



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 23, 2025

Monika Sarin
RSR Serenity LLC
47640 Gratiot Avenue
Chesterfield, MI 48051

RE: License #: AL500408375
Investigation #: 2025A0604013
Sandalwood Village III

Dear Ms. Sarin:

Attached is the Special Investigation Report for the above referenced facility. A previous recommendation was made for refusal to renew license in Renewal Licensing Study Report dated 03/05/2025. That recommendation remains in effect.

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 (248) 972-9136.

Sincerely,

A handwritten signature in cursive script that reads "Kristine Cilluffo".

Kristine Cilluffo, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 West Grand Blvd Ste 9-100
Detroit, MI 48202
(248) 285-1703

enclosure

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

I. IDENTIFYING INFORMATION

| | |
|---------------------------------------|---|
| License #: | AL500408375 |
| Investigation #: | 2025A0604013 |
| Complaint Receipt Date: | 05/12/2025 |
| Investigation Initiation Date: | 05/15/2025 |
| Report Due Date: | 07/11/2025 |
| Licensee Name: | RSR Serenity LLC |
| Licensee Address: | 47640 Gratiot Avenue Chesterfield, MI 48051 |
| Licensee Telephone #: | (586) 949-6220 |
| Administrator: | N/A |
| Licensee Designee: | N/A |
| Name of Facility: | Sandalwood Village III |
| Facility Address: | 47640 Gratiot Avenue Chesterfield, MI 48051 |
| Facility Telephone #: | (586) 949-6220 |
| Original Issuance Date: | 11/01/2021 |
| License Status: | 1ST PROVISIONAL |
| Effective Date: | 07/31/2024 |
| Expiration Date: | 01/30/2025 |
| Capacity: | 20 |
| Program Type: | PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED TRAUMATICALLY BRAIN INJURED ALZHEIMERS AGED |

II. ALLEGATION(S)

| | Violation Established? |
|---|---------------------------|
| The facility is very short staffed. Resident was left soiled. | No |
| Resident is not getting their medicine. | Yes |
| There is a lack of food at facility. | No |
| Additional Findings | Yes |

III. METHODOLOGY

| | |
|------------|--|
| 05/12/2025 | Special Investigation Intake 2025A0604013. Assigned intake 05/14/2025 |
| 05/15/2025 | Special Investigation Initiated - On Site Completed unannounced onsite investigation. Interviewed Staff Markel Jones, Myessha Garcia, Nicole Mitchell, Resident G, Resident J and Resident R. |
| 05/15/2025 | Contact - Document Sent Email to Monika Sarin |
| 05/15/2025 | APS Referral Referral to Adult Protective Services (APS) |
| 05/15/2025 | Contact - Document Received Received return email from Monika Sarin |
| 05/19/2025 | Contact - Document Received Email from intake. APS referral denied. |
| 05/19/2025 | Contact- Document Sent Email to Monika Sarin |
| 05/22/2025 | Contact - Document Received Received licensing documents by email from Monika Sarin. Sent return email. |
| 05/22/2025 | Contact - Document Received Received email from Monika Sarin with staff schedule |
| 05/23/2025 | Contact- Document Sent Email to Monika Sarin |

| | |
|------------|--|
| 07/23/2025 | Exit Conference Completed exit conference with Monika Sarin |
|------------|--|

ALLEGATION:

The facility is very short staffed. Resident was left soiled.

INVESTIGATION:

I received a licensing complaint regarding Sandalwood Village III on 05/14/2025. It was alleged that when the Complainant visited the building, they wanted to get something from the kitchen and realized there was not a lot of food. The home is very short staffed. The Complainant found resident was soiled once when they were there. There were only two people on staff and resident has not been getting their medicine. Resident is unknown.

I completed an unannounced onsite investigation on 05/15/2025. I interviewed Staff Markel Jones, Myessha Garcia, Nicole Mitchell, Resident G, Resident J and Resident R.

On 05/15/2025, I interviewed Staff, Markel Jones. Mr. Jones indicated that he is currently the acting manager since licensee designee/administrator, Brice Jones quit. He stated that there are currently 14 residents at the facility. One resident is in the hospital. They have three staff on shift during the day. Mr. Jones stated that they have three residents that require a two-person assist so they always have at least two to three staff per shift. He stated that at times he will work from 11:00 am- 11:00 pm. He stated that the typical shifts are as follows:

7:00 am- 3:00 pm- 2 staff
11:00 am- 7:00 pm- 1 staff
3:00 pm- 11:00 pm- 2 staff
11:00 pm- 7:00 am- 2- 3 staff

Mr. Jones indicated that there have been times when they were down a staff due to person quitting or weather, however, they work to get someone to fill the shift immediately. There has never been a time when someone has worked an entire shift by themselves. Mr. Jones indicated that their residents are not left soiled. Residents are changed when needed and once a week they strip and disinfect bedding. They also put soiled briefs in the shower room so there is no urine smell in facility.

On 05/15/2025, I interviewed Med Tech, Myessha Garcia. She stated that she has worked at Sandalwood since January 2025. Ms. Garcia stated that they have had more new hires and are better staffed now. She stated that managers, Markel and Shamika are awesome. There have been a lot of management changes. Markel took over about a month ago. He will come in and work shift if someone calls off. Ms. Garcia stated that

they have two to three staff per shift. She has never worked a shift by herself. There are always at least two staff. She indicated that residents are not left soiled. Staff do rounds and check residents when they come in door. Ms. Garcia did not have any concerns regarding facility.

On 05/15/2025, I interviewed Staff, Nicole Mitchell. She indicated that she has worked at the facility for one month. She stated that it is going good so far and she had no concerns. Ms. Mitchell indicated that they typically have two to three staff per shift. There are always at least two staff on shift. She has never worked by herself. Ms. Mitchell was not aware of any residents being left soiled.

On 05/15/2025, I interviewed Resident G. She stated that she is not sure how many staff there are per shift. She indicated that there are always staff there to help her. Resident G stated that she is doing ok.

On 05/15/2025, I interviewed Resident J. She stated that she has lived at Sandalwood for more than a year. She is doing ok. She stated that she has no idea how many staff there are per shift but guessed two to three. She indicated that there are always two staff available when she needs to be transferred.

On 05/15/2025, I attempted to interview Resident R. She was unable to answer questions regarding staff.

On 05/22/2025, I received copies of April and May 2025 staff schedules by email from Monika Sarin. The schedules indicated that there are two staff scheduled on day, afternoon and midnight shifts as well as one staff scheduled for 11:00 am-7:00 pm shift. The cook is scheduled from 6:00 am- 1:00 pm.

| APPLICABLE RULE | |
|------------------------|--|
| R 400.15206 | Staffing requirements. |
| | (1) The ratio of direct care staff to residents shall be adequate as determined by the department, to carry out the responsibilities defined in the act and in these rules and shall not be less than 1 direct care staff to 15 residents during waking hours or less than 1 direct care staff member to 20 residents during normal sleeping hours. |
| ANALYSIS: | There is not enough information to determine that the facility does not have enough staff. Staff interviewed and staff schedules indicated that the facility has at least two to three staff per shift. I completed an unannounced onsite investigation on 05/15/2025 and there were three staff present. |
| CONCLUSION: | VIOLATION NOT ESTABLISHED |

| APPLICABLE RULE | |
|------------------------|--|
| R 400.15206 | 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: | There is not enough information to determine that the facility does not have enough staff. Staff interviewed and staff schedules indicated that the facility has at least two to three staff per shift. None of the staff or residents interviewed indicated that residents are being left soiled. |
| CONCLUSION: | VIOLATION NOT ESTABLISHED |

ALLEGATION:

Resident is not getting their medicine.

INVESTIGATION:

On 05/15/2025, I interviewed Staff, Markel Jones. He indicated that residents are getting their medicine. There has not been any issues with staff not initialing medication logs or missing medications. They are currently using E- MAR and paper medication records because they are in the process of switching pharmacies.

On 05/15/2025, I interviewed Med tech, Myessha Garcia. She stated that she is not aware of any residents missing medications. She has not seen any missing staff initials on medication logs.

On 05/15/2025, I interviewed Staff, Nicole Mitchell. She stated that she does not pass medications and never sees medication logs. Ms. Mitchell stated that most of the residents are dementia patients so they would not tell her if they did not receive their medication.

On 05/15/2025, I interviewed Resident G. Resident G stated that she is not sure if she is getting her medications.

On 05/15/2025, I interviewed Resident J. She stated that she gets her medication. She is not aware of any missed medications. Resident J stated that everything is fine.

On 05/15/2025, I attempted to interview Resident R. She was unable answer questions regarding medicine.

On 05/22/2025, I received copy of Resident G, Resident J and Resident R's April 2025 and May 2025 medication logs from Monika Sarin by email.

Resident G's April 2025 medication log was missing staff initials for the following medications:

Acetaminophen 500 mg- 04/01 (10 PM)
Escitalopram Tab 5 mg- 04/06, 04/19, 04/25
Quetiapine Fumarate 25 mg- 04/06 (5 PM), 04/19 (5PM), 04/25 (8AM, 5PM)

Resident J's April 2025 and May 2025 medication logs were missing staff initials for the following medications:

Lantus Solostar- 04/19
Atorvastatin 40 mg- 04/19, 04/25
Melatonin 5 mg Sublingual- 04/19, 04/25
Nystatin 100,000 unit/gm powder- 04/06 (8PM), 04/19 (8PM)
Diltiazem 30 mg Tab- 04/19 (8PM)
Metformin 500 mg- 05/17
Novolog Flexpen- 05/17

Resident R's April 2025 medication log was missing staff initials for the following medications:

Quetiapine Fumarate 50 mg- 04/06 (5PM)

| APPLICABLE RULE | |
|------------------------|--|
| R 400.15312 | Resident medications. |
| | <p>(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:</p> <p>(b) Complete an individual medication log that contains all of the following information:</p> <p>(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.</p> |
| ANALYSIS: | <p>On 05/22/2025, I received copy of Resident G, Resident J and Resident R's April 2025 and May 2025 medication logs from Monika Sarin by email.</p> <p>Resident G's April 2025 medication log was missing staff initials for the following medications: Acetaminophen 500 mg- 04/01 (10 PM); Escitalopram Tab 5 mg- 04/06, 04/19, 04/25; Quetiapine Fumarate 25 mg- 04/06 (5 PM), 04/19 (5PM), 04/25 (8AM, 5PM).</p> |

| | |
|--------------------|--|
| | <p>Resident J's April 2025 and May 2025 medication logs were missing staff initials for the following medications: Lantus Solostar- 04/19; Atorvastatin 40 mg- 04/19, 04/25; Melatonin 5 mg Sublingual- 04/19, 04/25; Nystatin 100,000 unit/gm powder- 04/06 (8PM), 04/19 (8PM); Diltiazem 30 mg Tab- 04/19 (8PM); Metformin 500 mg- 05/17 and Novolog Flexpen- 05/17.</p> <p>Resident R's April 2025 medication log was missing staff initials for the following medications: Quetiapine Fumarate 50 mg- 04/06 (5PM).</p> |
| CONCLUSION: | <p>REPEAT VIOLATION ESTABLISHED</p> <p>Reference Renewal Licensing Study Report dated 03/05/2025</p> <p>Reference SIR # 2024A0604015 dated 08/02/2024, CAP date 08/05/2024</p> |

ALLEGATION:

There is a lack of food at the facility.

INVESTIGATION:

On 05/15/2025, I interviewed Staff, Markel Jones. Mr. Jones indicated that there has never been a lack of food at facility. Mr. Jones expressed that he was upset regarding the allegation as their residents are fed very well. He text a video showing several plates of food made for residents that included chicken, macaroni and cheese and vegetables. Mr. Jones also provided a receipt from Sam's Club dated 05/08/2025 and receipt from Walmart dated 04/22/2025 which showed food and supply purchases. During the onsite inspection, I observed the food available in the kitchen with Mr. Jones. I observed two freezers with frozen meat and vegetables. I also observed several other food items including hot dogs, ice cream, pasta, cakes, canned goods, soup, Jello, potatoes and peanut butter.

On 05/15/2025, I interviewed Med tech, Myessha Garcia. She indicated that residents are served breakfast, lunch and dinner. She stated that a repair was needed in their kitchen today, however, the facility next door did their cooking for them. There is always food available. She has never seen the facility without food.

On 05/15/2025, I interviewed Staff, Nicole Mitchell. She stated that residents eat breakfast, lunch and dinner. It seems like there is enough food at the facility. She did not have any concerns.

On 05/15/2025, I interviewed Resident G. She stated that she eats breakfast, lunch and dinner. Resident G stated that she gets enough food to eat.

On 05/15/2025, I interviewed Resident J. She stated that she eats breakfast, lunch and dinner. She indicated that she does not always care for the food, but she gets enough food to eat.

On 05/15/2025, I attempted to interview Resident R. Resident R was unable to answer questions regarding medication and staffing, however, did indicate that she gets enough food to eat.

| 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: | There is not enough information to determine that there is a lack of food at the facility. On 05/15/2025, I completed an unannounced onsite investigation and observed an adequate amount of food at Sandalwood Village III. None of the staff or residents interviewed reported a lack of food. Acting Manager, Markel Jones, provided receipts of recent food purchases as well as a video that showed an example of prepared meals. |
| CONCLUSION: | VIOLATION NOT ESTABLISHED |

ADDITIONAL FINDINGS:

INVESTIGATION:

On 04/30/2025, I received a telephone call from Sandalwood Village III co-owner, Jay (last name unknown). He indicated that he was calling to report that licensee designee/administrator, Brice Lewis, is no longer working for Sandalwood Village III. He stated that they were working on finding a replacement.

On 05/08/2025, I sent an email to co-owner, Monika Sarin, requesting an update regarding appointing a new licensee designee/administrator for Sandalwood Village III. On 05/09/2025, I received an email from Ms. Sarin. She indicated that they had a management and ownership meeting scheduled for Tuesday and she would inform me of update. On 05/15/2025, I sent an email to Ms. Sarin requesting documents for special investigation as well as an update regarding licensee designee/administrator. An update was not provided. On 05/22/2025, I received requested documents by email from Monika Sarin. I sent a return email confirming receipt of documents and again asked for update regarding appointing a new licensee designee/administrator. An update was not

provided. The facility has continued to operate without an approved licensee designee/ administrator.

I completed an exit conference with co-owner, Monika Sarin, on 07/23/2025. I sent Ms. Sarin an email and informed her of findings and recommendation. The recommendation for refusal to renew remains in effect. I informed Ms. Sarin that a copy of the special investigation report would be mailed once approved. I also requested that Ms. Sarin contact me by phone or email if she has any questions.

| APPLICABLE RULE | |
|------------------------|--|
| R 400.15202 | Administrator; qualifications. |
| | (1) A home shall have an administrator who shall not have less than 1 year of experience working with persons who are mentally ill, developmentally disabled, physically handicapped, or aged. |
| ANALYSIS: | On 04/30/2025, I was notified that licensee designee/ administrator, Brice Lewis, was no longer employed at Sandalwood Village III. The facility has continued to operate without an approved licensee designee/administrator. |
| CONCLUSION: | VIOLATION ESTABLISHED |

IV. RECOMMENDATION

The recommendation for refusal to renew license made in Renewal Licensing Study Report dated 03/05/2025, remains in effect.

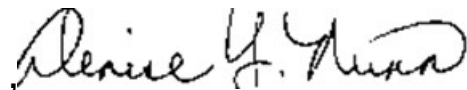


07/23/2025

Kristine Cilluffo
Licensing Consultant

Date

Approved By:



07/23/2025

Denise Y. Nunn
Area Manager

Date