



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

August 13, 2025

Stephanie Riley
Valley Residential Serv Inc.
P O Box 186
St Charles, MI 486550186

RE: License #:	AS060275479
Investigation #:	2025A0123047
	Elm Home

Dear Stephanie Riley:

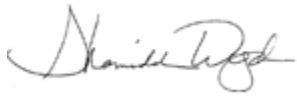
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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.

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, appearing to read 'Shamidah Wyden', written in a cursive style.

Shamidah Wyden, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48607
989-395-6853

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS060275479
Investigation #:	2025A0123047
Complaint Receipt Date:	07/18/2025
Investigation Initiation Date:	07/22/2025
Report Due Date:	09/16/2025
Licensee Name:	Valley Residential Serv Inc.
Licensee Address:	300 S Saginaw St. Charles, MI 48655
Licensee Telephone #:	(231) 580-5204
Administrator:	Rachel Harmony
Licensee Designee:	Stephanie Riley
Name of Facility:	Elm Home
Facility Address:	141 Almont Street Standish, MI 48658
Facility Telephone #:	(989) 846-9700
Original Issuance Date:	07/25/2005
License Status:	REGULAR
Effective Date:	03/19/2024
Expiration Date:	03/18/2026
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED

II. ALLEGATION(S)

	Violation Established?
Resident A requires assistance with ADLs (Activities of Daily Living) and with walking and going to the bathroom. Staff refuse to assist Resident A. Resident A has bed sores, has not left their room in years, and is on medication to shut them up.	No
Resident A's bedroom smells like feces and urine.	Yes
Resident A was abused by a staff member who was fired. Resident A had bruises from the abuse.	No

III. METHODOLOGY

07/18/2025	Special Investigation Intake 2025A0123047
07/18/2025	APS Referral Information received regarding APS referral.
07/22/2025	Special Investigation Initiated - On Site I conducted an unannounced on-site. Interviewed staff and Resident A.
07/30/2025	Exit Conference I spoke with licensee designee Stephanie Riley via phone.
08/04/2025	Contact- Telephone call made I left LD Riley a voicemail.
08/06/2025	Contact- Telephone call received I received a voicemail from LD Riley.
08/06/2025	Contact- Telephone call made Attempted to return LD Riley's call.
08/11/2025	Exit Conference I sent LD Riley an email.

ALLEGATION:

- **Resident A requires assistance with ADLs (Activities of Daily Living) and with walking and going to the bathroom. Staff refuse to assist Resident A. Resident A has bed sores, has not left their room in years, and is on medication to shut them up.**
- **Resident A's bedroom smells like feces and urine.**
- **Resident A was abused by a staff member who was fired. Resident A had bruises from the abuse.**

INVESTIGATION: On 07/22/2025, I conducted an unannounced on-site visit at the facility. I observed Resident A's room. There was a faint smell of urine in Resident A's room initially that appeared to fade the longer I was in the room. There was no smell of feces. The room did appear to be clean and tidy, and Resident A's bedding appeared clean. Resident A was clean and appropriately dressed, with a dry brief as administrator/home manager Rachel Harmony checked Resident A's brief during this on-site. I also observed Resident A receive assistance from Staff Harmony with transferring into their wheelchair. I observed Resident A leaving their bedroom to the common area of the home as well. There were five residents in the facility, including Resident A. They all appeared clean and appropriately dressed. The other four residents in the home were not interviewed due to being non-verbal. There was no smell observed throughout the rest of the home. No issues were noted.

During this on-site, I interviewed staff Rachel Harmony, Resident A, staff Morgan Mell, and assistant home manager Julie Rodgers.

Staff Harmony stated that Resident A's urine has a strong smell. Resident A received a brief change two hours ago, during 10:00 am medication passes. Staff Harmony stated that Resident A gets bathed, bedding gets washed, and clothing gets washed regularly. Resident A was tested for a UTI, and it came back negative. Staff Harmony stated that Resident A does physically go to bathroom, but not often. More brief changes are made in bed now. Resident A's mobility has declined. In the past, Resident A could get out of bed independently. Staff use an Arjo lift at times. Staff Harmony stated Resident A is currently receiving hospice care and does stay in bed more now. Resident A has been declining since sometime last year. Resident A was placed on palliative care in February 2025. Staff Harmony stated it's been Resident A's choice to stay in bed. Resident A does not have any bed sores. Resident A had a rash, but staff used Desitin, and it cleared up. Staff Harmony stated that Resident A bruises easily and any bruises could be a result of staff having to flip Resident A during brief changes. Staff Harmony stated that Resident A has been prescribed medication that can cause drowsiness, Ativan and Seroquel. Staff Harmony stated that the medications are PRN and must go through the nurse before staff can administer it. Staff Harmony stated that the Seroquel was discontinued because of fatigue. Staff Harmony stated that the facility has not lost any staff since April 2025, and all three staff from that time period left on their own accord.

During this on-site, I interviewed Resident A. Resident A stated that staff do take them to the bathroom. Resident A replied yes when asked if staff cleans them up and changes their brief. Resident A denied having bed sores. Resident A stated they can leave their room when or if they want to. Resident A stated that they usually eat their meals in their bedroom. Resident A denied there's anyone in the home that makes them feel unsafe. I did not observe any visible bruising to Resident A's face, legs, or arms.

A copy of Resident A's *Assessment Plan for AFC Residents* dated 11/26/2024 states for *Moves Independently in the Community* "For safety reasons, staff will assist in the community. Also needs staff assistance to push wheelchair." For *Controls Aggressive Behavior* it states "Can get upset and yell/throw items. Usually able to be redirected. On occasion, physical aggression toward staff." For toileting it states, "needs reminders for bathroom breaks. Wears pull-up briefs. Need full staff assistance for accidents." For walking/mobility it says "At risk to lose balance. Uses gait belt and wheelchair. Staff assistance needed for transfers/ambulation."

During this on-site, I interviewed staff Morgan Mell. Staff Mell stated that Resident A's briefs are changed every two hours, and Resident A is also rotated every two hours. Staff Mell stated that Resident A does use the bathroom sometimes and has no bedsores that Staff Mell is aware of. Staff Mell stated that the urine smell could be from bed pads or bedding. Staff Mell stated that she changes the bed linen any time it's soiled. Staff Mell denied the room smells like feces. Staff Mell stated that Resident A had a prescription for Seroquel, but recent medication changes were made since being placed on hospice. Staff Mell stated that medications are PRN for behaviors, and that staff have to contact the nurse or hospice before passing the medication. Staff Mell stated that Resident A leaves their room daily and is not in bed around the clock. Resident A uses their wheelchair. Staff Mell denied observing unexplained bruises or any staff physically abusing Resident A.

During this on-site, I interviewed assisted home manager Julie Rodgers. Staff Rodgers stated that there's no way staff are refusing to take Resident A to the bathroom. Staff Rodgers stated that brief changes are completed mostly in bed. Resident A does not like to get up much anymore. Staff Rodgers denied that Resident A has bed sores and denied that anyone is over medicating Resident A. Staff Rodgers stated that Resident A's room has an odor, and the odor eater that was placed in the room is not working. Staff Rodgers stated that the odor hits you at the bedroom door, then goes away. Staff Rodgers stated that the bed sheets are washed weekly as a minimum. Staff Rodgers stated that Resident A uses a wheelchair and Arjo lift and denied that Resident A has not left their bedroom for years. Staff Rodgers denied that any past staff abused Resident A.

On 07/28/2025, I received a copy of Resident A's medication administrator record (MAR) for July 2025. The MAR indicates Resident A received Lorazepam (i.e. Ativan) 0.5 mg- (Take 1 tablet by mouth once daily as needed for anxiety) in addition to scheduled daily doses twice. Once was on 07/15/2025 at 3:15 pm and a second time

on 07/23/2025 at 11:23 pm. They were administered due to agitation and anxiety. The daily dosage for Lorazepam is 0.5 mg tablets- one tablet by mouth twice daily at noon and 6:00 pm.

On 07/30/2025, I spoke with licensee designee Stephanie Riley via phone. Staff Riley stated that staff have tried everything to find the source of the urine smell in Resident A's room. Resident A has a new hospital bed that is only a few weeks old. Laundry in the home is washed daily. Resident A is bathed and brief changed regularly. Staff Riley stated that she asked Administrator Harmony to follow up with hospice to do an UA (urine analysis). Staff Riley stated that Resident A has a history of having strong smelling urine and has tested negative for UTI.

APPLICABLE RULE	
R 400.14303	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:	<p>On 07/22/2025, I conducted an unannounced on-site at the facility. I interviewed administrator Rachel Harmony, assistant manager Julie Rodgers, staff Morgan Mell, and Resident A. They were interviewed and denied the allegations.</p> <p>Administrator Harmony stated that Resident A has recently declined and is now on hospice. She stated that Resident A's urine has a strong smell, and Resident A has tested negative for a UTI. She stated that Resident A's bedding and clothing are washed regularly.</p> <p>Resident A stated that staff do take them to the bathroom and assist with personal care. Resident A denied having bed sores.</p> <p>Staff Mell reported Resident A's brief changes are every two hours, and denied the room smells of feces. She stated Resident A's bedding is changed whenever it is soiled.</p> <p>Resident A's medication administration records confirm that Resident A is prescribed Lorazepam .5 mg tablets daily and as needed. MAR records were reviewed, and no issues were noted.</p> <p>During this unannounced on-site, I observed Resident A's room. There was a faint smell of urine in Resident A's room initially that appeared to fade the longer I was in the room. There was no smell of feces. The room did appear to be clean</p>

	<p>and tidy, and Resident A's bedding appeared clean. Resident A was clean and appropriately dressed, with a dry brief as administrator/home manager Rachel Harmony checked Resident A's brief during this on-site.</p> <p>There is no preponderance of evidence to substantiate a rule violation.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED


APPLICABLE RULE	
R 400.14403	Resident behavior interventions prohibitions.
	(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.
ANALYSIS:	<p>On 07/22/2025, I conducted an unannounced on-site at the facility. There was a faint smell of urine in Resident A's room initially that appeared to fade the longer I was in the room. There was no smell of feces. During this on-site, Resident A's brief was checked by Staff Harmony who stated the brief was dry.</p> <p>I interviewed administrator Rachel Harmony, assistant manager Julie Rodgers, and staff Morgan Mell. Staff Harmony stated that Resident A's urine has a strong smell. Staff Rodgers stated that Resident A's room has an odor, and the odor eater that was placed in the room is not working. Staff Rodgers stated that the odor hits you at the bedroom door, then goes away. Staff Mell stated that the urine smell could be from bed pads or bedding. Staff Mell stated that she changes the bed linen any time it's soiled. Staff Mell denied the room smells like feces.</p> <p>On 07/30/2025, I spoke with licensee designee Stephanie Riley via phone. Staff Riley stated that staff have tried everything to find the source of the urine smell in Resident A's room</p> <p>There is preponderance of evidence to substantiate a rule violation in regard to Resident A's bedroom having an ongoing smell of urine.</p>
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.14308	Resident behavior interventions prohibitions.
	<p>(2) A licensee, direct care staff, the administrator, members of the household, volunteers who are under the direction of the licensee, employees, or any person who lives in the home shall not do any of the following:</p> <p>(b) Use any form of physical force other than physical restraint as defined in these rules.</p>
ANALYSIS:	<p>On 07/22/2025, I conducted an unannounced on-site at the facility. I interviewed administrator Rachel Harmony, assistant manager Julie Rodgers, staff Morgan Mell, and Resident A. They were interviewed and denied the allegations.</p> <p>Staff Harmony stated that the facility has not lost any staff since April 2025, and all three staff from that time period left on their own accord.</p> <p>Resident A denied there's anyone in the home that makes them feel unsafe. I did not observe any visible bruising to Resident A's face, legs, or arms.</p> <p>Staff Mell denied seeing unexplained bruises or any staff physically abusing Resident A.</p> <p>Staff Rodgers denied that any past staff abused Resident A.</p> <p>There is no preponderance of evidence to substantiate a rule violation.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

On 07/30/2025, I conducted an exit conference with licensee designee Stephanie Riley via phone. I informed Stephanie Riley of the findings and conclusions. On 08/11/2025, I sent an email to LD Stephanie Riley after attempts to reach LD Riley by phone. I informed her of the findings and conclusions.

IV. RECOMMENDATION

Contingent upon the receipt of an acceptable corrective action plan, I recommend continuation of the AFC small group home license (capacity 3- 6).



08/11/2025

Shamidah Wyden
Licensing Consultant

Date

Approved By:



08/13/2025

Mary E. Holton
Area Manager

Date