



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

November 12, 2025

Sally Londry
S & D Senior Living Home
1359 S. Colling Rd.
Caro, MI 48723

RE: License #: AM790388202
Investigation #: 2025A0623053
S&D Senior Living Home

Dear Sally Londry:

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 (517) 643-7960.

Sincerely,

A handwritten signature in cursive script that reads "Cynthia Badour". The signature is written in a dark ink and is positioned below the word "Sincerely,".

Cynthia Badour, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48605
(517) 648-8877

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM790388202
Investigation #:	2025A0623053
Complaint Receipt Date:	09/15/2025
Investigation Initiation Date:	09/17/2025
Report Due Date:	11/14/2025
Licensee Name:	S & D Senior Living Home
Licensee Address:	1359 S. Colling Rd. Caro, MI 48723
Licensee Telephone #:	(989) 286-3711
Administrator:	Sally Londry
Licensee Designee:	Sally Londry
Name of Facility:	S&D Senior Living Home
Facility Address:	1359 S. Colling Rd. Caro, MI 48723
Facility Telephone #:	(989) 286-3711
Original Issuance Date:	10/18/2018
License Status:	REGULAR
Effective Date:	04/18/2025
Expiration Date:	04/17/2027
Capacity:	10
Program Type:	AGED

II. ALLEGATION(S)

	Violation Established?
On 09/14/2025, Resident A reported being abused at the AFC home.	No
Additional Findings	Yes

III. METHODOLOGY

09/15/2025	Special Investigation Intake 2025A0623053
09/17/2025	APS Referral APS referral completed.
09/17/2025	Special Investigation Initiated - On Site Observation, Interviews and documents.
09/18/2025	Contact - Telephone call made I contacted APS worker Tiffany Polaski.
10/21/2025	Contact - Telephone call made I contacted Guardian A.
10/21/2025	Contact - Telephone call made I contacted Tuscola Behavioral Health case manager Mandi Geyser.
10/24/2025	Contact - Telephone call made I contacted APS worker Gerald Edwards.
11/05/2025	Contact – Telephone call made I contacted Licensee Designee Sally Londry
11/05/2025	Contact – Telephone call made I contacted Licensee Designee Sally Londry.
11/10/2025	Exit Conference I completed an exit conference with Licensee Designee Sally Londy.

ALLEGATION:

On 09/14/2025, Resident A reported being abused at the AFC home.

INVESTIGATION:

On 09/17/2025, I completed an Adult Protective Service (APS) referral. I shared the allegation with APS.

On 09/17/2025, I conducted an unannounced onsite inspection at S & D Senior Living Home. I interviewed Licensee Sally Londry, volunteer Barry Southgate, Resident A, and Resident B. I received AFC documents.

On 09/17/2025, I interviewed Licensee Designee (LD) Sally Londry. LD Londry reported that Resident A was having a difficult morning and came out of her bedroom disoriented and her brief was soaking wet and clothing was hanging off her. LD Londry stated she tried to assist Resident A when she became combative and efforts were made to calm her down. LD Londry stated that she was worried that Resident A may be having some sort of medical issue so 911 was called. LD Londry stated that Resident A was taken to the hospital, examined and released. LD Londry stated that Resident A is bipolar and has diabetes.

On 09/17/2025, I interviewed volunteer Barry Southgate. Volunteer Southgate stated that he observed Resident A become belligerent, which happens due to her mental health issues. Volunteer Southgate stated that 911 was called because Resident A was disoriented and aggressive. Volunteer Southgate stated he does assist with prompting and directing the residents.

On 09/17/2025, I interviewed Resident A in her bedroom in private. Resident A appeared alert and oriented x2 (person and place). Resident A was observed to be clean, neatly groomed and dressed. Resident A denied being abused at the AFC home. Resident A denied feeling unsafe or that she wanted to leave the home. Resident A stated she doesn't remember anything except going to the hospital and then coming home. Resident A stated that she thinks her sugar was low and she had her medicine in oatmeal. Resident A stated that she fell and was helped up. Resident A stated she likes the home because they go on outings all the time. Resident A stated that she has a guardian and case manager. Resident A stated her mother comes to get her for visits

On 09/17/2025, I interviewed Resident B in the living room area of the home. Resident B appeared alert and oriented x3 (person, place and time). Resident B appeared clean, neatly groomed and dressed. Resident B stated that sometimes Resident A gets mad or confused. Resident B denied knowing of the specific incident regarding Resident A. Resident B denied staff or anyone in the home is abusive. Resident B stated they would tell their guardian if they had concerns.

On 09/17/2025, I received and reviewed AFC documents.
Incident Report dated 9/14/2025, 8:30 am. Resident A came stumbling down the hall with her nightgown on wearing urine-soaked brief saying she was tired. When asked to

sit down and take her medication she threw them, her spoon, oatmeal and water and reached to throw her coffee. She was given verbal directions to take her medication and eat which would help her sugar, when she refused 911 was called.

Covenant Emergency Care dated 9/14/2025. Resident A examined for a mental health evaluation due to behavior concern in an adult with a history of bipolar disorder and hypoglycemia. Tests were completed and Resident A was released home.

On 09/17/2025, I reviewed Resident A's Health Appraisal form which was dated 02/07/2025. Resident A is fully ambulatory with diagnoses of bipolar disorder and diabetes.

On 09/17/2025, I reviewed Resident A's Assessment Plan form which was dated 01/20/2025. Resident A needs redirection as they get frustrated with peers and yells. Resident A is diabetic and requires medication and a medication diet. Resident A needs assistance with reading, writing, telling time, following instructions, dressing, and personal hygiene.

On 09/18/2025, I contacted APS worker Tiffany Polaski. APS Polaski stated that she was the weekend on-call worker and went out to the home to observe and interview Resident A and staff. APS Polaski stated there were no bruises, scratches or marks of any kind on Resident A. APS Polaski stated that Resident A denied any abuse in the home. APS Polaski stated that the other residents did not report any abuse. APS Polaski stated the APS Gerald Edwards will complete investigation.

On 10/21/2025, I contacted Resident A's guardian. Guardian A. Guardian A stated that she has been out to the home and spoken with Resident A. Guardian A stated that Resident A denied the allegations and wants to stay in the home. Guardian A stated that she is also the guardian for Resident B and spoke with her right after she spoke with Resident A, and she denied any knowledge of abuse. Guardian A stated that all the medical follow up was completed with no new findings. Guardian A stated that the AFC home can meet Resident A's needs.

On 10/21/2025, I contacted Tuscola Behavioral Health case manager (CM) Mandi Geyser. CM Geyser stated that she has talked with Resident A regarding being abused in the AFC home and Resident A denies it. CM Geyser stated that Resident A has short- and long-term memory issues due to her history of alcoholism and strokes, as well as mental health issues. CM Geyser stated that it is not unusual for Resident A to make allegations and then deny them.

On 10/24/2025, I contacted APS worker Gerald Edwards. APS Edwards stated that he will not be substantiating his case and will be closing it. APS Edwards stated that Tuscola County Sheriff's department was out to the home and conducted a well-being check and closed out their case as well.

APPLICABLE RULE	
R 400.681	Resident rights; licensee responsibilities.
	(1) A resident shall be treated with dignity and respect, free from exploitation, and protected and safe.
ANALYSIS:	<p>On 09/14/2025, Resident A reported being abused at the AFC home. I interviewed relevant parties and reviewed documents.</p> <p>Resident A was interviewed and denied any abuse by anyone in the home. Resident A stated they wanted to stay in the home and felt safe.</p> <p>Case manager Mandi Geyser stated that Resident A has short- and long-term memory issues due to her history of alcoholism and strokes. CM Geyser stated that it is not unusual for Resident A to make allegations and then deny them.</p> <p>Guardian A stated that Resident A denied any abuse in the home. Guardian A also spoke with another ward she is responsible for; Resident B, and they denied any abuse in the home. Guardian A stated that Resident A's needs can be met at this facility.</p> <p>APS workers Tiffany Polaski and Gerald Edwards had no findings and closed their case. APS Edwards stated that the Tuscola County Sheriff's Department also closed their case.</p> <p>I conclude there is insufficient findings to substantiate a rule violation.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDINGS: Fingerprint requirements were not completed for staff.

INVESTIGATION:

On 11/05/2025, I reviewed the Workforce Background Check website which showed S & D Senior Living Home had no active or pending employment applications.

On 11/05/2025, I contacted Licensee Designee (LD) Sally Londry. LD Londry stated that volunteer Barry Southgate does not provide any hands-on personal care for the residents and is not left alone with them. LD Londry stated that Barry Southgate does assist her in reminding, prompting and supervising residents.

On 11/10/2025, I contacted Licensee Designee (LD) Sally Londry. LD Londry stated she had run a background on Barry Southgate but didn't have the documents. LD Londry stated that she is aware of the Workforce Background Check Website because her consultant Anthony Humphrey had sent her the link. LD Londry stated that she tried to get into the site, however, couldn't and didn't follow up in any attempt to gain access.

APPLICABLE RULE	
MCL 400. 734b	Employing or contracting with certain individuals providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; determination of existence of national criminal history; failure to conduct criminal history check; automated fingerprint identification system database; electronic web-based system; costs; definitions.
	(2) Except as otherwise provided in this subsection or subsection (6), an adult foster care facility shall not employ or independently contract with an individual who has direct access to residents until the adult foster care facility or staffing agency has conducted a criminal history check in compliance with this section or has received criminal history record information in compliance with subsections (3) and (11). This subsection and subsection (1) do not apply to an individual who is employed by or under contract to an adult foster care facility before April 1, 2006. On or before April 1, 2011, an individual who is exempt under this subsection and who has not been the subject of a criminal history check conducted in compliance with this section shall provide the department of state police a set of fingerprints and the department of state police shall input those fingerprints into the automated fingerprint identification system database established under subsection (14). An individual who is exempt under this subsection is not limited to working within the adult foster care facility with which he or she is employed by or under independent contract with on April 1, 2006, but may transfer to another adult foster care facility, mental health facility, or covered health facility. If an individual who is exempt under this subsection is subsequently convicted of a crime or offense described under subsection (1)(a) to (g) or found to be the subject of a substantiated finding described under subsection (1)(i) or an order or disposition described under subsection (1)(h), or is found to have been convicted of a relevant crime described under 42 USC 1320a-7(a), he or

	she is no longer exempt and shall be terminated from employment or denied employment
ANALYSIS:	<p>On 11/05/2025, I reviewed the Workforce Background Check Website for the facility, S & D Senior Home. There are currently no staff listed under this home in the system.</p> <p>On 11/05/2025, I contacted Licensee Designee (LD) Sally Londry. LD Londry stated that volunteer Barry Southgate does not provide any hands-on personal care for the residents and is not left alone with them. LD Londry stated that Barry Southgate does assist her in reminding, prompting and supervising residents.</p> <p>On 11/10/2025, I contacted Licensee Designee (LD) Sally Londry. LD Londry stated she had run a background on Barry Southgate but didn't have the documents. LD Londry stated that she is aware of the Workforce Background Check Website because her consultant Anthony Humphrey had sent her the link. LD Londry stated that she tried to get into the site, however, couldn't and didn't follow up in any attempt to gain access.</p> <p>I conclude there is enough evidence to substantiate this violation.</p>
CONCLUSION:	VIOLATION ESTABLISHED

On 11/10/2025. I conducted an exit conference with Licensee Designee (LD) Sally Londry. I explained my investigation and findings. I answered LD Londry's questions and requested a corrective action plan. LD Londry stated that she will complete a corrective action plan.

IV. RECOMMENDATION

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



11/12/2025

Cynthia Badour
Licensing Consultant

Date

Approved By:



11/12/2025

Mary E. Holton
Area Manager

Date