



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

January 14, 2026

Sarah Novak-Schwalm  
North Branch Assisted Living LLC  
3620 Van Dyke Road  
Almont, MI 48003

RE: License #: AL440415318  
Investigation #: 2026A0580008  
North Branch Assisted Living

Dear Sarah Novak-Schwalm:

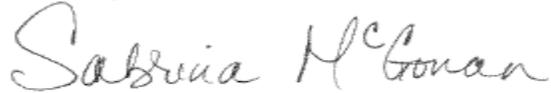
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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,

A handwritten signature in cursive script that reads "Sabrina McGowan". The signature is written in black ink and is positioned above the typed name and address.

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**

<b>License #:</b>	AL440415318
<b>Investigation #:</b>	2026A0580008
<b>Complaint Receipt Date:</b>	12/08/2025
<b>Investigation Initiation Date:</b>	12/09/2025
<b>Report Due Date:</b>	02/06/2026
<b>Licensee Name:</b>	North Branch Assisted Living LLC
<b>Licensee Address:</b>	6674 Rogers Drive North Branch, MI 48461
<b>Licensee Telephone #:</b>	(810) 270-9595
<b>Administrator:</b>	Sarah Novak-Schwalm
<b>Licensee Designee:</b>	Sarah Novak-Schwalm
<b>Name of Facility:</b>	North Branch Assisted Living
<b>Facility Address:</b>	6674 Rogers Drive North Branch, MI 48461
<b>Facility Telephone #:</b>	(810) 798-2355
<b>Original Issuance Date:</b>	07/01/2024
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	01/01/2025
<b>Expiration Date:</b>	12/31/2026
<b>Capacity:</b>	20
<b>Program Type:</b>	PHYSICALLY HANDICAPPED ALZHEIMERS AGED

## II. ALLEGATION(S)

	Violation Established?
<b>Resident A requires two-person assist for a Hoyer Lift, however, there is only one aid per shift.</b>	<b>No</b>
<b>On 12/09/2025, Resident A's Seroquel order was changed. The facility staff did not discontinue the medication until 12/16/2025.</b>	<b>No</b>
<b>Resident A has repeatedly been left in urine-soaked clothing and bedding despite needing hourly checks for a non-healing sore.</b>	<b>No</b>
<b>Additional Findings</b>	<b>Yes</b>

## III. METHODOLOGY

12/08/2025	Special Investigation Intake 2026A0580008
12/09/2025	Special Investigation Initiated - Letter Referred to APS.
12/09/2025	APS Referral Allegations shared with APS.
12/17/2025	Inspection Completed On-site Unannounced onsite.
12/17/2025	Contact - Telephone call made Interview with Shannon Moriarity, Executive Director.
12/17/2025	Contact - Face to Face Interview with Resident A.
12/18/2025	Contact - Document Received Documents requested were received.
01/09/2026	Contact - Telephone call made Call to The Care Team Hospice.
01/13/2026	Contact - Telephone call made Call to Shannon Moriarity, Executive Director.

01/13/2026	Contact - Telephone call made Call to Heidi Haas, Director.
01/13/2026	Contact - Telephone call made Call to Jessica Kmiotek, Direct Staff.
01/14/2026	Contact - Telephone call made Call to Relative A.
01/14/2026	Document Received Copy of hospice care plan received.
01/14/2026	Contact - Telephone call made Call to RN, Stephanie Carey.
01/14/2026	Exit Conference Exit Conference with Licensee Designee, Sarah Novak-Schwaim.

**ALLEGATION:**

**Resident A requires a two-person assist for a Hoyer Lift, however, there is only one aid per shift.**

**INVESTIGATION:**

On 12/08/2025, I received a complaint via LARA-BCHS-Complaints. On 12/09/2025, I made a complaint to Adult Protective Services (APS), sharing the allegations received in this complaint.

On 12/17/2025, I conducted an unannounced onsite inspection at North Branch. Contact was made with the staff on duty, Kim Mayer. Staff Mayer stated that there are currently 4 residents in the facility. Three residents are mobile while Resident A is the only resident that requires staff assistance. Staff Mayer denied ever using a Hoyer to lift Resident A.

While onsite, other residents were observed sitting in the dining room area. The residents were adequately dressed and groomed. No concerns regarding their care were noted.

On 12/17/2025, while onsite Staff Mayer contacted the Executive Director, Shannon Moriarity. Director Moriarity denied that Resident A is a 2-person assist. Director Moriarity denied that a Hoyer lift is being used to lift Resident A. Director Moriarity shared that Resident A receives hospice care services, provided by The Care Team.

On 12/17/2025, while onsite, I interviewed Resident A while lying in her bed in her room. I observed an Hoyer lift located in the corner of her room. When asked, Resident A denied that the Hoyer Lift is being used to assist with her care. Resident A stated that staff turn her a bit too hard, however, they do a good job.

Resident A was observed in a pink night gown while lying in bed. Resident A pulled back the covers, allowing me to observe her brief. During the observation, Resident A's brief did not appear as being wet. She appeared to be receiving proper care.

On 12/18/2025, I received a copy of the AFC Assessment Plan for Resident A. The assessment plan indicates that Resident A requires a 1-person assist with toileting, and mobility. Physically, Resident A is becoming less mobile and uses both a walker and a wheelchair for assistance.

On 01/09/2026, I interviewed RN, Stephanie Carey, of The Care Team Hospice. RN Carey stated that hospice services for Resident A began on 11/12/2025 and ended on 01/01/2026, having called her time of death at 03:28pm on 01/01/2026. RN Carey visited Resident A twice a week while residing in the facility RN Carey stated the allegations are not true, denying that a Hoyer Lift was used to lift Resident A.

On 01/13/2026, I conducted a follow-up call to Executive Director Moriarity, who confirmed that there are currently 3 residents residing at the facility since Resident A's passing.

On 01/13/2026, I interviewed Director, Heidi Haas. Director Haas stated that she has worked at the facility a little over 1 month. Director Haas stated that she also provides caregiver assistance and passes medication as needed. Director Haas denied the allegations that a Hoyer lift was used to lift Resident A due to having no authorization to do so, adding that the Hoyer was brought into the home by The Care Team Hospice for their use. Director Haas denied ever observing hospice staff use the Hoyer lift on Resident A.

On 01/13/2026, I interviewed Direct Staff, Jessica Kmiotek. Staff Kmiotek stated that she has worked at the facility for 1 month. Staff Kmiotek denied using or observing anyone use the Hoyer lift for Resident A's care.

On 01/14/2026, I received a copy of The Care Team Hospice Service Plan for Resident A, dated 11/12/2025-02/09/2026. The plan does not assign the use of any assistive devices.

On 01/14/2026, I placed a follow-up call to RN Stephanie Carey of The Care Team Hospice. RN Carey confirmed that hospice care plan for Resident A was continued as is after the 12/02/2025 expiration date, adding that no changes were made.

On 01/14/2026, I interviewed Relative A, Power of Attorney (POA) for Resident A. Relative A stated that while he did see the Hoyer Lift in Resident A's bedroom, he never observed anyone using to lift her or assist in her care.

<b>APPLICABLE RULE</b>	
<b>R 400.671</b>	<b>Resident care.</b>
	<b>(4) A licensee shall provide supervision, protection, and personal care as specified in a resident's assessment plan. A hospice service plan, do-not resuscitate order, or any other advance directive must be included as an addendum to the resident assessment and maintained with the assessment plan in the resident's record.</b>
<b>ANALYSIS:</b>	<p>It was alleged that Resident A requires a two-person assist for a Hoyer Lift, however, there is only one aid per shift.</p> <p>Staff Mayer denied ever using a Hoyer to lift Resident A. Executive Director, Shannon Moriarity, denied that Resident A is a 2-person assist. Director Moriarity denied that a Hoyer lift is being used to lift Resident</p> <p>While onsite, I observed a Hoyer lift located in the corner of Resident A's bedroom. Resident A denied that the Hoyer Lift is being used to assist with her care.</p> <p>The AFC Assessment Plan for Resident A indicates that Resident A requires a 1-person assist with mobility. Physically, Resident A is becoming less mobile and uses both a walker and a wheelchair for assistance.</p> <p>RN, Stephanie Carey, of The Care Team Hospice, stated the allegations are not true, denying that a Hoyer Lift was used to lift Resident A.</p> <p>Director, Heidi Haas, denied the allegations that a Hoyer lift was used to lift Resident A due to having no authorization to do so, adding that the Hoyer was brought into the home by The Care Team Hospice for their use. Director Haas denied ever observing hospice staff use the Hoyer lift on Resident A.</p> <p>Direct Staff, Jessica Kmiotek, denied using or observing anyone use the Hoyer lift for Resident A's care.</p>

	<p>The Care Team Hospice Service Plan for Resident A was reviewed.</p> <p>Relative A stated that while he did see the Hoyer Lift in Resident A's bedroom, he never observed anyone using to lift her or assist in her care.</p> <p>Based upon my investigation, which consisted of interviews with facility staff members, The Care Team Hospice RN Stephanie Carey, Resident A and Relative A, as well as a review of relevant facility documents pertinent to the allegation, there is not enough evidence to substantiate the allegation.</p>
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION:**

**On 12/09/2025, Resident A's Seroquel order was changed. The facility staff did not discontinue the medication until 12/16/2025.**

**INVESTIGATION:**

On 12/17/2025, Staff Mayer stated that she began working approximately 1 week ago and has not been trained to pass medication.

On 12/17/2025, Executive Director Moriarity denied the allegations.

On 12/17/2025, Resident A stated that she has no knowledge of a medication error.

On 12/18/2025, I received a copy of the Physician's Orders and the December 2025 Medication Administration Record (MAR) for Resident A. The Physician's Order indicates that Resident A is diagnosed with Unspecified Dementia, without behavioral disturbances. The MARS indicates that Resident A was prescribed Quetiapine Fumate (Equivalent to Seroquel) 25mg tabs, one tablet by mouth, twice daily, effective 11/26/2025. The medication was withheld per doctors' orders on 12/05/2025 and discontinued on 12/06/2025 @ 4:00pm. The MAR reflects that Resident A received her last dose 12/04/2025 @ 8:00pm.

Resident A was again prescribed Quetiapine Fumate (Equivalent to Seroquel) 25mg tabs, one tablet by mouth, twice daily, effective 12/15/2025 effective 8:32am. The medication was again discontinued on 12/16/2025. The time of the discontinuation is not reflected on the MAR. The MAR reflects that Resident A received her last dose on 12/16/2025 @ 8:00pm.

The MAR reflects that effective 12/16/2025 @10:24am Resident A was prescribed Seroquel 25mg tabs, one tablet by mouth in the evening (crush). MARS reflects that Resident A began receiving this medication the evening of 12/16/2025.

On 01/09/2026, RN Carey stated that the facility did give Resident A one additional Seroquel after the medication was discontinued, adding that she believes the error occurred when the pharmacy failed to change the MARS.

On 01/13/2026, Director Haas stated that she has no knowledge of a medication error for Resident A.

On 01/13/2026, Direct Staff Kmiotek stated that she has no knowledge of a medication error for Resident A.

On 01/14/2026, Relative A stated that he was made aware that there was a medication error through hospice. The facility never mentioned to Relative A that a medication error occurred.

<b>APPLICABLE RULE</b>	
<b>R 400.675</b>	<b>Resident medications.</b>
	<b>(1) Medication must be given, taken, or applied as prescribed, ordered, or directed by an appropriately licensed health care professional.</b>
<b>ANALYSIS:</b>	<p>It was alleged that on 12/09/2025, Resident A's Seroquel order was changed. The facility staff did not discontinue the medication until 12/16/2025.</p> <p>Direct Staff, Kim Mayer stated that she began working approximately 1 week ago and has not been trained to pass medication. Executive Director Moriarity denied the allegations. Resident A stated that she has no knowledge of a medication error.</p> <p>A December 2025 Medication Administration Record (MAR) and Physician's Orders for Resident A indicate that Resident A was given her medication as prescribed.</p> <p>RN Carey stated that the facility did give Resident A one additional Seroquel after the medication was discontinued, adding that she believes the error occurred when the pharmacy failed to change the MARS.</p>

	<p>Director Haas stated that she has no knowledge of a medication error for Resident A. Direct Staff Kmiotek stated that she has no knowledge of a medication error for Resident A.</p> <p>Relative A stated that he was made aware that there was a medication error through hospice. The facility never mentioned to Relative A that a medication error occurred.</p> <p>Based upon my investigation, which consisted of interviews with facility staff members, The Care Team Hospice RN Stephanie Carey, Resident A and Relative A, as well as a review of relevant facility documents pertinent to the allegation, there is not enough evidence to substantiate the allegation.</p>
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION:**

**Resident A has repeatedly been left in urine-soaked clothing and bedding despite needing hourly checks for a non-healing sore.**

**INVESTIGATION:**

On 12/17/2025, Staff Mayer denied the allegations stating that Resident A is never soaked in urine, adding that she cares for her and changes her regularly.

On 12/17/2025, Executive Director Moriarity denied the allegations that Resident A is being left in wet briefs.

On 12/17/2025, Resident A stated that the staff changes her brief regularly and she is not being left wet.

On 12/18/2025, I received a copy of the AFC Assessment Plan for Resident A, which indicates that Resident A requires a 1-person assist with toileting.

On 01/09/2026, RN Carey denied ever observing Resident A as being urine soaked when visiting. RN Carey adds that the staff were never neglectful regarding Resident A's care. RN Carey stated that she enjoyed working and education the staff regarding Resident A's care during her time at the facility.

On 01/13/2026, Director Haas denied the allegations that Resident A was being left in wet briefs adding that Resident A was checked and changed every 2 hours. Director Haas denied ever observing Resident A being left soaking wet.

On 01/13/2026, Staff Kmoitek denied the allegations. Staff Kmoitek stated that she typically works 7am-7pm shift. Resident A was always dry and clean when she arrived at work in the morning and was checked and changed every 2 hours while she was on shift.

On 01/14/2026, Relative A stated he was pleased with the care provided to Resident A at the facility, 90% of the time she was there. Being placed in hospice made everything % better, with the RN visiting twice a week as well as a bath aid that visited twice a week. Relative A denied any concerns regarding Resident A being left in wet briefs, adding that it was never a concern when he visited. Relative A added that the staff at the facility did a good job and tried their best.

<b>APPLICABLE RULE</b>	
<b>R 400.681</b>	<b>Resident rights; licensee responsibilities.</b>
	<b>(1) A resident shall be treated with dignity and respect, free from exploitation, and protected and safe.</b>
<b>ANALYSIS:</b>	<p>It was alleged that Resident A has repeatedly been left in urine-soaked clothing and bedding despite needing hourly checks for a non-healing sore.</p> <p>Direct Staff Members, Kim Mayer and Jessica Kmiotek, both the allegations. Executive Director, Shannon Moriarity and Director, Heidi Haas, both denied the allegations that Resident A is being left in wet briefs.</p> <p>Resident A stated that the staff changes her brief regularly and she is not being left wet. The AFC Assessment Plan for Resident A indicates that Resident A requires a 1-person assist with toileting. Relative A denied any concerns regarding Resident A being left in wet briefs.</p> <p>The Care Team Hospice RN, Stephanie Carey denied ever observing Resident A as being urine soaked when visiting, adding that the staff were never neglectful regarding Resident A's care.</p> <p>Based upon my investigation, which consisted of interviews with facility staff members, The Care Team Hospice RN Stephanie Carey, Resident A and Relative A, as well as a review of relevant facility documents pertinent to the allegation, there is not enough evidence to substantiate the allegation.</p>
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ADDITIONAL FINDINGS:**

**INVESTIGATION:**

On 01/13/2026, I reviewed the Workforce Background Check System for North Branch Assisted Living. There were no employee fingerprints on file.

On 01/13/2026, Executive Director Moriarity stated that due to a massive staffing overhaul, current staff have not been fingerprinted and were hired based on eligibility letters from other facilities where they were determined as eligible employees.

On 01/14/2026, I interviewed Licensee Designee (LD) Sarah-Novak Schwaim. LD Novak-Schwaim stated that all of their employees have been deemed eligible to work at their other facilities. I explained to LD Novak-Schwaim that an employee eligibility determination is specific to each license. LD agreed to ensure that all employees working at the facility are to be entered into the Workforce Background Check system and/or sent for fingerprints as needed.

<b>APPLICABLE RULE</b>	
<b>MCL 734b</b>	<b>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.</b>
	<b>(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</b>

	<p><b>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 5 she is no longer exempt and shall be terminated from employment or denied employment.</b></p>
<p><b>ANALYSIS:</b></p>	<p>During the 01/13/2026 review of the Workforce Background Check System for North Branch Assisted Living, I determined that there were no employee fingerprints on file.</p> <p>Executive Director Shannon Moriarity stated that current staff are not fingerprinted.</p> <p>Based upon my review of the Workforce Background Check for the facility as well as the interview with Executive Director, Shannon Moriarity, and Licensee Designee/Administrator Sarah Novak-Schwaim, there is enough evidence to substantiate a violation.</p>
<p><b>CONCLUSION:</b></p>	<p><b>VIOLATION ESTABLISHED</b></p>

On 01/14/2026, I conducted an Exit Conference with Licensee Designee, Sarah Novak-Schwaim. LD Novak-Schwaim was informed of the findings of this investigation.

**IV. RECOMMENDATION**

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

*Sabrina McGowan* January 14, 2026

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Sabrina McGowan  
Licensing Consultant

Date

Approved By:

*Mary Holton*

January 14, 2026

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Mary E. Holton  
Area Manager

Date