GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 23, 2025

Brice Lewis
RSR Creek LLC
5485 Smiths Creek
Kimball, MI 48074

RE: License #: AL740408304
Investigation #: 2025A0580041
Sandalwood Creek 1

Dear Brice Lewis:

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,

Sabrina McGowan, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(810) 835-1019

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL740408304
Investigation #:	2025A0580041
Complaint Receipt Date:	07/28/2025
Investigation Initiation Date:	07/31/2025
Report Due Date:	09/26/2025
Licensee Name:	RSR Creek LLC
Licensee Address:	5485 Smiths Creek Kimball TWP, MI 48074
Licensee Telephone #:	(810) 204-0577
Administrator:	Brice Lewis
Licensee Designee:	Brice Lewis
Name of Facility:	Sandalwood Creek 1
Facility Address:	5485 Smiths Creek Kimball TWP, MI 48074
Facility Telephone #:	(810) 367-7192
Original Issuance Date:	11/16/2021
License **Status:**	REGULAR
Effective Date:	05/16/2024
Expiration Date:	05/15/2026
Capacity:	18
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED ALZHEIMERS

	AGED

II. ALLEGATION(S)

	Violation Established?
Staff have been vaping in the building.	No
Several residents are left in their soiled clothing for extended periods, and are not being bathed by staff, causing bed sores.	No
Body wash and shampoo have been used to clean dirty dishes and laundry at the facility.	No
Manager, Marie Carrier called Resident B a pervert.	No
Staff, Devin Wasylk has been caught in the medicine cabinet, stealing medication.	No
There is not any food at the facility for residents	No
Resident C has to sleep in a recliner chair.	Yes
Additional Findings	Yes

III. METHODOLOGY

07/28/2025	Special Investigation Intake 2025A0580041
07/28/2025	APS Referral Denied by APS for investigation.
07/31/2025	Special Investigation Initiated - On Site Unannounced onsite inspection.
07/31/2025	Contact - Face to Face Interview with staff, Damajiea Smith.
07/31/2025	Contact - Face to Face Interview with Resident A.
07/31/2025	Contact - Face to Face Interview with Resident B.
07/31/2025	Contact - Face to Face Interview with Resident D.
08/26/2025	Contact - Telephone call made Call to Monica Sarin.
08/27/2025	Contact - Document Received

	Documents received.
09/03/2025	Inspection Completed On-site Follow-up unannounced onsite.
09/03/2025	Contact - Face to Face Interviewed direct staff, Nicole Convery.
09/03/2025	Contact - Face to Face Interviewed direct staff, Daniel Rutherford.
09/03/2025	Contact - Face to Face Interviewed direct staff, Jody Lehman.
09/19/2025	Contact - Telephone call made Call to Relative Guardian A.
09/19/2025	Contact - Telephone call made Call to Harmony Cares Hospice
09/19/2025	Contact - Telephone call made Call to Devin Wasylk, former employee.
09/22/2025	Contact - Telephone call received Call from Harmony Cares Hospice.
09/22/2025	Exit Conference Exit with Owner, Monica Sarin.

ALLEGATION:

Staff have been vaping in the building.

INVESTIGATION:

On 07/28/2025, I received a complaint via LARA-BCHS-Complaints. This complaint was denied by APS for investigation.

On 07/31/2025, I conducted an unannounced onsite inspection at Sandalwood Creek I. Contact was made with Home Manager, Marie Carrier. Manager Carrier denied that staff are vaping in the building. There are currently 14 residents placed in the home. While onsite I observed 4 residents sitting at the dining table as they were finishing up their lunch that had been served. There were 5 additional residents observed sitting in

the living room area in their recliner chairs. The residents appeared to be receiving proper care.

On 07/31/2025, while onsite, I interviewed Direct Staff, Damajiea Smith. Staff Smith denies vaping in the building or observing other staff vaping in the building.

On 07/31/2025, while onsite, I interviewed Resident A. Resident A denied seeing staff vaping in the home.

On 07/31/2025, while onsite, I interviewed Resident B. Resident B stated that he has not seen any vaping in the home.

On 07/31/2025, while onsite, I interviewed Resident D. Resident D stated that he has not seen any vaping in the home.

On 08/26/2025, I spoke with the Owner, Monica Sarin, regarding the allegations. Owner Sarin stated that there is no vaping in the facility. Owner Sarin stated that she does have the ability to see staff on camera while working. Owner Sarin also stated that she will look into changing the facility policy to ensure it entails no vaping in the facility.

On 09/03/2025, I conducted a follow-up unannounced onsite at Sandalwood Creek I. Contact was made with Markel Jones identified as the area supervisor and Marie Carrier, Home Manager. Area Manager Jones indicated that there are currently 14 residents placed at this facility. 5 residents were observed in the living room watching television in their recliners. The residents were adequately dressed and groomed. They appeared to be receiving proper care.

On 09/03/2025, while onsite, I interviewed Direct Staff, Nicole Convery. Staff Convery stated that she has worked for the facility off and on for the past 2 years. Staff Convery stated that she has never seen staff vaping in the home.

On 09/03/2025, while onsite, I interviewed Direct Staff, Daniel Rutherford. Staff Rutherford stated that he has been employed at Sandalwood Creek I for 1 year. Staff Rutherford stated that he has seen staff vaping in the building in the past, it was not in the presence of residents, however, it was addressed by the owners and has not occurred since.

On 09/03/2025, I interviewed Direct Staff, Jody Lehman. Staff Lehman stated that she began working for the home 2 weeks ago. Staff Lehman has not seen any vaping in the home.

On 09/22/2025, Owner Sarin stated that a new No Vaping policy has been created and signed by all staff.

APPLICABLE RULE	
R 400.15204	**Direct care staff; qualifications and training.**
	(2) Direct care staff shall possess all of the following qualifications: **(a) Be suitable to meet the physical, emotional, intellectual, and social needs of each resident.**
ANALYSIS:	It was alleged that staff have been vaping in the building. Home Manager, Marie Carrier, Direct Staff, Damajiea Smith, Nicole Convery, and Jody Lehman denied the allegations. Owner, Monica Sarin, stated that there is no vaping in the facility. Residents A, B and D denied seeing staff vaping in the home. Direct Staff, Daniel Rutherford, stated that he has seen staff vaping in the building in the past, it was not in the presence of residents, however, it was addressed by the owners and has not occurred since. Based upon my investigation, which consisted of interviews with multiple facility staff members, residents, and the owner, Monica Sarin, there is not enough evidence to substantiate the allegation.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION:

Several residents are left in their soiled clothing for extended periods, and are not being bathed by staff, causing bed sores.

INVESTIGATION:

On 07/31/2025, Manager Carrier denied the allegations that residents are left in their soiled clothing for extended periods, and are not being bathed by staff, causing bed sores. There are currently 14 residents placed in the home. While onsite I observed 4 residents sitting at the dining table as they were finishing up their lunch that had been served. There were 5 additional residents observed sitting in the living room area in their recliner chairs. The residents appeared to be receiving proper care.

On 07/31/2025, Staff Smith denies the allegations that the residents are not showered or changed regularly, adding that residents are showered 1-2 times a week and changed constantly. Staff Smith identified Resident E as the only occupant with a bed sore.

On 07/31/2025, while onsite, Resident A stated that stated that sometimes she waits a long time for staff assistance. Resident B did not specify how long of a time she waits. Resident A denied a mark on her groin area. Resident A stated that sometimes staff put their leg between her legs to lift her from her chair. Resident A was interviewed and observed while in her room. Resident A was adequately dressed, groomed and appeared to be receiving proper care.

The assessment plan reviewed for Resident A indicates that Resident A requires the use of a wheelchair for mobility and needs help with dressing, bathing, and transfers.

On 07/31/2025, while onsite, Resident B stated that sometimes he has to wait for assistance. Resident B did not specify how long he waits; however, he is not left sitting in briefs for extended periods of time. Resident B was interviewed/observed while in his room. Resident B was adequately dressed, groomed, and appeared to be receiving proper care.

On 09/03/2025, Staff Convery stated that residents are showered twice a week, or more often as needed. Residents are changed every 2 hours or as needed.

On 09/03/2025, Staff Rutherford stated that the residents are provided with showers twice a week, or as needed. Staff Rutherford adds that sometimes the resident's refuse. Staff then returns and asks again later in an attempt to coax the residents.

On 09/03/2025, Staff Lehman stated that Residents are showered every other day, twice a week, on a rotating basis, or as needed.

On 09/19/2025, I spoke with Relative Guardian A. Relative Guardian A stated that Resident A does have a small pressure sore from sitting. Relative Guardian A adds that Resident A does have a habit of not asking for assistance and sometimes will not push her call button but instead just wait for staff to come check. Relative Guardian A adds that whenever she visits, staff are always checking to ensure Resident A has what she needs. Relative Guardian A does believe the facility is short staffed at times. Relative Guardian A identified that at least 4 staff are usually on duty, however, she is never sure of their responsibilities. Relative Guardian A shared that Resident A was moved to a Hospice care facility after a recent stint in the hospital, adding that due to her becoming more lethargic, confused and sleeping quite often, the doctor recommended more individualized care, outside of an AFC setting.

On 09/19/2025, I placed a call to Jennifer Harvey, RN at Harmony Cares Hospice. RN Harvey is currently out of the office.

On 09/22/2025, I interviewed Jennifer Harvey, RN at Harmony Cares Hospice. RN Harvey is assigned to Residents E-J. RN Harvey stated that the facility does fall short on changing briefs frequently. While there have been a couple of simple stage 2 bed sores that were able to be easily cleaned. Resident H however does have a bed sore that is progressively getting worse. While some of the issue with the lingering bed sore

is caused by Resident H not eating as much as they'd like, causing a lack of nutrients, the other issues lie with the wound care being provided at the facility, that she has had to educate the staff, repeatedly. Resident E has a bruise on her inner thigh, which the staff cannot explain, however, she does not have a bed sore. Hospice does provide showers for these residents 2-3 times a week. Some of the residents will decline showers if a familiar aide is not available.

RN Harvey further stated that in her opinion, with no cook on duty, caregiver staff often have to cook meals which take away from the care being provided to the residents.

APPLICABLE RULE	
R 400.15305	**Resident protection.**
	(3) A resident shall be treated with dignity and his or her personal needs, including protection and safety, shall be attended to at all times in accordance with the provisions of the act.
ANALYSIS:	It was alleged that several residents are left in their soiled clothing for extended periods, and are not being bathed by staff, causing bed sores. Home Manager, Marie Carrier, Direct Staff, Damajiea Smith, Nicole Convery, Daniel Rutherford and Jody Lehman denied the allegations. Resident A stated that stated that sometimes she waits a long time for staff assistance. Resident B stated that sometimes he has to wait for assistance, however, he is not left sitting in briefs for extended periods of time. Relative Guardian A stated that Resident A does have a small pressure sore from sitting and adds that Resident A does have a habit of not asking for assistance and sometimes will not push her call button but instead just wait for staff to come check. Relative Guardian A adds that whenever she visits, staff are always checking to ensure Resident A has what she needs. Relative Guardian A does believe the facility is short staffed at times. Jennifer Harvey, RN at Harmony Cares Hospice stated that the facility does fall short on changing briefs frequently. There have been a couple of simple stage 2 bed sores that were able to be

	easily cleaned. Resident H however does have a bed sore that is progressively getting worse. Resident E has a bruise on her inner thigh, which the staff cannot explain, however, she does not have a bed sore. Hospice does provide showers for these residents 2-3 times a week. Some of the residents will decline showers if a familiar aide is not available. Based upon my investigation, which consisted of interviews with multiple facility staff members and residents, RN at Harmony Cares Hospice, Jennifer Harvey, and Relative Guardian A, there is not enough evidence to substantiate the allegation
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION:

Body wash and shampoo have been used to clean dirty dishes and laundry at the facility.

INVESTIGATION:

On 07/31/2025, while onsite, Manager Carrier denied the allegations that bodywash and shampoo are being used as substitutes for dish detergent and laundry soap. Manager Carrier and I then proceeded to the kitchen, where I was able to determine that there is in fact a large bottle of dish detergent sitting on the kitchen sink. Manager Carrier and I then proceeded to the laundry room, where I was also able to determine that there is laundry soap, seen sitting on top of the washing machine. Clothes were also currently being washed in the washer.

On 07/31/2025, while onsite, direct staff, Damajiea Smith. Staff Smith denied that staff use bodywash and shampoo as substitutes for dish detergent and laundry soap.

On 08/26/2025, Owner Sarin stated that Manager Carrier shops for household items on a bi-weekly basis.

On 09/03/2025, Manager Carrier was again able to demonstrate that there was sufficient dish detergent for dishes and laundry soap for washing clothes.

APPLICABLE RULE	
R 400.15305	**Resident protection.**
	(3) A resident shall be treated with dignity and his or her personal needs, including protection and safety, shall be attended to at all times in accordance with the provisions of the act.

ANALYSIS:	It was alleged that bodywash and shampoo have been used to clean dirty dishes and laundry at the facility. Manager Carrier denied the allegations that bodywash and shampoo are being used as substitutes for dish detergent and laundry soap. On 07/31/2025 and 09/03/2025, I was able to determine that there was both dish detergent and laundry soap available for use, on both visits. Direct staff, Damajiea Smith, denied that staff use bodywash and shampoo as substitutes for dish detergent and laundry soap. Owner Sarin stated that Manager Carrier shops for household items on a bi-weekly basis. Based upon my investigation, which consisted of interviews with facility staff members, Owner Monica Sarin and observations made on 07/31/2025 and 09/03/2025, there not enough evidence to substantiate the allegation
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION:

Manager, Marie Carrier called Resident B a pervert.

INVESTIGATION:

On 07/31/2025, Manager Carrier denied calling Resident B a pervert as alleged.

On 07/31/2025, Staff Smith denied ever hearing Manager Carrier refer to Resident B as a pervert as alleged.

On 07/31/2025, while onsite, Resident B was interviewed. Resident B denied being called a pervert by Manager Carrier as alleged. Resident B added that if so, he did not hear it.

On 08/26/2025, I spoke with Owner Sarin regarding the allegations. Owner Sarin was informed that while Manager Carrier and Resident B denied the allegations, this is the 3rd time that these allegations have been alleged.

On 09/03/2025, Staff Convery stated that she has never heard any staff call any resident names.

On 09/03/2025, Staff Rutherford denied ever hearing Manager Carrier call Resident B names.

On 09/03/2025, Staff Lehman denied ever hearing staff Carrier call Resident B names, adding that she has only observed staff being polite to the residents.

APPLICABLE RULE	
R 400.15308	**Resident behavior interventions prohibitions.**
	(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: **(f) Subject a resident to any of the following:** **i. Mental or emotional cruelty.** **ii. Verbal abuse.** **iii. Derogatory remarks about the resident or members of his or her family.**
ANALYSIS:	It was alleged that Manager, Marie Carrier called Resident B a pervert. Manager, Marie Carrier, denied the allegations. Direct Staff, Damajiea Smith, Nicole Convery, Jody Lehman and Daniel Rutherford denied the allegations. Resident B denied being called a pervert by Manager Carrier as alleged. Resident B added that if so, he did not hear it. Based upon my investigation, which consisted of interviews with multiple facility staff members and Resident B, there is not enough evidence to substantiate the allegation
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION:

Staff, Devin Wasylk has been caught in the medicine cabinet, stealing medication.

INVESTIGATION:

On 07/31/2025, Manager Carrier denied the allegations that staff Devin Wasylk stole medication. Staff Carrier states that no medication is missing.

On 07/31/2025, Staff Smith stated that she has never observed Staff Wasylk pass any medication.

On 09/03/2025, while onsite I overserved the medication for the residents. The medication is pre-packaged for each resident, separated by the morning, day and evening doses. The medication packaging is designed to be punched out of its packaging, dated for each day of the month. I randomly chose and reviewed the medication and medication logs for several residents; there were no missing medications.

Staff Carrier stated that the narcotics medication is counted by 2 staff, both at the beginning and end of their shift. Upon reviewing the narcotic medication for serval residents, the narcotic medication amounts listed matched the number of medications. There were no narcotic medications missing. Staff Carrier also stated that staff Wasylk no longer works for the facility.

On 09/03/2025, Staff Convery stated that has never witnessed Staff Wasylk stealing medication in the home.

On 09/03/2025, Staff Rutherford stated that while he has not witnessed Staff Wasylk stealing medication, he has seen issues with the medication count being off after him, which seemed suspicious.

On 09/19/2025, I placed a call to Devin Wasylk, former employee, at Sandalwood Creek I. Former employee Wasylk denied the allegations that he stole medication while working at the facility. Former employee Wasylk stated that he was employed as a Med Technician at the facility for 2 years. Former employee Wasylk, stated that to his knowledge he was let go due to a resident complaint, adding that he was told it was either him or the resident that had to leave. Former staff Wasylk had no concerns or complaints regarding the care being provided to the residents at the facility.

APPLICABLE RULE	
R 400.15312	**Resident medications.**
	(6) A licensee shall take reasonable precautions to ensure that prescription medication is not used by a person other than the resident for whom the medication was prescribed.
ANALYSIS:	It was alleged that staff, Devin Wasylk has been caught in the medicine cabinet, stealing medication. Manager Marie Carrier denied the allegations. Staff Smith stated that she has never observed Staff Wasylk pass any medication. Staff Convery stated that has never witnessed Staff Wasylk stealing medication in the home.

	Staff Rutherford stated that while he has not witnessed Staff Wasylk stealing medication, he has seen issues with the medication count being off after him, which seemed suspicious. A review of the resident medication and medication logs for several residents yielded no missing medications. A review of the narcotic medication for serval residents yielded no narcotic medications missing. Former employee Wasylk denied the allegations that he stole medication while working at the facility. Based upon my investigation, which consisted of interviews with multiple facility staff members and residents, as well as a review of relevant facility documents pertinent to the allegation, and resident medications there is not enough evidence to substantiate the allegation
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION:

There is not any food at the facility for residents.

INVESTIGATION:

On 07/31/2025, while onsite, Manager Carrier denied the allegation that there is no food for residents. While onsite I observed the food supply for the residents in the home. There was an ample variety of foods, vegetables, dairy and fruit in the Frigidaire, freezer, and pantry area to accommodate the residents. There was no menu visibly posted onsite to review.

On 07/31/2025, Staff Smith stated that there is plenty of food in the home.
On 07/31/2025, while onsite, I interviewed residents regarding the allegations. Residents A and B stated that the food is good and they get enough to eat. Resident D stated that they get enough food to eat, however, they serve a lot of pasta.

On 08/27/2025, Owner Sarin stated that she spends a lot on food. Grocery ordering/shopping in the home is done on a weekly basis with no change in the budget. One week consists of a Walmart order, while the other week consists of a Walmart order. Currently, there is no cook and Manager Carrier is responsible for preparing the meals in the home. Manager Carrier is required to send Owner Sarin photos of what is being served daily. Owner Sarin has addressed with Manager Carrier the need to serve less pasta in her menu.

On 09/03/2025, Staff Convery stated that residents are served good meals and get enough to eat.

APPLICABLE RULE	
R 400.15313	**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:	It was alleged that there is not any food at the facility for residents. Manager, Marie Carrier, denied the allegations that there is no food for residents. While onsite, I observed the food supply for the residents in the home. There was an ample variety of foods, vegetables, dairy and fruit in the Frigidaire, freezer, and pantry area to accommodate the residents. Direct Staff members, Smith and Convery stated that there is plenty of food in the home. Residents A and B stated that the food is good and they get enough to eat. Resident D stated that they get enough food to eat, however, they serve a lot of pasta. Owner Sarin stated that she spends a lot on food. Grocery ordering/shopping in the home is done on a weekly basis with no change in the budget. One week consists of a Walmart order, while the other week consists of a Walmart order. Based upon my investigation, which consisted of interviews with multiple facility staff members and residents, as well as a review of the food supply in the home, there is not enough evidence to substantiate the allegation.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION:

Resident C has to sleep in a recliner chair.

INVESTIGATION:

On 07/31/2025, While onsite, I observed the bedroom belonging to Resident C. The room does not contain a bed; however, it does contain a Lazy-Boy style recliner chair. Manager Carrier stated that Resident C came to the facility requesting a chair only for sleeping. Manager Carrier was informed that a chair is not an approved surface for sleeping.

On 08/26/2025, I spoke with Owner Sarin regarding the chair being used as a bed for Resident C. Owner Sarin was informed that a variance to the licensing rule has to be requested in order for a chair to be an approved sleeping surface.

On 09/22/2025, I spoke with Owner Sarin regarding instances in which a licensing rule variance would be needed before approving a chair as a sleeping surface.

APPLICABLE RULE	
R 400.15410	**Bedroom furnishings.**
	(5) A licensee shall provide a resident with a bed that is not less than 36 inches wide and not less than 72 inches long. The foundation shall be clean, in good condition, and provide adequate support. The mattress shall be clean, comfortable, in good condition, well protected, and not less than 5 inches thick or 4 inches thick if made of synthetic materials. The use of a water bed is not prohibited by this rule.
ANALYSIS:	It was alleged that Resident C has to sleep in a recliner chair. Manager Carrier stated that Resident C came to the facility requesting a chair only for sleeping. On 07/31/2025, while onsite I observed the bedroom belonging to Resident C. The room does not contain a bed; however, it does contain a Lazy-Boy style recliner chair. Based upon my investigation, which consisted of interview with the Home Manager Marie Carrier, and an observation of Resident C's bedroom, consisting of a chair and no bed, there is enough evidence to substantiate the allegation
CONCLUSION:	**VIOLATION ESTABLISHED**

ADDITIONAL FINDINGS:

INVESTIGATION:

On 09/03/2025, while reviewing the August 2025 Medication Log for Residents E, the log reflects several missed dosages of medication, with no explanation.

On 09/22/2025, I spoke with Owner Sarin regarding the importance of ensuring that the medications logs are completed accurately, ensuring that reasons for missing medications are documented.

SIR2024A0580027, dated 05/21/2024 found violation R 400.15312(2) due residents not receiving their medication as prescribed. The corrective action plan, dated and signed by former Licensee Designee, Rayann Burge, on 05/22/2024, stated that medication will be distributed and documented in a timely manner, effective immediately.

APPLICABLE RULE	
R 400.15312	**Resident medications.**
	(2) Medication shall be given, taken, or applied pursuant to label instructions.
ANALYSIS:	The September 2025 Medication log for Residents E reflects several missed dosages of medication, with no explanation. Based upon my investigation, which consisted of a review of the August 2025 Medication Log for Residents E, there is enough evidence to substantiate the allegation.
CONCLUSION:	**REPEAT VIOLATION ESTABLISHED** **SIR 2054A0580027 dated 05/21/2024.**

ADDITIONAL FINDINGS:

INVESTIGATION:

On 07/31/2025, while onsite, I observed that there was no current menu posted. Manager Carrier was not able to locate the current menu.

On 08/26/2025, I spoke with Owner Sarin regarding no menu being posted in the facility.

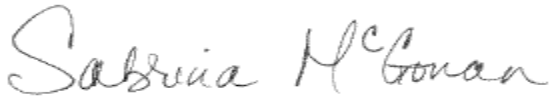
On 09/03/2025, while onsite, I observed that there was a menu board with the daily meal being served listed, however, there was still no menu, written 1 week in advance, visibly posted in the home.

APPLICABLE RULE	
R 400.15313	**Resident nutrition.**
	(4) 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:	While onsite on 07/31/2025 and 09/03/2025, there was no menu, written 1 week in advance, posted in the facility. Based upon my observation, there is enough evidence to substantiate the allegation
CONCLUSION:	**VIOLATION ESTABLISHED**

On 09/22/2025, I conducted an exit conference with Owner, Monica Sarin. Owner Sarin was informed of the findings of this investigation.

IV. RECOMMENDATION

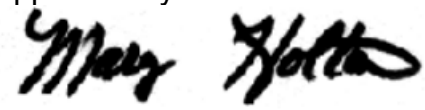
Upon the receipt of an approved corrective action plan, no change to the status of the license is recommended.



September 22, 2025

Sabrina McGowan — Date
Licensing Consultant

Approved By:



September 23, 2025

Mary E. Holton — Date
Area Manager