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GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

September 3, 2025

Jolly Raj 4886 Kimber Lane Berrien Springs, MI 49103

> RE: License #: AF110290212 Investigation #: 2025A0790042

Jolly's Home

Dear Ms. Raj:

Attached is the Special Investigation Report for the above-referenced facility. No substantial violations were found.

Please review the enclosed documentation for accuracy and contact me with any questions. If I am not available and you need to speak to someone immediately, please contact the local office at (616) 356-0100.

Sincerely,

Rodney Gill, Licensing Consultant

Bureau of Community and Health Systems

Unit 13, 7th Floor 350 Ottawa, N.W.

Grand Rapids, MI 49503

Rodney Gill

gillr@michigan.gov

(517)980-1433

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF110290212
	000540700040
Investigation #:	2025A0790042
Complaint Receipt Date:	08/12/2025
Investigation Initiation Date:	08/14/2025
Day and Day Date	40/44/0005
Report Due Date:	10/11/2025
Licensee Name:	Jolly Raj
Licensee Address:	4886 Kimber Lane
	Berrien Springs, MI 49103
Licensee Telephone #:	(269) 471-1983
Licensee Telephone #.	(203) 47 1-1900
Administrator:	N/A
Licensee Designee:	N/A
Name of Facility:	Jolly's Home
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Facility Address:	4886 Kimber Lane
	Berrien Springs, MI 49103
Escility Tolonhono #:	(269) 471-1983
Facility Telephone #:	(209) 47 1-1963
Original Issuance Date:	11/30/2007
License Status:	REGULAR
Effective Date:	06/19/2024
Lifective Date.	00/13/2024
Expiration Date:	06/18/2026
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED
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	AGED

II. ALLEGATION(S)

Violation Established?

Licensee does not	provide Resident A with adequate supervision.	No
Liberioce does not	provide resident / t with adequate supervision.	110

III. METHODOLOGY

08/12/2025	Special Investigation Intake 2025A0790042
08/13/2025	APS Referral is not necessary because the allegations do not meet assignment criteria for Adult Protective Services. The allegations pertain to an alleged licensing rule violation.
08/14/2025	Special Investigation Initiated - On Site
08/14/2025	Inspection Completed On-site I interviewed direct care staff member (DCSM) Manny Joy, licensee Jolly Raj, registered nurse Sonia Morales, and Resident A.
08/14/2025	Contact - Telephone call made I interviewed responsible person Maureen Pakalapati.
08/14/2025	Exit Conference with licensee Jolly Raj.
08/19/2025	Special Investigation Full Compliance

ALLEGATION:

Licensee does not provide Resident A with adequate supervision.

INVESTIGATION:

On 8/13/25, I reviewed a denied Adult Protective Services referral dated 8/10/25. The referral indicated Resident A suffers from bipolar disorder, is unable to ambulate on her own, cerebrovascular accident (CVA), chronic back pain, and alcohol withdrawal.

The referral indicated Resident A lives at Jolly's Home. On 08/09/25, at approximately 7:30 p.m., Resident A presented at Corewell Health by ambulance for

chest pain and diarrhea. Resident A is to always have a state mandated caregiver with her; however, no one showed up at the emergency room with Resident A. Resident A was ready for discharge at 4:20 a.m. on 8/10/25. Hospital professionals were not able to get in touch with anyone at the AFC home. The referral indicated contact was made and a direct care staff member (DCSM) name unknown at the AFC home stated they will pick up Resident A between 9:00 a.m. and 10:00 p.m. on 8/10/25.

On 8/14/25, I conducted an unannounced onsite investigation. I interviewed DCSM Manny Joy. Mr. Joy stated he was the DCSM who picked Resident A up from the hospital on 8/10/25. He said he went to pick up Resident A as soon as he had finished his morning duties at the AFC home. He specifically said he picked Resident A up after assisting with getting the residents up, cooking, serving, cleaning, and getting the residents settled after breakfast. Mr. Joy stated he picked up Resident A at approximately 10:50 a.m. He said Resident A was not prescribed any new medications or any new medical appointments scheduled.

Mr. Joy stated that Resident A does not require 24/7 supervision. He said Resident A is mentally and emotionally competent and is capable of ambulating independently if she needs to.

On 8/14/25, I interviewed licensee Jolly Raj. Ms. Raj explained that Resident A was prescribed new medication recently. She said on 8/9/25, Resident A complained of having several loose stools, chest pain, and weakness in her left arm.

Ms. Raj stated Resident A blamed the medications she was recently prescribed for the symptom she was having. Ms. Raj stated Resident A refused to take them. Ms. Raj stated Resident A also refused to eat and drink. Ms. Raj said Resident A was asked if she wanted to be transported to the emergency room. She said Resident A refused to go.

Ms. Raj stated Resident A is diabetic. She said they gave Resident A Mucinex and pain medication. Ms. Raj stated they called Corewell and were told by Resident doctor to get Resident A to take her medications. She said Resident A again refused to take her medications and said she was not going to take them any longer.Ms. Raj stated the doctor was informed Resident A was still refusing to take her medications.

Ms. Raj said Resident A wanted to go to the emergency room and wanted to go by ambulance because she said she was too weak to go with a DCSM.

Ms. Raj stated Resident A does not require 24/7 supervision and DCSMs are not required to accompany her to the emergency room. Ms. Raj stated Resident A was transported to the emergency room via ambulance on 8/9/25.

On 8/14/25, I interviewed registered nurse (RN) Sonia Morales from Corewell House Calls. Ms. Morales stated she was completing a house call visit with Resident A per

her primary care physician (PCP) providing diabetic self-management and support education (DSMSE).

Ms. Morales stated there is no reason why Resident A would require 24/7 supervision. She said Resident A is not to always have a state mandated caregiver with her. Ms. Morales said she is unsure why this complaint was called in. Ms. Morales stated Resident A is competent, very verbal, and communicates well. She said it is up to Resident A if she feels she needs to be transported to the emergency room and can be transported by emergency services without supervision from DCSMs. Ms. Morales stated she has never observed Resident A exhibit mental deficiency or confusion.

On 8/14/25, I interviewed Resident A. Resident A stated that on 8/9/25 she was suffering from diarrhea, chest pain, dizziness, numbness, and weakness in her left arm. Resident A said she decided to go to the emergency room and wanted to go by ambulance because she was feeling weak. Resident A said she does not like going to the emergency room because the beds are hard and the medical professionals have a hard time drawing her blood.

Resident A appeared competent and able to make her own decisions.

On 8/14/25, I interviewed responsible person Maureen Pakalapati via phone. Ms. Pakalapati stated she emailed me an *AFC Licensing Division – Incident / Accident Report* dated 8/9/25 involving Resident A.

On 8/21/25, I reviewed an *AFC Licensing Division – Incident / Accident Report* dated 8/9/25 involving Resident A. The report indicated Resident A complained of diarrhea and chest pain. The report indicated responsible person Maureen Pakalapati who functions as the home manager offered to transport Resident A to the emergency room, but Resident A wanted to go in the ambulance saying she was too weak.

The report indicated Resident A was sent to the emergency room and returned the next day. The report finally indicated there were no changes to Resident A's current medications and no new findings.

On 8/21/25, I reviewed an After Visit Summary from Corewell Health Lakeland Hospitals - St. Joseph Hospital for Resident A dated 8/9/25. The summary instructed Resident A to withhold taking her metformin until she follows up with her primary care provider.

The summary indicated Resident A had the following blood work completed: Complete blood count w/differential, comprehensive metabolic panel (CMP), high sensitivity troponin T 2 hour (lab only) (West and Southwest Michigan only), high sensitivity troponin T baseline with reflex to 2 hour HS troponin T (West and Southwest Michigan only), lipase, blood level.

The summary indicated Resident A had the following tests completed: DR chest 2 views frontal and lateral and electrocardiogram, complete.

There were no changes to Resident A's medications and no new findings.

On 8/21/25, I reviewed Resident A's *Assessment Plan for AFC Residents*. I found under Moves Independently in the Community that Resident A does not require assistance or supervision. I found that Resident A can communicate needs, understands verbal communication, is alert to her surroundings, reads, writes, tells time, manages money, follows instructions, and participates in social activities.

APPLICABLE RULE		
R 400.1407	Resident admission and discharge criteria;	
	(2) A licensee shall not accept or retain a resident for care unless and until a resident assessment plan is made and it is determined that the resident is suitable pursuant to the following provisions:	
	(a) The amount of personal care, supervision, and protection required by the resident is available in the home.	
ANALYSIS:	Based on the information gathered during this special investigation through review of documentation and interviews with Mr. Joy, Ms. Raj, Ms. Morales, Resident A, and Ms. Pakalapati there was no evidence found indicating that the licensee does not provide Resident A with adequate supervision.	
CONCLUSION:	VIOLATION NOT ESTABLISHED	

On 8/14/25, I conducted a face-to-face exit conference with licensee Jolly Raj. Ms. Raj did not dispute the findings of this special investigation.

IV. RECOMMENDATION

I recommend that the status of the license remains the same.

Rodney Sell	8/21/25
Rodney Gill	Date
Licensing Consultant	
Approved By:	
RusallMisial	9/3/25
Russell B. Misiak	Date

Area Manager