



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

November 4, 2025

Kathy Gravlin
Edsel Estate Senior Residence, LLC
2220 Edsel
Trenton, MI 48183

RE: License #: AS820300305
Investigation #: 2026A0116004
Edsel Estate Senior Residence

Dear Mrs. Gravlin:

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 (313) 456-0439.

Sincerely,

A handwritten signature in blue ink that reads "Pandrea Robinson". The signature is written in a cursive, flowing style.

Pandrea Robinson, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 319-9682

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS820300305
Investigation #:	2026A0116004
Complaint Receipt Date:	10/13/2025
Investigation Initiation Date:	10/15/2025
Report Due Date:	12/12/2025
Licensee Name:	Edsel Estate Senior Residence, LLC
Licensee Address:	2220 Edsel Trenton, MI 48183
Licensee Telephone #:	(734) 552-5184
Administrator:	Kathy Gravlin
Licensee Designee:	Kathy Gravlin
Name of Facility:	Edsel Estate Senior Residence
Facility Address:	2220 Edsel Trenton, MI 48183
Facility Telephone #:	(734) 752-6100
Original Issuance Date:	08/17/2009
License Status:	REGULAR
Effective Date:	04/30/2024
Expiration Date:	04/29/2026
Capacity:	6
Program Type:	AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
Staff, Brittany Payne, is alleged to be using methamphetamines and some was found in the basement. She is also having needles delivered to the house.	No
Staff, Brittany Payne, and her boyfriend James Bowker are alleged to be sleeping during their shifts.	No
Resident A is being left in her urine and feces.	No
The house is not cleaned.	No
Additional Findings	Yes

**All allegations reported were not addressed as they were vague and do not allow for meaningful investigation. **

III. METHODOLOGY

10/13/2025	Special Investigation Intake 2026A0116004
10/13/2025	APS Referral Received.
10/15/2025	Special Investigation Initiated - On Site Staff, Ashley Lewandowski, Resident A-B, visually observed Resident C, Guardian C1.
10/15/2025	Inspection Completed-BCAL Sub. Compliance
10/27/2025	Contact - Telephone call made Guardian A1.
10/27/2025	Contact - Telephone call made Hospice nurse, Jessica Stramecki.
10/28/2025	Contact - Telephone call made APS investigator, Meagan Kinder, left a message requesting a return call.
10/31/2025	Contact-Telephone call made Staff, James Bowker. Phone no longer in service.

11/03/2025	Exit Conference Licensee designee, Kathy Gravlin

ALLEGATION:

Staff, Brittany Payne, is alleged to be using methamphetamines and some was found in the basement. She is also having needles delivered to the house.

INVESTIGATION:

On 10/15/25, I conducted an unscheduled onsite inspection and interviewed staff, Ashley Lewandowski, Residents A-B, and Guardian C1. Ms. Lewandowski reported that the allegations are false and are coming from a disgruntled employee that quit in July of 2025. She reported that the employee quit because she wanted a week off work per month and that request was denied. Ms. Lewandowski reported that Ms. Payne has not worked in the home for over six months. She reported licensee designee, Kathy Gravlin, would not allow any staff who uses/abuses drugs to work in the home. She denied ever seeing or hearing anything about needles being delivered to the house or drugs being found in the basement. She reported that the allegations are ridiculous.

I interviewed Resident A and B, and neither were able to recall who staff, Brittany Payne, was. They denied any knowledge of any staff using drugs and reported they do not go in the basement and are not aware of what is in the basement.

I interviewed Guardian C1, and she reported that the staff at the home are wonderful and take great care of the residents. She denied any knowledge of any staff using drugs or appearing to be under the influence. She reported that the staff are attentive to the residents, and she has no concerns. Guardian C1 reported she is at the home daily, comes unannounced and has never observed anything concerning. She added that it sounded like someone was trying to get the home in trouble.

Ms. Lewandowski escorted me to the basement. I walked around the entire basement and did not observe any needles, illegal drugs or anything else concerning. Ms. Lewandowski reported that APS investigator, Megan Kinder, had just left shortly before my arrival and reported she also went into the basement and throughout the home and had no concerns.

On 10/27/25, I interviewed Guardian A1, and she reported the allegations are not true. She reported that Resident A has lived in the home for about three years and the staff are wonderful. She reported that she is at the home often and she comes unannounced. She has never observed any of the staff incoherent or appearing to be under the influence of drugs. She reported that she has gone in the basement

numerous times getting things for Resident A that are stored down there and has never observed any drugs or drug paraphernalia.

On 10/27/25, I interviewed Resident A's hospice nurse, Jessica Stramecki, and she reported that she is at the home two times per week and the hospice aide is at the home two days per week, opposite days she is there. She reported that the staff are amazing and take really good care of Resident A. She reminded me that she is a mandated reporter and if she observed any staff person under the influence of drugs and neglecting or abusing the residents she would have reported it. She reported having no concerns at all regarding the staff and their ability to care for the residents.

On 11/03/25, I conducted the exit conference with licensee designee, Kathy Gravlin, and informed her of the findings of the investigation. Ms. Gravlin agreed with the findings and reported that the allegations are not true and are from a disgruntled employee who said she was going to call the state, when she terminated her employment.

APPLICABLE RULE	
R 400.14204	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.

<p>ANALYSIS:</p>	<p>Based on the findings of the investigation, which included interviews of staff, Ashley Lewandowski, Residents A-B, Guardian C1, Guardian A1 and hospice nurse, Jessica Stramecki, there is not a preponderance of evidence to substantiate the allegations.</p> <p>Ms. Lewandowski reported that Ms. Payne has not worked in the home for over six months and believes that the allegations are from a former disgruntled employee. She denied any knowledge of any staff using drugs or having needles delivered to the home.</p> <p>Residents A-B did not recall staff, Brinttany Payne, and denied any knowledge of staff using drugs. They reported they do not go into the basement and are not aware of what is down there.</p> <p>Guardian C1 reported she is at the home daily. She reported that she has not observed any of the staff appearing under the influence of drugs and reported they are attentive to the needs of the residents.</p> <p>Guardian A1 reported that the allegations are not true and that she at the home often and unannounced. She reported that she has not observed any staff appearing incoherent and under the influence of drugs. Guardian A1 reported she has also been in the basement several times and has never observed any illegal drugs or paraphernalia.</p> <p>Hospice nurse, Jessica Stramecki, reported she is at the home two times per week, and the hospice aide is at the home two days per week, and neither has had any concerns. Ms. Stramecki denied observing any staff appearing under the influence of drugs.</p> <p>This violation is not established as the staff are suitable to meet the physical, emotional, intellectual and social needs of the residents.</p>
<p>CONCLUSION:</p>	<p>VIOLATION NOT ESTABLISHED</p>

ALLEGATION:

Staff, Brittany Payne, and her boyfriend James Bowker, are alleged to be sleeping during their shifts.

INVESTIGATION:

On 10/15/25, I conducted an unscheduled onsite inspection and interviewed staff, Ashley Lewandowski, Residents A-C and Guardian C1. Ms. Lewandowski reported being unaware of any staff sleeping during their shifts and reported that since she has worked in the home none of the residents have reported to her observing any staff being asleep. Ms. Lewandowski again reported that these allegations are likely from a former disgruntled employee.

I interviewed Resident A and B, and they both denied ever observing any of the staff being asleep. Resident B reported that when he needs anything the staff are always available to assist him.

Guardian C1 reported that she has never observed any of the staff asleep and reported she is at the home every day. She reported that when she gets there Resident C is always clean, dressed and comfortable. She reported this is the best place he has ever lived in.

On 10/27/25, I interviewed Guardian A1, and she reported that the staff is always awake and available for the residents. She reported between the nurses, aides, and family members that are in and out of the home, it is unlikely that staff are sleeping during their shifts. She reported that she has never observed any of the staff asleep and she comes to the home unannounced. Guardian A1 reported that she, Resident A and the other families love staff, James Bowker. Guardian A1 reported that he plays guitar for Resident A and is a great cook.

On 10/27/25, I interviewed hospice nurse, Jessica Stramecki, and she reported that between her and the hospice aide they are at the home four or five days per week and have never observed the staff asleep or the residents not being properly cared for.

On 10/31/25, I called staff, James Bowker, his phone is no longer in service.

On 11/03/25, I conducted the exit conference with licensee designee, Kathy Gravlin, and informed her of the findings of the investigation. Ms. Gravlin agreed with the findings and reported that the common areas of the home have cameras that she watches and she has not observed any staff asleep. Ms. Gralin reported that staff, James Bowker, is no longer working in the home as his desire was to get back into culinary art.

APPLICABLE RULE	
R 400.14206	Staffing requirements.
	(2) A licensee shall have sufficient direct care staff on duty at all times for the supervision, personal care, and protection of residents and to provide the services specified in the resident's resident care agreement and assessment plan.
ANALYSIS:	<p>Based on the findings of the investigation, which included interviews of staff, Ashley Lewandowski, Residents A-B, Guardian C1, Guardian A1 and hospice nurse, Jessica Stramecki, there is not a preponderance of evidence to substantiate the allegations.</p> <p>Ms. Lewandowski denied observing or being aware of any staff being asleep during their shift and reported that Brittany Payne had not worked in the home for over six months.</p> <p>Resident A and B denied observing any staff asleep during their shifts. Resident B reported that the staff are always available to him when needed.</p> <p>Guardian C1 reported that she is at the home daily and has never observed any of the staff asleep.</p> <p>Guardian A1 reported that she is at the home often and unannounced and has never observed any of the staff asleep.</p> <p>Hospice nurse, Ms. Stramecki, reported between her and the aide they are at the home four or five times per week and have never observed any of the staff asleep.</p> <p>This violation is not established as the licensee has sufficient staff on duty at all times for the supervision, personal care, and protection of the residents.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Resident A is being left in her urine and feces.

INVESTIGATION:

On 10/15/25, I conducted an unscheduled onsite inspection and interviewed staff, Ashley Lewandowski and Resident A. Ms. Lewandowski denied the allegations and reported that no resident is left in their urine or feces and that they are checked and changed often. Ms. Lewandowski reported that Resident A also has a hospice nurse and aide that are at the home multiple times per week. Ms. Lewandowski reported that if the allegation were true Resident A would likely have some sort of skin breakdown, and she does not.

I interviewed Resident A, and she reported that the girls change her, check on her and shower her. Resident A added that the food is really good too.

On 10/27/25, I interviewed Guardian A1, and she reported she is annoyed that this former employee chooses to make up these lies and pinpoint Resident A. She does not like that because of the false allegations all these different people from the state have to speak to Resident A, causing anxiety and uneasiness to her. Guardian A1 reported that if Resident A was being left in urine or feces and not being properly cared for, she would not still be in this home three years later. Guardian A1 reported Resident A is being cared for and checked and changed as needed. She reported she has never had any skin breakdown, irritation or rashes, which are all indicators of good care.

On 10/27/25, I interviewed hospice nurse, Jessica Stramecki, and she reported that in the three years Resident A has lived in the home she has never observed her in her own urine or feces. She reported she has never had any skin breakdown and has never had any concerns or worries regarding the care the staff provide.

On 11/03/25, I conducted the exit conference with licensee designee, Kathy Gravlin and informed her of the findings of the investigation. Ms. Gravlin agreed with the findings.

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.

<p>ANALYSIS:</p>	<p>Based on the findings of the investigation, which included interviews of staff, Ashley Lewandowski, Resident A, Guardian A1 and hospice nurse, Jessica Stramecki, there is not a preponderance of evidence to substantiate the allegations.</p> <p>Ms. Lewandowski denied the allegations and reported that Resident A is checked and changed often and is never left in her urine and feces.</p> <p>Resident A reported that the girls check on her, change her and shower her.</p> <p>Guardian A1 denied the allegations and reported that Resident A has never been left in her urine or feces. She reported Resident A has never had any skin breakdown, rashes or irritation, because she is being properly cared for.</p> <p>Hospice nurse, Ms. Stramecki, denied ever observing Resident A in her urine or feces. She reported that her skin is intact and in the three years she has been in the home, she has not had any skin breakdown.</p> <p>This violation is not established as the staff are providing supervision, protection and personal care as defined in the act.</p>
<p>CONCLUSION:</p>	<p>VIOLATION NOT ESTABLISHED</p>

ALLEGATION:

The house is not cleaned.

INVESTIGATION:

On 10/15/25, I conducted an unscheduled onsite inspection and observed the home to be clean with no concerns noted.

I interviewed staff, Ashley Lewandowski, and Guardian C1. Ms. Lewandowski reported that the home is always clean and maintained. She reported that that is a part of the staff responsibility and they all chip in to make sure the home stays clean.

I interviewed Guardian C1, and she reported that the home is always clean and maintained and that she has not had any concerns.

On 10/27/25, I interviewed Guadian A1 and she reported that the home is always cleaned and maintained. She reported that the staff do their best in between caring for the residents to make sure they maintain the cleanliness of the home. She reported no concerns.

On 10/27/25, I interviewed hospice nurse, Jessica Stramecki, and she reported that she has been going to the home for three years and the home has always been clean and maintained. She reported not having any concerns.

On 11/03/25, I conducted the exit conference with licensee designee, Kathy Gravlin, and informed her of the findings of the investigation. Ms. Gravlin agreed with the findings.

APPLICABLE RULE	
R 400.14403	Maintenance of premises.
	(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

ANALYSIS:	<p>Based on the findings of the investigation, which included interviews of staff, Ashley Lewandowski, Guardian C1, Guardian A1, hospice nurse, Jessica Stramecki, and my observation, there is not a preponderance of evidence to substantiate the allegations.</p> <p>I observed the home to be clean and arranged in an orderly fashion.</p> <p>Ms. Lewandowski reported that the home is always clean and maintained.</p> <p>Guardian C1 and A1 both reported that the home is always clean and maintained.</p> <p>Hospice nurse, Ms. Stramecki, reported that she has been going to the home for three years and the home is always clean and maintained.</p> <p>This violation is not established as the home is constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of the residents.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION:

On 10/15/25, I conducted an unscheduled onsite inspection and observed white plastic doorknob covers (used for child proofing) on both approved means of egress as well as on some bedroom doors.

I interviewed staff, Ashley Lewandowski, and she reported that she was not aware that the knobs were prohibited and was unsure of why they were being used.

On 11/03/25, I conducted the exit conference with licensee designee, Kathy Gravlin and informed her of the findings of the investigation and the specific rule cited. I informed Ms. Gravlin that the doorknob covers were prohibited as they prevent unobstructed egress. Ms. Gravlin reported they will be removed.

APPLICABLE RULE	
R 400.14507	Means of egress generally.
	(5) A door that forms a part of a required means of egress shall be not less than 30 inches wide and shall be equipped with positive-latching, non-locking-against-egress hardware.
ANALYSIS:	<p>Based on the findings of the investigation, which included my observation, there is a preponderance of evidence to establish this violation.</p> <p>During my onsite inspection on 10/15/25, I observed plastic doorknob covers (used for child proofing) on both approved means of egress and bedroom doors that prevents unobstructed egress, and voids the positive-latching, non-locking-against-egress hardware.</p> <p>This violation is established as the doors that form a part of a required means of egress are no longer equipped with positive-latching, non-locking-against-egress hardware.</p>
CONCLUSION:	VIOLATION ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION:

On 10/15/25, I conducted an unscheduled onsite inspection and observed that the front porch did not have handrails on the open sides.

On 11/03/25, I conducted the exit conference with licensee designee, Kathy Gravlin, and informed her of the findings of the investigation and the specific rule cited. Ms. Gravlin reported an understanding and stating that her husband was already working on it.

APPLICABLE RULE	
R 400.14507	Means of egress generally.
	(7) Stairways shall have sturdy and securely fastened handrails that are not less than 30, nor more than 34, inches above the upper surface of the tread. Exterior and

	interior stairways shall have handrails on the open sides. Porches shall also have handrails on the open sides.
ANALYSIS:	Based on the findings of the investigation, which included my observation, there is a preponderance of evidence to establish this violation. This violation is established as the front porch did not have handrails on all open sides.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, I recommend the status of the license remain unchanged.



Pandrea Robinson
Licensing Consultant

11/03/25
Date

Approved By:



11/04/25

Ardra Hunter
Area Manager

Date