



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

July 23, 2025

Rhoda Byler  
Kindy Care Center, Inc.  
2041 Freeland Rd  
Freeland, MI 48623

RE: License #: AL560007263  
Investigation #: 2025A0360032  
Kindy Care Home

Dear Rhoda Byler:

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 (616) 356-0100.

Sincerely,

Matthew Soderquist, Licensing Consultant  
Bureau of Community and Health Systems  
350 Ottawa Ave NW Unit #13  
Grand Rapids, MI 49503  
(989) 370-8320

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL560007263
<b>Investigation #:</b>	2025A0360032
<b>Complaint Receipt Date:</b>	05/29/2025
<b>Investigation Initiation Date:</b>	05/30/2025
<b>Report Due Date:</b>	07/28/2025
<b>Licensee Name:</b>	Kindy Care Center, Inc.
<b>Licensee Address:</b>	2041 Freeland Rd Freeland, MI 48623
<b>Licensee Telephone #:</b>	(989) 631-4406
<b>Administrator/Licensee Designee:</b>	Rhoda Byler
<b>Name of Facility:</b>	Kindy Care Home
<b>Facility Address:</b>	2041 Freeland Road Freeland, MI 48623
<b>Facility Telephone #:</b>	(989) 631-4406
<b>Original Issuance Date:</b>	04/01/1992
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	12/07/2024
<b>Expiration Date:</b>	12/06/2026
<b>Capacity:</b>	14
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL, AGED

## II. ALLEGATION(S)

	Violation Established?
Resident A was not given medications as prescribed.	No
Additional Findings	Yes

## III. METHODOLOGY

05/29/2025	Special Investigation Intake 2025A0360032
05/30/2025	Special Investigation Initiated - Telephone Complaint source
06/02/2025	Inspection Completed On-site Resident A, Rochelle Chilcote
07/23/2025	APS Referral online
07/23/2025	Exit Conference

### ALLEGATION:

**Resident A was not given medications as prescribed.**

### INVESTIGATION:

On 6/2/25, I conducted an unannounced onsite inspection at the facility. The direct care staff member (DCSM) Rochelle Chilcote stated that there was some confusion recently between Resident A and the day program that she attends. Ms. Chilcote stated that Resident A is prescribed Gabapentin 100 mg at 8am, 5pm, and 8pm each day. Ms. Chilcote stated that the day program was under the impression that Resident A was prescribed to take the Gabapentin at 2 pm and that it was not being sent with Resident A. Ms. Chilcote provided me with Resident A's medication administration record for May 2025 and her prescription for Gabapentin. The Gabapentin was documented on both the prescription medication and the medication administration record that it was to be administered at 8am, 5pm, and 8pm each day.

While at the facility I interviewed Resident A. Resident A stated that she receives all her medications as prescribed. She stated she has no concerns about missing medications. Resident A stated there was some confusion about whether she was supposed to get one of her medications at 2pm or 5pm but that was taken care of.

<b>APPLICABLE RULE</b>	
<b>R 400.15312</b>	<b>Resident medications.</b>
	<b>(2) Medication shall be given, taken, or applied pursuant to label instructions.</b>
<b>ANALYSIS:</b>	Interviews with Ms. Chilcote, Resident A, and a review of Resident A's prescription medication and medication administration records revealed that Resident A is getting her medications as prescribed.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

#### **ADDITIONAL FINDINGS:**

#### **INVESTIGATION:**

While at the facility on 6/2/25, I observed the medication cart which was located between the dining room and kitchen to be unlocked. Ms. Chilcote stated that the medication cart is often kept unlocked. I provided Ms. Chilcote consultation that all medication is required to be kept in a locked cabinet or drawer. Ms. Chilcote stated that she understands and will make sure that the cabinet remains locked. I then observed additional medications that were being kept in a locked filing cabinet next to the medication cart, however, one of the drawers containing resident medications was broken and unable to be locked. Ms. Chilcote immediately relocated the unlocked medication into the office for safekeeping.

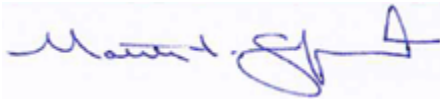
<b>APPLICABLE RULE</b>	
<b>R 400.15312</b>	<b>Resident medications.</b>
	<b>(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being S333.1101 et seq. of the Michigan</b>

	<b>Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.</b>
<b>ANALYSIS:</b>	The resident medication cart and a filing cabinet located in a resident area was left unlocked.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

On 7/23/25 I conducted an exit conference with the licensee designee Rhoda Byler. Ms. Byler concurred with the findings of the investigation and agreed to submit a corrective action plan for approval.

#### IV. RECOMMENDATION

Upon receipt of an acceptable corrective action plan, I recommend no change in the status of the license.

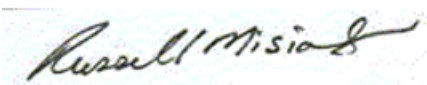


7/23/25

Matthew Soderquist  
Licensing Consultant

Date

Approved By:



7/23/25

Russell B. Misiak  
Area Manager

Date