	Special Investigation Intake 2025A1028045
03/31/2025	Special Investigation Initiated - Letter 2025A1028045
03/31/2025	APS Referral
04/03/2025	Contact - Face to Face Interviewed the facility administrator at the facility.
04/03/2025	Contact - Face to Face Interviewed Employee 1 at the facility.
04/03/2025	Contact - Face to Face Interviewed Employee 2 at the facility.
04/03/2025	Contact - Document Received Received requested documentation from the administrator.
04/07/2025	Contact - Document Sent Email sent to the administrator due to receiving additional complaint information on 4/4/2025.

This investigation will only address allegations pertaining to potential violations of the rules and regulations for Homes for the Aged (HFA). Please note, the department will not address the duplicate allegation pertaining to facility policy about the

requirement for physician appointment documentation for employees because it is not applicable to HFA rules and regulations.

ALLEGATION:

Staff member 1 stole Resident A's medication in January 2025 and the facility did not do anything to address it.

INVESTIGATION:

On 3/31/2025, the Bureau received the allegations anonymously through the online complaint system.

On 4/3/2025, I interviewed the facility administrator at the facility who reported a rumor that was circulated in January 2025 among staff that staff member 1 allegedly stole Resident A's medications. No date of the alleged theft was provided in the circulating rumor. The administrator reported upon hearing the rumor, it was immediately investigated from 1/14/2025 to 1/15/2025, and it was determined that staff member 1 did not steal any medication. The administrator reported that staff member 1 administered Resident A's medication in accordance with physician orders from December 2024 to January 2025. The investigation also determined all medication was accounted for and Resident A did not miss any medication administration. The administrator reported the allegation was not substantiated and staff member 1 has not had any discrepancies with medication counts or medication administration.

On 4/3/2025, I interviewed Employee 1 at the facility who reported knowledge of the rumor that circulated in early January about staff member 1 stealing Resident A's medications. No date of the alleged theft was ever reported or determined. Employee 1 confirmed upon notification of the rumor; the facility investigated the incident immediately from 1/14/2025 to 1/15/2025 to ensure all medications were accounted for. Employee 1 confirmed Resident A was administered medication in accordance with physician orders and did not miss any medication administration in December 2024 or January 2025. The facility completed a thorough audit of the medication cart and resident medication records to ensure no theft occurred. The internal investigation determined that no medications were missing or stolen and that staff member 1 had not made any medication administration errors.

On 4/3/2025, I interviewed Employee 2 at the facility whose statement was consistent with the administrator's statement and Employee 1's statement.

On 4/3/2025, I found no concerns when reviewing the facility internal investigation.

APPLICABLE RULE	
R 325.1921	**Governing bodies, administrators, and supervisors.**
	(1) The owner, operator, and governing body of a home shall do all of the following: **(b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.**
R 325.1901	**Definitions.**
	(16) "Protection" means the continual responsibility of the home to take reasonable action to ensure the health, safety, and well-being of a resident as indicated in the resident's service plan, including protection from physical harm, humiliation, intimidation, and social, moral, financial, and personal exploitation while on the premises, while under the supervision of the home or an agent or employee of the home, or when the resident's service plan states that the resident needs continuous supervision.
ANALYSIS:	It was alleged that staff member 1 stole Resident A's medications. No date was provided for the alleged theft. Interviews and onsite investigation reveal there is no evidence to support this allegation. Facility administration immediately launched an internal investigation, and it was determined no medication was missing or stolen and that Resident A was administered medication in accordance with physician orders. The facility took appropriate measures to address the incident and to ensure Resident A's health and safety. No violation found.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION:

Residents have rashes and bed sores because staff are not completing regular checks on residents.

INVESTIGATION:

On 4/3/2025, please note no residents were identified by the complainant and the complaint was submitted anonymously, so information and identity of residents could not be verified.

On 4/3/2025, the administrator reported no residents at the facility have rashes. Resident B has a wound on [their] elbow and a pressure sore that is being treated by hospice and monitored by the facility. Resident C is prone to skin issues, is their own person, and has a history of refusing care resulting in prior skin issues. Resident C is currently being monitored by third-party home health care services and does not have any current or active pressure sores. Resident D has a documented skin condition that flares up intermittently and [they] have a habit of picking at the skin as well. Resident D does not have any pressure sores. The administrator reported no knowledge of any other residents that currently have skin issues or pressure sores. The administrator reported all developing pressure sore, or rash is reported to the physician immediately upon discovery for evaluation and treatment. The administrator reported facility staff checks on residents at a minimum every 2 hours to ensure skin integrity and health, with staff providing some residents with increased checks due to increased incontinence.

On 4/3/2025, Employee 1 confirmed if a developing pressure sore or rash is discovered, it is reported immediately to the physician to evaluate and treat. Employee 1 confirmed Resident B has a wound on [their] elbow and a pressure that is being treated by hospice services and monitored by the facility. Resident C receives third-party home health services due to a decline in health and is [their] own person with a history of refusing care intermittently. Resident C does not have any active pressure sores or rashes either. Employee 1 confirmed Resident D has a documented skin condition and has a history of picking at the skin. Resident D does not have any rashes or pressure ulcers. Employee 1 reported residents are checked on every 2 hours at minimum. Employee 1 reported some residents have increased incontinence and receive increased checks from staff to ensure skin integrity and health.

On 4/3/2025, Employee 2's statement was consistent with the administrator's statement and Employee 1's statement.

APPLICABLE RULE	
R 325.1921	**Governing bodies, administrators, and supervisors.**
	(1) The owner, operator, and governing body of a home shall do all of the following: **(b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.**
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	and well-being of a resident as indicated in the resident's service plan, including protection from physical harm, humiliation, intimidation, and social, moral, financial, and personal exploitation while on the premises, while under the supervision of the home or an agent or employee of the home, or when the resident's service plan states that the resident needs continuous supervision.
ANALYSIS:	It was alleged residents have rashes and bed sores because staff are not completing regular checks on residents. Interviews and onsite investigation reveal there is no evidence to support this allegation. No violation found.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION:

Resident B eloped from the facility.

INVESTIGATION:

On 4/3/2025, the administrator reported Resident B did not elope from the facility. Resident B was confused as to when their family member was picking them up for a scheduled appointment and went outside the facility to the parking lot to meet them. Resident B never left the parking lot and facility staff were alerted that Resident B was in the parking lot looking for [their] family member. Facility staff went outside and informed Resident B the family member wasn't expected at the facility until later. Resident B went back inside with staff. The administrator reported Resident B is allowed outside without supervision and that Resident B was outside in the parking lot for one to two minutes at most.

On 4/3/2025, Employee 1 and Employee 2 statements were consistent with the administrator's statement.

APPLICABLE RULE	
R 325.1924	**Reporting of incidents, accidents, elopement.**
	(4) If an elopement occurs, then the home shall make a reasonable attempt to locate the resident and contact the resident's authorized representative, if any. If the resident is not located, the home shall do both of the following: **(a) Contact the local police authority.** **(b) Notify the department within 24 hours of the elopement.**

ANALYSIS:	It was alleged Resident B eloped from the facility. Interviews and onsite investigation reveal there is no evidence to support this allegation. The incident reported by the anonymous complainant does meet the parameters for elopement. Resident B is allowed outside without supervision and did not lot leave the facility's campus. No violation found.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ADDITIONAL FINDINGS:

INVESTIGATION:

On 4/4/2025, the department received additional information related to the complaint alleging staff member 1 did not pass the background eligibility check to work at the facility and was still currently working in the facility.

On 4/7/2025, I emailed the facility administrator requesting staff member 1's Workforce Background check letter of employment eligibility.

On 4/8/2025, the administrator emailed that *"from the date of employment [August 2024], multiple attempts for finger printing were attempted and were unsuccessful."* No reason was provided as to why staff member 1's fingerprints were not obtained until December 2025, even though staff member 1 had been working at the facility since August 2024. On 12/5/2024, staff member 1 was deemed ineligible for employment at the facility by the Workforce Background department. The administrator reported in the email that staff member 1 contested the findings and submitted the contestation to the Workforce Background department for redetermination of employment. The administrator wrote in the email [they] "*were told LARA would reach out upon receipt of the "Set Aside Conviction" to grant redetermination of employment. We have not received anything."* Staff member 1 was still currently working in the facility at the time of this communication, despite ineligible employment status.

On 4/9/2025, the investigation findings were presented to the section supervisor, Andrea Moore, and the Workforce Background department for further review.

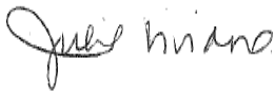
On 4/9/2025, the facility authorized representative and administrator were provided education by the department on required compliance for regulation MCL 333.20173a through a phone call with Andrea Moore. Staff member 1 was completing tasks with direct access to residents at the time of the phone call. The facility administrator provided the requested documentation that staff member 1 was removed from

resident access and terminated from employment on 4/9/2025 due to employment ineligibility after ending the phone call.

APPLICABLE RULE	
MCL 333.20173a	**Covered facility; employees or applicants for employment; prohibitions; criminal history check.**
Definitions	**Covered facility; employees or applicants for employment; prohibitions; criminal history check; procedure; conditional employment or clinical privileges; knowingly providing false information as misdemeanor; prohibited use or dissemination of criminal history information as misdemeanor; review by licensing or regulatory department; conditions of continued employment; failure to conduct criminal history checks as misdemeanor; storage and retention of fingerprints; notification; electronic web-based system; definitions.** **Sec. 20173a.**
	(1) Except as otherwise provided in subsection (2), a covered facility shall not employ, independently contract with, or grant clinical privileges to an individual who regularly has direct access to or provides direct services to patients or residents in the covered facility if the individual satisfies 1 or more of the following: **(a) Has been convicted of a relevant crime described under 42 USC 1320a-7(a).**
ANALYSIS:	The facility allowed staff member 1 direct access to residents prior to completing a criminal history check, and continued to allow staff member 1 direct access to residents after staff member 1 was determined ineligible to work in the facility on 12/05/2024, and this continued until 04/09/2025 when it was ended after department intervention. This violation has been substantiated.
CONCLUSION:	**VIOLATION ESTABLISHED**

IV. RECOMMENDATION

Contingent upon receipt of an approved correction action plan, I recommend the status of this license remains the same.



4/10/2025

Julie Viviano Date
Licensing Staff

Approved By:

04/30/2025

Andrea L. Moore, Manager Date
Long-Term-Care State Licensing Section