



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 30, 2025

Satish Ramade
Margarets Meadows, LLC
5257 Coldwater Rd.
Remus, MI 49340

RE: License #: AL370264709
Investigation #: 2025A0622039
Margarets Meadows

Dear Mr. Ramade:

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.

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) 335-5985.

Sincerely,

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 #:	AL370264709
Investigation #:	2025A0622039
Complaint Receipt Date:	05/08/2025
Investigation Initiation Date:	05/09/2025
Report Due Date:	07/07/2025
Licensee Name:	Margarets Meadows, LLC
Licensee Address:	5257 Coldwater Rd. Remus, MI 49340
Licensee Telephone #:	(248) 470-4862
Administrator:	Satish Ramade
Licensee Designee:	Satish Ramade
Name of Facility:	Margarets Meadows
Facility Address:	5257 Coldwater Road Remus, MI 49340
Facility Telephone #:	(989) 561-5009
Original Issuance Date:	10/11/2004
License Status:	REGULAR
Effective Date:	10/23/2023
Expiration Date:	10/22/2025
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
An employee was talking about doing drugs to stay up during the night.	No
Staff are not properly trained.	Yes
Call lights are not being answered, and care is not being given correctly to residents.	No
Residents are not being fed properly.	No
Additional Findings	Yes

III. METHODOLOGY

05/08/2025	Special Investigation Intake 2025A0622039
05/09/2025	Special Investigation Initiated – Telephone call to licensing consultant assigned to the home.
05/14/2025	Inspection Completed-BCAL Sub. Compliance
05/21/2025	Contact - Telephone call made to GuardianA1.
05/21/2025	Contact - Document Received from Margaret Meadows.
05/22/2025	Contact - Document Received from Margaret Meadows
05/22/2025	Contact- Telephone call to PACE social worker, Greg Burlager
05/23/2025	Contact- Telephone call to PACE social worker supervisor, Krista Blamer
05/30/2025	Exit conference with licensee designee, Satish Ramade

ALLEGATION: An employee was talking about doing drugs to stay up during the night.

INVESTIGATION:

On 05/08/2025, I received this complaint through the LARA Bureau of Community and Health Systems online complaint system. According to the complaint, an employee was talking about doing drugs to stay up during the night. The complaint came through as anonymous, and no additional information or names were provided.

On 05/09/2025, I interviewed licensing consultant Jennifer Browning via phone. She provided additional information about the home and past inspections.

On 05/14/2025, I completed an unannounced onsite investigation to Margaret Meadows. During the investigation, no evidence of staff members being under the influence was observed. I interviewed direct care worker (DCW), Taylor Pardee in person. She reported that she has never used drugs, has never observed other staff members use drugs or be under the influence. DCW Pardee explained that she remembers a staff member joking around about doing drugs to stay up late and another newer staff member overheard the conversation and might not have understood that it was a joke. DCW Pardee reported that neither staff work at Margaret Meadows anymore.

On 05/14/2025, I interviewed direct care worker, Emma Johnson in person. She reported that she has never seen or heard another staff member use drugs or be under the influence.

On 05/14/2025, I interviewed direct care worker, Cassie Bourland in person. She stated that she has not seen any staff member use drugs or be under the influence.

On 05/14/2025, I interviewed Residents A, B and C in person. All three residents reported that they have never been concerned about staff members using drugs or being under the influence. Residents A, B and C stated that they have never seen any staff members be under the influence during any shift.

APPLICABLE RULE	
R 400.15204	Direct care staff; qualifications and training.
	(2) Direct care staff shall possess all of the following qualifications: (a) Be suitable to meet the physical, emotional, intellectual, and social needs of each resident.
ANALYSIS:	During the unannounced onsite investigation and through interviews with direct care workers and three residents, there was no evidence that direct care workers are using drugs or working shifts under the influence of drugs.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: Staff are not properly trained.

INVESTIGATION:

On 05/08/2025, I received this complaint through the LARA Bureau of Community and Health Systems online complaint system. According to the complaint, staff are not properly trained to care for residents. The complaint came through as

anonymous so no additional information was given regarding which areas staff were not trained on.

On 05/14/2025, I completed an unannounced onsite investigation to Margaret Meadows. During the unannounced onsite investigation, staff files were unavailable.

On 05/14/2025, I interviewed Residents A, B and C in person. All three residents reported no concerns regarding the care they are receiving, nor regarding staff not being properly trained.

On 05/21/2025, I received staff training documents from Margaret Meadows. I also received the staff schedule to review. I reviewed eight direct care workers training files. Upon review of the files, it was found that five direct care workers were missing current first aid and cardiopulmonary resuscitation training. Direct care worker, Jordan Wilsons CPR expired in July, 2024. The following direct care workers have not completed CPR since being hired: Ashley Selley, Cassie Bourland, Tina Heckard and Lomiaya Reeves. Upon review of the staff schedule for April, 2025 it was found that on the following dates, two staff who were not certified in first aid and cardiopulmonary resuscitation were working together with no other direct care staff.

- April 1st, 2025: 7pm-7am, direct care workers, Tina Heckard and Lomiaya Reeves
- April 15th, 2025: 7pm-7am, direct care workers, Tina Heckard and Lomiaya Reeves
- April 17th, 2025: 7am-7pm, direct care workers, Jordan Wilson, Ashley Selley, Cassie Bourland and Lomiaya Reeves
- April 19th, 2025: 7pm-7am, direct care workers, Tina Heckard and Lomiaya Reeves
- April 28th, 2025: 7pm-7am, direct care workers, Tina Heckard and Lomiaya Reeves

On 05/21/2025, I spoke with direct care worker, Pamela Pardee who identifies as the manager for Margaret Meadows and she stated that they are working on scheduling a class for all uncertified staff members. It should be noted that upon review of Cassie Bouland's training file, she was hired in June of 2024.

APPLICABLE RULE	
R 400.15204	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: (a) Reporting requirements. (b) First aid.

	(c) Cardiopulmonary resuscitation.
ANALYSIS:	Based on documentation received for direct care workers training files, Margaret Meadows has five current direct care workers who have no current certification for first aid and cardiopulmonary resuscitation. Upon review of the April staff schedule, on five separate dates, staff were working without being competent in first aid and cardiopulmonary resuscitation and were not working with a competent direct care staff.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION: Call lights are not being answered, and care is not being given correctly to residents.

INVESTIGATION:

On 05/08/2025, I received this complaint through the LARA Bureau of Community and Health Systems online complaint system. According to the complaint call lights are not being answered and care is not being given properly to residents. No additional resident details or details regarding the type of care was provided.

On 05/14/2025, I completed an unannounced onsite investigation to Margaret Meadows. During the unannounced onsite investigation, I viewed the call light system, which is located within a central location of the home, near the office, kitchen and dining room. When the call light goes off, a light will go on and the system will read out loud the room number. Five *Assessment Plans for AFC Residents* were reviewed during the unannounced onsite investigation.

On 05/14/2025, I interviewed Residents A, B and C in person. I was able to view all three residents call lights. All three residents reported no concerns regarding staff answering the call lights. Resident C stated that she falls a lot and staff answer her call light in an appropriate amount of time. None of the three residents interviewed had any concerns regarding the type of care they receive at the home. While interviewing each resident within their bedroom, I viewed a clip board that staff complete every two hours confirming that they are checking on the residents and what care they provided. No concerns were observed when reviewing these notes.

On 05/14/2025, I interviewed direct care worker, Taylor Pardee in person. She explained that three staff members work during the day. DCW Pardee explained that staff answer the call lights in an appropriate manner and sometimes it could take a few minutes if staff are in the middle of helping another resident. DCW Pardee explained that they currently have a thirty-minute check on a hospice resident and two-hour checks on all other residents. DCW Pardee stated that they have two residents who have a Hoyer lift. DCW Pardee reported that she has no concerns regarding the care residents are receiving and she feels that staff on all shifts are doing a good job.

On 05/14/2025, I interviewed direct care worker, Emma Johnson in person. She reported that staff answer the call lights in an appropriate manner and she also feels that staff provide appropriate care also.

On 05/14/2025, I interviewed direct care worker, Cassie Bourland in person. She stated that staff answer the call lights as fast as possible. She explained that residents would never have to wait longer than ten minutes. DCW Bourland reported that they check on residents every two hours and complete the log in their room. She stated that they are either checking their briefs or if they need anything else.

On 05/21/2025, I interviewed Guardian A1 via phone. She reported that she is also the guardian of four other residents within the home. Guardian A1 stated that she has no concerns regarding the care that any of the residents are receiving at the home and she feels that staff take very good care of the residents. Guardian A1 explained that with the PACE program many people are coming in and out of the home and she has never heard of any concerns.

On 05/22/2025, I interviewed PACE social worker, Greg Burlager via phone. He reported that he has worked with seven residents from Margaret Meadows over the last year. Mr. Burlager stated that he has not had any significant concerns regarding the care. He explained that the home generally follows up with the needs in an appropriate manner. Mr. Burlager reported that his main concern is that the home is not a locked facility and is also considered a memory care facility, therefore he worries about the residents wandering out of the building.

On 05/23/2025, I interviewed PACE social worker supervisor, Krista Blamer via phone. She reported that PACE currently has six residents at Margaret Meadows, and they also use the home as a respite facility at times too. She stated that they currently have a new resident moving in soon. Ms. Blamer reported that she has not had any concerns regarding the care residents receive at the home. She reported that staff members Taylor Pardee and Jordan Wilson have been helpful when she visits the home.

APPLICABLE RULE	
R 400.15303	Resident care; licensee responsibilities.
	(2) A licensee shall provide supervision, protection, and personal care as defined in the act and as specified in the resident's written assessment plan.

ANALYSIS:	Based on <i>Assessment Plans for AFC Residents</i> and interviews with direct care workers, residents, Guardian A1 and PACE providers there was no evidence that Margaret Meadows is not providing appropriate supervision, protection or personal care.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: Residents are not being fed properly.

INVESTIGATION:

On 05/08/2025, I received this complaint through the LARA Bureau of Community and Health Systems online complaint system. According to the complaint residents are not being fed properly. No additional resident details or details regarding concerns regarding food quality was provided.

On 05/14/2025, I completed an unannounced onsite investigation. During the investigation, I viewed the kitchen, which was full of a variety of foods. I viewed the menu and no concerns were noted. During the investigation, I viewed direct care workers prepping lunch and no concerns were noted. Within the kitchen was a whiteboard, that kept track of all residents who ate each meal or if they refused. Space for additional notes was also tracked on the whiteboard. During the unannounced onsite, I viewed weight records for five residents and no concerns were noted.

On 05/14/2025, I interviewed direct care worker, Taylor Pardee in person. DCW Pardee explained that residents receive three meals and one snack a day. She reported that if residents are hungry between meals, they may request a snack also. DCW Pardee stated that if a resident does not like the meal offered, they can have leftovers or a sandwich. DCW Pardee explained that if a resident is sick or can't come to the dining room, they will bring the food to their room.

On 05/14/2025, I interviewed direct care worker, Cassie Bourland in person. She stated that she feels residents are fed properly. She reported that if a resident does not like the meal offered, they can have a sandwich or leftovers. DCW Bourland stated that snacks are available all day long and a resident can request at any time.

On 05/14/2025, I interviewed Resident A in person. He reported that he has no concerns regarding the type of food provided.

On 05/14/2025, I interviewed Resident B in person. She described herself as a fussy eater and not liking most of the meals provided. I viewed additional food in her bedroom and she stated she prefers to buy her own items and ask staff to cook it for her. Resident B stated that she has a few meals she likes they cook.

On 05/14/2025, I interviewed Resident C in person. She described no concerns with the food provided and stated she likes the food.

On 05/21/2025, I interviewed Guardian A1 via phone and she reported that she is a guardian for four other residents in the home. Guardian A1 reported that she has never had any concerns regarding the type of food provided or residents being fed properly.

On 05/22/2025, I interviewed PACE social worker, Greg Burlager via phone. He reported that he has never had any concerns regarding residents not being fed properly.

On 05/23/2025, I interviewed PACE social worker supervisor, Krista Blamer via phone. She stated that she has never observed any concerns regarding residents being fed properly.

APPLICABLE RULE	
R 400.15313	Resident nutrition.
	(1) A licensee shall provide a minimum of 3 regular, nutritious meals daily. Meals shall be of proper form, consistency, and temperature. Not more than 14 hours shall elapse between the evening and morning meal.
ANALYSIS:	Based on the inspection of the kitchen and interviews with Guardian A1, PACE social workers, residents and direct care staff there was no evidence found that residents are not receiving three regular nutritious meals daily, along with additional snacks. No evidence was found that residents are not being fed properly.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDING:

INVESTIGATION:

On 05/14/2025, I completed an unannounced onsite investigation to Margaret Meadows. During the unannounced onsite investigation, I found the floor to be in disrepair in three different areas of the home. Within the living room/dining area, the laminate flooring was separating and had several large gaps between each piece. Within the dining area there was a hole in the floor due to cracking of the material. In the hallway between the main entrance and kitchen, was another large hole in the flooring, which could cause a tripping hazard.

APPLICABLE RULE	
R 400.15403	Maintenance of premises.
	(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.
ANALYSIS:	During the unannounced onsite investigation, I observed the flooring to be in disrepair in three separate areas of the home.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION:

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



05/30/2025

Amanda Blasius
Licensing Consultant

Date

Approved By:



05/30/2025

Dawn N. Timm
Area Manager

Date