



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

February 4, 2026

Joseph Frazier
Welcome Home, Inc.
P. O. Box 40
Grand Ledge, MI 48837

RE: License #: AH230360690
Investigation #: 2026A1010016
Fairview Grand

Dear Mr. Frazier:

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 authorized representative 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 (616) 356-0100.

Sincerely,

A handwritten signature in blue ink that reads "Lauren Wohlfert".

Lauren Wohlfert, Licensing Staff
Bureau of Community and Health Systems
350 Ottawa NW Unit 13 7th Floor
Grand Rapids, MI 49503
(616) 260-7781
enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH230360690
Investigation #:	2026A1010016
Complaint Receipt Date:	12/26/2025
Investigation Initiation Date:	12/29/2025
Report Due Date:	02/25/2026
Licensee Name:	Welcome Home, Inc.
Licensee Address:	11656 S. Hartel Road Grand Ledge, MI 48837
Licensee Telephone #:	(517) 290-3107
Administrator:	Joseph Frazier
Authorized Representative:	Barbara Frazier
Name of Facility:	Fairview Grand
Facility Address:	11656 Hartel Road Grand Ledge, MI 48837
Facility Telephone #:	(517) 622-1009
Original Issuance Date:	11/01/2016
License Status:	REGULAR
Effective Date:	08/01/2025
Expiration Date:	07/31/2026
Capacity:	35
Program Type:	AGED

II. ALLEGATION(S)

	Violation Established?
Staff Person 1 (SP1) is working in areas of the facility where she is not permitted to	No
Resident A and Resident B are left soiled for long periods of time.	Yes
Deceased resident medications are not properly disposed of.	No

III. METHODOLOGY

12/26/2025	Special Investigation Intake 2026A1010016
12/26/2025	Contact – Document received Email received from licensing staff person Kimberly Horst
12/29/2025	Special Investigation Initiated - Letter File review and information regarding employee exclusion notice received from licensing staff person Kimberly Horst
01/09/2026	Inspection Completed On-site
01/09/2026	Contact - Document Received Received resident service plans and MARs
02/02/2026	APS referral APS referral made with Centralized Intake
02/04/2026	Exit Conference

ALLEGATION:

Staff Person 1 (SP1) is working in areas of the facility where she is not permitted to.

INVESTIGATION:

On 12/26/2026, the Bureau received the complaint. The allegations read the facility has an “employee in the kitchen who has committed crimes who cannot be around residents but still is around residents doing things in the facility.” The complainant was anonymous; therefore I was unable to gather additional information.

On 12/26/2025, I received an email from licensing staff person Kimberly Horst. Ms. Horst stated SP1 was permitted to only work in the kitchen washing dishes. Ms. Horst explained this staff person is not permitted to complete any other job tasks or have direct access to residents in the facility or their resident records. Ms. Horst reported this employment stipulation was given to SP2 and he stated his understanding.

On 12/29/2026, I completed a facility file review regarding SP1. On 06/09/2025, Ms. Horst received confirmation that SP1 does not have any direct contact with residents in the facility.

On 01/09/2026, I interviewed SP2 at the facility SP2's statements were consistent with Ms. Horst. SP2 reported SP1 only washes dishes in the facility's kitchen, SP1 does not have contact with residents in the facility, and she does not have access to resident records.

On 02/02/2026, I made an Adult Protective Services (APS) referral with Centralized Intake.

APPLICABLE RULE	
R 325.1921	Governing bodies, administrators, and supervisors.
	<p>(1) The owner, operator, and governing body of a home shall do all of the following:</p> <p style="padding-left: 40px;">(b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.</p>
ANALYSIS:	The interviews with Ms. Horst, SP2, along with my review of the facility's file revealed SP1 is limited to only washing dishes in the facility's kitchen. SP1 does not have contact with residents in the facility, nor does she have access to resident records in the facility. There is insufficient evidence to suggest the facility is not in compliance with this rule.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Resident A and Resident B are left soiled for long periods of time.

INVESTIGATION:

On 12/26/2025, the complaint read, "Ignored that resident had not been changed all night long. Her or her mom." The complainant was anonymous; therefore I was unable to gather additional information.

On 01/09/2026, I interviewed SP3 at the facility. SP3 reported the only "mother and daughter" who reside in the facility are Resident A and Resident B. SP3 stated Resident A and Resident B share a room in the facility. SP3 said Resident A and Resident B have a history of becoming physically and verbally aggressive towards staff during the provision of their care. SP3 explained that as a result, it can take additional time to re-approach Resident A and Resident B when they are soiled. SP3 said Resident A and Resident B do not have skin breakdown on their buttocks. SP3 reported Resident A and Resident B are non-ambulatory and have memory loss. SP3 said Resident A and Resident B are also physically and verbally aggressive towards each other and must maintain distance between them. SP3 stated Resident A has a history of intentionally falling out of her wheelchair when staff are assisting Resident B. SP3 said Resident A and Resident B are unable to engage in meaningful conversation.

SP3 provided me with a copy of Resident A's service plan for my review. The *Toileting* section of the plan read, "Staff to assist in toileting. Staff to monitor and document bowel movements. 2x Every Day And As Needed. To have staff initiate and assist with toileting schedule on an ongoing basis. Staff will cue as needed and assist when required. 6x Every Day And As Needed. Staff to monitor and cue resident to execute toileting on their own. Physical assistance as needed to complete toileting. As Needed Every Day."

The *Medication Management* section of Resident A's plan read, "No psychotropic medications used to administer at this time." The *Self-Abusive Behavior* section of the plan read, "Displays no self abusive behaviors. The *Destructive/Abusive* section of the plan read, "Displays no destructive/abusive behaviors. The *Aggressive/Combative* section of the plan read, "None, resident displays no aggressive/combative behaviors." The *Interactions with Others* section of the plan read, "None, resident displays positive interaction with others independently and without incident."

SP3 provided me with a copy of Resident A's staff *Observation* notes for my review. A note dated 12/28/2025 at 2:30 am read, "Day lead stated [Resident A] had been agitated and wound up all day. This was the case at shift change. Gave her meds to her a little early so she could get the Xanax in her system. She has been sleeping

but waking easily and is somewhat argumentative when awake (brief changes).” A note dated 12/28/2025 at 3:30 am read, “[Resident A] was changed just prior to the caregivers leaving at 10p. I changed her at 12M. I changed her bedding at 1:30 because she stripped her brief off and wet. I changed her bedding at 3a because she stripped her brief off and wet. She insists ‘Terry’ has been there with her and now I cannot tell her where he is. She is not physically aggressive but she is belligerent and agitated.”

A note dated 12/21/2025 at 5:30 am read, “Resident has been screaming at her daughter to shut up and be quiet and she needs to go to bed.” A note dated 01/04/2026 at 1:45 am read, “Have been doing hourly checks on [Resident A]. She has been taking off her clothes and twice been incontinent, to the point where her bed has had to have a complete change.” A note dated 01/08/2026 at 5:30 am read, “resident was in a HORRIBLE mood and swung and hit me and told me that’s what we all deserve for waking her up and I left her in bed because she was screaming at me and telling me that no one loves me and that she will tell [SP3] and [SP4] on me.”

SP3 provided me with a copy of Resident B’s service plan for my review. The *Toileting* section of Resident B’s plan read, “Staff to assist in toileting. Staff to monitor and document bowel movements. 2x Every Day And As Needed. Bowel movement Monitoring daily 3x Every Day And As Needed. To have staff initiate and assist with toileting schedule on an ongoing basis. Staff will cue as needed and assist when required. 6x Every Day And As Needed. Staff to monitor and cue resident to execute toileting on their own. Physical assistance as needed to complete toileting. As Needed Every Day.”

The *Medication Management* section of the plan read, “Using psychotropic medications related to specific behaviors: see MAR for medications. [Resident B] uses xanax [sic] for anxiety/behaviors. Psychotropic Medications – Using Behaviors will be monitored for effectiveness, appropriate use and possible adverse effects of the PRN medications.” The *Aggressive/Combative* section of the plan read, “To receive complete assistance and aiding in alleviating aggressive/combative situations. [Resident B] can become aggressive at times requiring the administration of PRN’s and medications adjustment.”

On 01/09/2026, I interviewed SP5 at the facility. SP5’s statements were consistent with SP3. SP5 reported that in addition to Resident A’s physical and verbal aggression towards staff and Resident B, Resident A also has a history of removing her soiled briefs and throwing them on the floor in her room.

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.
ANALYSIS:	The interviews with SP3 and SP5 revealed both Resident A and Resident B exhibit verbally and physically aggressive behavior towards each other and towards staff during the provision of their care. Resident B's service plan outlined this behavior and what intervention methods are to be used during this behavior. Resident A's service plan did not outline this behavior, or any interventions that are in place to address it. Resident A's service plan contradicted staff's statements regarding her verbal and physical aggression. As a result, the facility was not in compliance with this rule.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

Deceased resident medications are not properly disposed of.

INVESTIGATION:

On 12/26/2025, the complaint read, "gave another caregiver meds cause she wasn't feeling well from a deceased person's meds that should have been destroyed upon that person's death." Because the complainant was anonymous, the resident and the staff person's names are unknown.

On 01/09/2026, SP3 denied knowledge regarding staff administering a deceased resident's medication to another resident. SP3 stated that after a resident dies, The deceased resident's medications are immediately removed from the medication cart and given to her to properly handle or destroy. SP3 said staff are trained to never administer another resident's medication to another, under any circumstance. SP3 reported that to her knowledge the facility's policy on removing and disposing a deceased resident's medication is being followed by staff.

On 01/09/2026, SP5's statements were consistent with SP3.

APPLICABLE RULE	
R 325.1932	Resident medications.
	(5) Prescribed medication that is no longer required by a resident must be properly disposed of consistent with the policy established by the home and manufacturer guidelines.
ANALYSIS:	The interviews with SP3 and SP5 revealed staff are trained to immediately remove a deceased resident's medication from the medication cart. SP3 then receives the medication to ensure it is properly handled and/or destroyed. SP3 and SP5 denied knowledge regarding any incidents in which a staff person administered a deceased resident's medication to another resident in the facility. There is insufficient evidence to suggest the facility is not in compliance with this rule.
CONCLUSION:	VIOLATION NOT ESTABLISHED

I shared the findings of this report with the facility's licensee authorized representative on 02/04/2026.

IV. RECOMMENDATION

I recommend the status of the license remain unchanged.

 Lauren Wohlfert
 Licensing Staff

 Date

Approved By:

02/03/2026

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

 Date