



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 3, 2025

LaTonia Metcalf and Latoyia White
5400 Bermuda Lane
Flint, MI 48505

RE: License #: AS250402472
Investigation #: 2025A0779037
Bermudawood

Dear LaTonia Metcalf and Latoyia White:

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) 643-7960.

Sincerely,

A handwritten signature in dark ink, reading "Christopher A. Holvey". The signature is written in a cursive style with a large, stylized 'C' and 'H'.

Christopher Holvey, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 899-5659

enclosure

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

I. IDENTIFYING INFORMATION

| | |
|---------------------------------------|--|
| License #: | AS250402472 |
| Investigation #: | 2025A0779037 |
| Complaint Receipt Date: | 05/21/2025 |
| Investigation Initiation Date: | 05/22/2025 |
| Report Due Date: | 07/20/2025 |
| Licensee Name: | LaTonia Metcalf and Latoyia White |
| Licensee Address: | 5400 Bermuda Lane Flint, MI 48505 |
| Licensee Telephone #: | (810) 787-3262 |
| Administrator: | LaTonia Metcalf |
| Licensee Designee: | N/A |
| Name of Facility: | Bermudawood |
| Facility Address: | 5400 Bermuda Ln Flint, MI 48505 |
| Facility Telephone #: | (810) 787-3262 |
| Original Issuance Date: | 11/24/2021 |
| License Status: | REGULAR |
| Effective Date: | 11/24/2024 |
| Expiration Date: | 11/23/2026 |
| Capacity: | 5 |
| Program Type: | DEVELOPMENTALLY DISABLED MENTALLY ILL AGED |

II. ALLEGATION(S)

| | Violation Established? |
|--|---------------------------|
| Residents are not provided with proper meals. | Yes |
| Home smells like urine. | Yes |
| Smoke detectors in the home are all beeping and may not be functioning properly. | No |
| Additional Findings | Yes |

III. METHODOLOGY

| | |
|------------|--|
| 05/21/2025 | Special Investigation Intake 2025A0779037 |
| 05/22/2025 | Special Investigation Initiated - Telephone Voicemail message left for complainant. |
| 05/28/2025 | Contact - Telephone call made Spoke to complainant. |
| 05/28/2025 | APS Referral Complaint was referred to APS centralized intake. |
| 05/28/2025 | Inspection Completed On-site |
| 07/02/2025 | Inspection Completed On-site |
| 07/02/2025 | Contact - Telephone call made Spoke with Resident C's case manager. |
| 07/02/2025 | Exit Conference Held with licensee designee, Latoyia White. |

ALLEGATION:

Residents are not provided with proper meals.

INVESTIGATION:

On 5/28/2025, a phone call was made to Complainant, who stated that she visits Resident A at this home monthly. Complainant stated that Resident A does not have any complaints regarding the meals at this home, but that Resident B recently told her that she is not provided three meals daily and that most of the meals are microwaved.

On 5/28/2025, an unannounced on-site inspection was conducted and a live-in staff person, Justin Webster, was interviewed. Staff Webster claimed that he cooks the residents three meals daily and that he cooked them pancakes for breakfast that morning. When asked to look at a posted menu, Staff Webster stated that Resident C took the menu down, which is common behavior for her, and he does not know what she did with it. Staff Webster stated that a menu is generally posted on the refrigerator, which he does follow.

During the on-site inspection, this home was observed to have only a small amount of food available. They had some canned goods, a few boxes of pasta and a few eggs. They had a frozen lasagna to eat for lunch and frozen pork chops that Staff Webster stated he would cook for dinner.

On 5/28/2025, licensee designee, Latoyia White, came to the home. LD White stated that she grocery shops every two weeks and is under the impression that Staff Webster is cooking the residents three meals daily. LD White stated that no residents have told her anything different. LD White reported that she has groceries scheduled to be delivered within the next 1-2 hours and showed a shopping order on her phone to confirm.

On 5/28/2025, Resident A stated that she eats three meals daily that staff cook for her. Resident A initially said that the meals were not microwaved, but then admitted that she microwaves herself Ramen noodles for lunch sometimes, because that is what she likes. Resident A confirmed that Staff Webster made her pancakes for breakfast that morning.

On 5/28/2025, Resident B stated that very rarely does Staff Webster cooks food for them. Resident B claimed that she cooks most of her own food in the microwave, because Staff Webster will not allow her to use the stove. Resident B was somewhat difficult to stay focused, as she kept changing the subject, sometimes mid-thought.

On 7/2/2025, a second unannounced on-site inspection was conducted during the morning hours. The home was observed to have an appropriate menu posted on the refrigerator. The home had plenty of canned and dry foods in the cupboards. The refrigerator was bare except for condiments and eggs and the only frozen food available was frozen chicken and frozen fish fillets and neither were listed on the menu scheduled to be cooked for that day.

On 7/2/2025, Resident C stated that she is not consistently provided with three meals a day. Resident C stated that Staff Webster just doesn't cook sometimes and she will miss dinner. Resident C stated that when LD White is at the home, they eat very well.

On 7/2/2025, LD White stated that she grocery shops every two-weeks and buys plenty of food to last for the three residents, but that she is not sure where it is going. LD reported that Resident C just recently told her that Staff Webster has not always cooked three meals every day. LD White stated that she is in the process of hiring a new staff

person that will focus on cooking and meal preparation, so this will no longer be an issue. LD White stated that she had plans to go grocery shopping tomorrow morning.

On 7/2/2025, a phone call was made to Resident C's case manager, Turquoise Ivory, who stated that she had a conversation recently with Resident C about her concerns regarding the meals at this home. CM Ivory stated that Resident C told her that the live-in staff was not always cooking them three meals daily. CM Ivory stated that when she was at this home on 6/27/2025, the home had what she felt was very little food, with only a small amount of frozen food in the freezer.

| APPLICABLE RULE | |
|------------------------|--|
| R 400.14313 | 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: | Resident B and Resident C have stated that they are not consistently provided with three meals daily and that live-in staff, Justin Webster, sometimes just doesn't cook anything. Resident A stated that she will often make herself Ramen noodles in the microwave for lunch. During two unannounced on-site visits, the home was observed to have a sufficient amount of canned and dry foods but only had enough frozen food for maybe two meals. The refrigerator was bare, except for condiments and eggs. There was sufficient evidence found to suggest that the residents of this home are not being provided with a minimum of three regular and nutritious meals daily. |
| CONCLUSION: | VIOLATION ESTABLISHED |

ALLEGATION:

Home smells like urine.

INVESTIGATION:

On 5/28/2025, Complainant stated that she visits this home monthly and that the home always has a strong odor. Complainant stated that the home frequently smells like urine, especially the residents bedrooms.

During an unannounced on-site inspection on 5/28/2025, a walk through of the entire home was completed. The home did not smell of urine. Although the common areas of the home appeared to be visibly clean, it did have a strong dirty smell, like bad body odor. The residents bedrooms were somewhat cluttered, but did not have any significant odors. Resident A and Resident B were observed to be clean and well-groomed.

On 7/2/2025, case manager, Turquoise Ivory, stated that she visits this home at least monthly, if not more, and has observed that the residents bedrooms are quite cluttered and smell like urine. CM Ivory stated that when she visits the home, the common areas look clean, but the home seems to have a dirty smell to it. CM Ivory reported that the residents always seem to be clean.

On 7/2/2025, a second unannounced on-site inspection was conducted. The home was viewed to be in the same condition. The residents bedrooms were a little cluttered, but were not visibly dirty and did not have any significant odors. The common areas of the home appeared to look clean, but the home had a strong dirty smell, like bad body odor. This smell seemed to be coming primarily from the basement area, but could clearly be smelled up the stairs and into the kitchen area. The residents do not have access to the basement level, but that is where the live-in staff stays.

| APPLICABLE RULE | |
|------------------------|--|
| R 400.14403 | Maintenance of premises. |
| | (2) furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance. |
| ANALYSIS: | Complainant and one case manager state that the residents bedrooms often smell like urine and the common areas of the home have a strong dirty smell. During the two unannounced on-site inspections, the common areas of the home visibly looked clean, but had a strong dirty smell, like bad body odor. There was sufficient evidence to suggest that the housekeeping standards of this home are in need of improvement. |
| CONCLUSION: | VIOLATION ESTABLISHED |

ALLEGATION:

Smoke detectors in the home are all beeping and may not be functioning properly.

INVESTIGATION:

On 5/28/2025, all the smoke detectors in this home were observed to be randomly beeping. Each smoke detector was tested and appeared to be individually working, but did not all go off at the same time. All the detectors had batteries installed that LD White claims were just recently replaced.

On 7/2/2025, LD White stated that she had a licensed electrician come look at all the smoke detectors and made some repairs. LD White stated that all the smoke detectors go off at once now and all but two of them have been replaced. LD White showed two new detectors that will be installed, so they will all be new.

On 7/2/2025, the homes smoke detectors were tested and found to be in good working condition. When one detector was set off, all the detectors then went off in all required areas of the home.

| APPLICABLE RULE | |
|------------------------|---|
| R 400.14505 | Smoke detection equipment; location; battery replacement; testing, examination, and maintenance; spacing of detectors mounted on ceilings and walls; installation requirements for new construction, conversions, and changes of category. |
| | (6) For new construction, conversions, and changes of category, approved smoke detectors shall be installed in accordance with the requirements contained in the publication of the national fire protection association entitled "NFPA 101, Life Safety Code, 1988," shall be powered from the building's electrical system, and, when activated, shall initiate an alarm that is audible in all sleeping rooms with the door closed. Detectors shall be installed on all levels, including basements, but excluding crawl spaces and unfinished attics. Additional detectors shall be installed in living rooms, dens, dayrooms, and similar spaces. |
| ANALYSIS: | Licensee designee, Latoyia White, had a licensed electrician complete repairs to the home's smoke detection system. On 7/2/2025, the homes smoke detectors were tested and found to be in good working condition. When one detector was set off, all the detectors then went off in all required areas of the home. |
| CONCLUSION: | VIOLATION NOT ESTABLISHED |

ADDITIONAL FINDINGS:

INVESTIGATION:

On 5/28/2025, the home did not have a menu visibly posted. Staff claim that Resident C took it down.

On 7/2/2025, the home was observed to have an appropriate menu posted on the refrigerator. The home was observed to have only a small amount of food available and what food they did have, it was not what was listed on the menu for that day. Staff person, Justin Webster, admitted that he does not always follow the menu and that he did not have a substitution menu available to show any changes that were made.

On 7/2/2025, LD White stated that Staff Webster has been cooking the residents what they want to eat and not following the menu. LD White stated Staff Webster has not been making changes to the menu to reflect any changes and/or substitutions that were made.

On 7/2/2025, an exit conference was held with licensee designee, Latoyia White. LD White stated that she is in the process of hiring additional staff, with one primarily focusing on the cooking and meal preparation at this home. LD White stated that a substitution menu will be completed to reflect when any future changes to the menu take place.

| APPLICABLE RULE | |
|------------------------|---|
| R 400.14313 | Resident nutrition. |
| | (2) Menus of regular diets shall be written at least 1 week in advance and posted. Any change or substitution shall be noted and considered as part of the original menu. |
| ANALYSIS: | It was confirmed that meals prepared at this home were often meals listed on the required menus. The home was not able to provide a menu that documented when those changes took place and what those changes were. There was sufficient evidence found to warrant citation of this rule. |
| CONCLUSION: | VIOLATION ESTABLISHED |

IV. RECOMMENDATION

Upon completion of an approved written corrective action plan, it is recommended that the status of this home's license remain unchanged.



7/3/2025

Christopher Holvey
Licensing Consultant

Date

Approved By:



7/3/2025

Mary E. Holton
Area Manager

Date