GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

December 11, 2025

Sharon Cuddington
Trinity Continuing Care Services
Suite 200
20555 Victor Parkway
Livonia, MI 48152

RE: License #: AL740261125
Investigation #: 2026A0572005
Mercy Village #2

Dear Sharon Cuddington:

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,

Anthony Humphrey, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48605
(810) 280-7718

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL740261125
Investigation #:	2026A0572005
Complaint Receipt Date:	10/15/2025
Investigation Initiation Date:	10/17/2025
Report Due Date:	12/14/2025
LicenseeName:	Trinity Continuing Care Services
Licensee Address:	Suite 200 20555 Victor Parkway Livonia, MI 48152
Licensee Telephone #:	(810) 989-7492
Administrator:	Crystal Campagne
Licensee Designee:	Sharon Cuddington
Name of Facility:	Mercy Village #2
Facility Address:	4170 24th Ave Fort Gratiot, MI 48059
Facility Telephone #:	(810) 989-7492
Original Issuance Date:	04/28/2005
License **Status:**	REGULAR
Effective Date:	03/20/2024
Expiration Date:	03/19/2026
Capacity:	20
Program Type:	ALZHEIMERS AGED

II. ALLEGATION(S)

	Violation Established?
The facility is short staffed. Improperly operating as one unit under 2 licenses.	Yes

III. METHODOLOGY

10/15/2025	Special Investigation Intake 2026A0572005
10/17/2025	Special Investigation Initiated - Telephone Complainant.
10/20/2025	Inspection Completed On-site Director of Dining Services, Jennifer Lemke; Staff, Kristen Bosman; Staff, Amy VanNest, Staff, Robin Charest, Resident A and B.
12/09/2025	Inspection Completed-BCAL Sub. Compliance
12/11/2025	Exit Conference Administrator, Crystal Campagne.
12/11/2025	APS Referral An APS referral was made.

ALLEGATION:
The facility is short staffed. Improperly operating as one unit under 2 licenses.

INVESTIGATION:
On 10/15/2025, the local licensing office received a complaint for investigation. I will complete an unannounced onsite within the next few days.

On 10/17/2025, contact was made with the Complainant regarding the allegation. The Complainant informed that the Mercy Village #2 is utilizing staff for both Mercy Village #1 and Mercy Village #2 during the same shift. They are supposed to have 2 staff on shift, but they schedule 3 staff, with one staff working between both licenses. Mercy Village does not have a staff-to-resident ratio that they go by. The Complainant does not believe that there are any 2-person assist residents in the home, but the issue of not having enough staff is due to the Memory Care section in Mercy Village #2.

On 10/20/2025, I made an unannounced onsite to Mercy Village #2, located in St Clair County Michigan. Interviewed were Director of Dining Services, Jennifer Lemke; Staff, Kristen Bosman; Staff, Amy VanNest, Staff, Robin Charest, Residents A and B.

On 10/20/2025, I spoke Director of Dining Services, Jennifer Lemke. Jennifer Lemke informed me that she is the only manager available but is over the food services. Jennifer Lemke was able to set up my interviews for me and retrieve staff schedules.

On 10/20/2025, I interviewed Staff, Kristen Bosman regarding the allegation. Kristen Bosman is currently working at Mercy Village #1 but is assisting with passing meds at Mercy Village #2 due to her training a new employee. The new employee and another staff are providing care and supervision in Mercy Village #2. Kristen Bosman indicated that sometimes she goes upstairs to Mercy Village #2 to assist with dishes, activities, switching laundry if needed because the Memory Care Unit has issues with residents eloping. The other staff working in Mercy Village #2 may not be able to assist with elopement if they are assisting another resident, so a staff from Mercy Village #1 will go upstairs to assist. If they have two people scheduled each in Mercy Village #1 and Mercy Village #2 and then schedule a floater who could go back and forth, that would help out a lot because they would always have two staff on shift. The only person who may be a 2-person assist is Resident B, but the family hired a private duty caregiver and staff will assist the caregiver if needed. Currently there are a total of 17 residents in Mercy Village #2.

On 10/20/2025, I interviewed Staff, Amy VanNest regarding the allegation. Amy VanNest is scheduled to work at Mercy Village #2. The two staff scheduled to work at Mercy Village #2 are supposed to assist each other, but it does not always happen that way. The facility used to schedule three staff in Mercy Village #2 due to several elopements. Currently one of the staff in Mercy Village #2 will sometimes go downstairs to help out in Mercy Village #1, leaving one staff to work alone in Mercy

Village #2. Amy VanNest is working with a new employee in Mercy Village #2 and another staff from Mercy Village #1 comes upstairs to assist with passing medications.

On 10/20/2025, I interviewed Staff, Robin Charest regarding the allegation. Robin Charest is working at Mercy Village #1 today, which is on the 1st floor of the building. There's a new employee working upstairs in Mercy Village #2, so someone in Mercy Village #1 has to go upstairs to assist with passing medications. Staff sometimes have to leave Mercy Village #2 to assist downstairs at Mercy Village #1. There used to be three staff scheduled to work at Mercy Village #2 but now there are two staff. Currently, they do not have any residents that are 2-person assists in Mercy Village #2.

On 10/20/2025, I observed Resident A in bedroom sleeping in recliner. I also observed Resident B sitting on sofa, watching tv. Resident B has a personal caregiver and informed that Resident B has dementia and is very angry today. Both appeared to be receiving adequate care and supervision.

On 10/20/2025, I observed the staff schedule, and it appears that two staff are scheduled for 1st, 2nd and 3rd shift.

On 12/11/2025, I spoke with Administrator, Crystal Campagne regarding the allegation. Crystal Campagne informed that they have made some changes in the past few weeks as the breaks are now scheduled. They have nurses who come in and help out, and their scheduler is trained to provide care and supervision and acts as a floater, so they also can give breaks or lend a helping hand if needed.

On 12/11/2025, I held an exit conference with Administrator, Crystal Campagne regarding the results of the special investigation. Crystal Campagne informed me that she had no questions, comments or concerns regarding the findings and will send a corrective action plan as soon as possible.

APPLICABLE RULE	
R 400.633	**Staffing requirements.**
	(1) A licensee shall always have sufficient direct care staff on duty for the supervision, personal care, and protection of residents and to provide the services specified in a resident's assessment plan, health care appraisal, and resident care agreement. At a minimum, the ratio of direct care staff to residents must not be less than 1 direct care staff to either of the following: **(a). 15 residents during waking hours or 20 residents during sleeping hours for large group homes and congregate facilities.**

ANALYSIS:	Based on my investigation, there is enough evidence to establish a licensing rules violation. This facility currently has 17 residents. During my onsite, staff at Mercy Village #1 assisted staff in Mercy Village #2 to pass medications. It is common for staff to leave one licensed area to assist in the other licensed area. Staff informed that one staff member is often left alone in Mercy Village #2 to assist staff in Mercy Village #1, although there are elopement issues. In reviewing the staff schedule, there appear to be two staff scheduled for Mercy Village #2, however; one staff will leave when assistance is needed downstairs in Mercy Village #1.
CONCLUSION:	**VIOLATION ESTABLISHED**

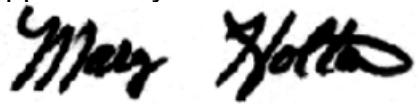
IV. RECOMMENDATION

I recommend that no changes be made to the licensing status of this large adult foster care group home, pending the receipt of an acceptable corrective action plan (Capacity 13-20).

12/11/2025

Anthony Humphrey Date
Licensing Consultant

Approved By:



12/11/2025

Mary E. Holton Date
Area Manager