GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 24, 2025

Kelly Wriggelsworth
Provision Living at Fenton
440 N. Fenway Drive
Fenton, MI 48430

RE: License #: AH250405635
Investigation #: 2025A0784075
Provision Living at Fenton

Dear Kelly Wriggelsworth:

Attached is the Special Investigation Report for the above-mentioned 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. If I am not available and you need to speak to someone immediately, please contact the local office at (517) 335-5985.

Sincerely,

Aaron L Clum

Aaron Clum, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 230-2778

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

I. IDENTIFYING INFORMATION

License #:	AH250405635
Investigation #:	2025A0784075
Complaint Receipt Date:	08/12/2025
Investigation Initiation Date:	08/13/2025
Report Due Date:	10/11/2025
Licensee Name:	AEG Fenton Opco, LLC
Licensee Address:	1610 Des Peres Rd. Ste 385 St. Louis, MO 63131
Licensee Telephone #:	(517) 294-0534
Administrator:	Micheal Scully Jr.
Authorized Representative:	Kelly Wriggelsworth
Name of Facility:	Provision Living at Fenton
Facility Address:	440 N. Fenway Drive Fenton, MI 48430
Facility Telephone #:	(810) 936-2807
Original Issuance Date:	05/26/2022
License Status:	REGULAR
Effective Date:	08/01/2025
Expiration Date:	07/31/2026
Capacity:	60
Program Type:	AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
New staff do not have TB screening	No
Inadequate care for Resident A	Yes
Clothes are washed in washers with mold	Yes
Additional Findings	Yes

III. METHODOLOGY

08/12/2025	Special Investigation Intake 2025A0784075
08/13/2025	Special Investigation Initiated - On Site
08/13/2025	Inspection Completed On-site
08/13/2025	Exit Conference Conducted with authorized representative

ALLEGATION:

New staff do not have TB screenings

INVESTIGATION:

On 8/12/2025, the department received this online complaint. Due to the anonymous nature of the complaint, additional information could not be obtained.

According to the complaint, new staff have not had TB screening. No additional information was provided in relation to this complaint.

On 8/13/2025, I interviewed authorized representative (AR) Kelly Wriggelsworth at the facility. AR stated she is not aware of any staff who have not had a TB screening completed. AR stated the TB screening is required by the facility for all staff.

I reviewed the staff roster, provided by AR, and randomly selected the names of the four newest employees of the facility, staff 1, 2, 3, and 4. I reviewed the TB

screenings, provided by AR, for each of these staff which confirmed they had all completed the test.

APPLICABLE RULE	
R 325.1923	**Employee's health.**
	(2) A home shall provide initial tuberculosis screening at no cost for its employees. New employees shall be screened within 10 days of hire and before occupational exposure. The screening type and frequency of routine tuberculosis (TB) testing shall be determined by a risk assessment as described in the 2005 MMWR "Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005" (http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf), Appendices B and C, and any subsequent guidelines as published by the centers for disease control and prevention. Each home, and each location or venue of care, if a home provides care at multiple locations, shall complete a risk assessment annually. Homes that are low risk do not need to conduct annual TB testing for employees.
ANALYSIS:	Based on the findings, this allegation is not substantiated.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION:

Inadequate care for Resident A

INVESTIGATION:

According to the complaint, Resident A was left on the toilet unattended by staff 5 while her call alarm was going off. She was found covered in feces.

On 8/13/2025, I interviewed staff 2 at the facility. Staff 2 stated that on at least two different occasions, staff 5 has been known to leave Resident A without proper assistance. Staff 2 stated the first time was in the beginning of June 202. Staff 2 stated Resident A had pulled her call light cord and a staff member came into her room to assist to find her in her clothes covered in feces. Staff 2 stated Resident A had been transferred from her wheelchair to the toilet and staff 5 apparently left her on the toilet and did not say anything to anyone. Staff 2 stated staff 5 reported Resident A did not want him to assist her so he just left and apparently did not think

of letting another staff member know. Staff 2 stated a similar incident happened a few weeks after this in which staff 5 again left Resident A on the toilet while soaked in her clothing because she reportedly told him she did not want him to assist her. Staff 2 stated this happened prior to the new ownership taking over the facility in the beginning of August 2025. Staff 2 stated staff 5 was verbally warned about these incidents. Staff 2 stated she felt he should have been given written disciplines, but that administration was not allowed to discipline him under the old ownership. Staff 2 stated that, at the time, staff 5 had not completed all the orientation processes for human resources and the old ownership was concerned that he could sue if he was written up. Staff 2 stated Resident A had received proper training to provide care but had not completed all the procedural items of orientation.

APPLICABLE RULE	
R 325.1931	**Employees; general provisions.**
	(2) A home shall treat a resident with dignity and his or her personal needs, including protection and safety, shall be attended to consistent with the resident's service plan.
R 325.1921	**Governing bodies, administrators, and supervisors.**
	(b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.
ANALYSIS:	The complaint alleged inadequate care for Resident A when she was left on her toilet soaked in urine and feces without assistance. Staff 2 confirmed the allegations that happened not once but twice and that, due to a lack of completing administrative processes, staff 5, who left Resident A, was unable to be properly disciplined. Based on the findings, the facility is not in compliance with this rule.
CONCLUSION:	**VIOLATION ESTABLISHED**

ALLEGATION:

Clothes are washed in washers with mold

INVESTIGATION:

According to the complaint, the washers used to wash clothing have mold inside of them and staff are still directed to use them for resident clothing. No additional information was provided in relation to this complaint.

During the onsite, I observed several washers located within the assisted living (AL) and the memory care (MC). Two washers, one in the AL and one in the MC, had a large accumulation of black mold like build up on the inside edge of the opening of the washers. Both washers had clothes inside them that had been recently washed and not yet loaded into the dryer.

APPLICABLE RULE	
R 325.1979	**General maintenance and storage.**
	(1) The building, equipment, and furniture shall be kept clean and in good repair.
ANALYSIS:	Based on the findings, the facility is not in compliance with this rule.
CONCLUSION:	**VIOLATION ESTABLISHED**

ADDITIONAL FINDINGS:

INVESTIGATION:

When interviewed, AR reported that the person currently appointed as the administrator has not been with the facility for several weeks.

APPLICABLE RULE	
R 325.1913	**Licenses and permits; general provisions.**
	(2) The applicant or the authorized representative shall give written notice to the department within 5 business days of any changes in information as submitted in the application pursuant to which a license, provisional license, or temporary nonrenewable permit has been issued.

ANALYSIS:	Based on the findings, the facility is not in compliance with this rule.
CONCLUSION:	**VIOLATION ESTABLISHED**

IV. RECOMMENDATION

Upon receipt of an acceptable corrective action plan, it is recommended that the status of the license remain unchanged.

9/10/2025

Aaron Clum — Date
Licensing Staff

Approved By:

09/24/2025

Andrea L. Moore, Manager — Date
Long-Term-Care State Licensing Section