



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

February 3, 2026

Kimberlee Waddell
NRMI LLC
17199 N. Laurel Park Dr., Suite 424
Livonia, MI 48152

RE: License #: AS810412127
Investigation #: 2026A0122008
Pineview 1

Dear Kimberlee Waddell:

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) 284-9720.

Sincerely,

A handwritten signature in black ink that reads "Vanita Bouldin". The signature is written in a cursive style with a small dot above the 'i' in "Vanita".

Vanita C. Bouldin, Licensing Consultant
Bureau of Community and Health Systems
22 Center Street
Ypsilanti, MI 48198
(734) 395-4037

Enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS810412127
Investigation #:	2026A0122008
Complaint Receipt Date:	12/15/2025
Investigation Initiation Date:	12/15/2025
Report Due Date:	01/14/2026
Licensee Name:	NRMI LLC
Licensee Address:	424 17199 N. Laurel Park Dr. Livonia, MI 48152
Licensee Telephone #:	(231) 893-1462
Administrator:	Kimberlee Waddell
Licensee Designee:	Kimberlee Waddell
Name of Facility:	Pineview 1
Facility Address:	6180 Textile Rd Ypsilanti, MI 48197
Facility Telephone #:	(734) 481-1794
Original Issuance Date:	06/01/2022
License Status:	REGULAR
Effective Date:	12/01/2024
Expiration Date:	11/30/2026
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED TRAUMATICALLY BRAIN INJURED

II. ALLEGATION(S)

	Violation Established?
There is insufficient staffing to provide personal care to the residents of Pineview 1 adult foster care facility.	No
Additional Findings	Yes

III. METHODOLOGY

12/15/2025	Special Investigation Intake 2026A0122008
12/15/2025	Special Investigation Initiated - Telephone Conducted an interview with Complainant 1.
12/15/2025	APS Referral
12/16/2025	Onsite Inspection Completed Observed residents A, B, and C. Completed interview with direct care staff, Erin Chadwick. Reviewed resident files. Completed interview with licensee designee, Kim Waddell.
12/16/2025	Contact – Document sent Email to Kim Waddell, requesting direct care staff contact information and documentation from Resident A’s file.
12/23/2025	Contact – telephone calls made Completed interviews with Staff 1 and Staff 2.
01/20/2026	Contact – telephone calls made Completed interviews with Relative D1 and F1. Left voice messages for Relatives C1, E1, and Resident A’s primary care physician. Contact – Document sent Email to licensee designee, Kim Waddel. Requesting updated authorization and directions for Resident A’s assistive device.
01/21/2026	Contact – telephone call made Completed interview with Relative B1. Left voice messages for Relatives C1, E1, and Resident A’s primary care physician.

01/27/2026	Contact – Document sent Second email sent to licensee designee, Kim Waddell. Requesting updated authorization and directions for Resident A’s assistive device.
01/29/2026	Contact – telephone call made Completed interview with Guardian A1.
02/02/2026	Contact – document received Information from Kim Waddell – responding to emails sent on 01/20/2026 and 01/27/2026.
02/03/2026	Exit Conference Discussed findings with licensee designee, Kim Waddell.

ALLEGATION: There is insufficient staffing to provide personal care to the residents of Pineview 1 adult foster care facility.

INVESTIGATION: On 12/15/2025, I conducted an interview with Complainant 1 who reported the following: On 11/30/2025, a staff member didn’t show up at the assigned time, 5:00 p.m. Complainant 1 contacted the on-call manager, to request another staff member to be assigned to help as she needed assistance in putting the residents to bed. Per Complainant 1, the on-call manager stated that another staff member would arrive by 7:00 p.m. Complainant 1 stated a staff member never showed up.

I asked Complainant 1 if she was able to complete her job duties independently on 11/30/2025. Complainant 1 reported, “yes,” she was able to complete all assigned tasks including getting all residents to bed, however, she was unable to complete laundry for that night. Complainant 1 stated there have been other dates when she was the only staff member working, she discussed this issue with supervisor, Payal Besai, but felt the issue was never resolved.

On 12/16/2025, I conducted an onsite inspection. I observed Residents A, B, and C at the dining room table eating lunch. I observed them to be appropriately dressed, eating, showing no signs of discomfort or distress. I informed them that I was completing an investigation, trying to determine if there was sufficient staffing to provide for their personal care needs. Resident C responded, stating that there is only one direct care staff present at the facility most times. Additionally, all residents stated their needs and requests are met.

On 12/16/2025, I conducted an interview with home manager, Erin Chadwick. Ms. Chadwick confirmed that she was the only direct care staff present to provide care to six residents residing in the facility, although currently there were only three residents present at the time of my inspection. Ms. Chadwick stated normally there are three direct care staff present during the day shift, however, there has been a shortage of staff for the last three months and there is typically one direct care staff assigned per shift.

Ms. Chadwick stated that the current staff ratio, 1 to 6, is not sufficient staffing to care for the personal needs of the residents living in the facility. Ms. Chadwick reported that Resident A requires the use of a Hoyer lift for transfers and this equipment requires two staff members to use to assist Resident A. Ms. Chadwick reported there was a written document in Resident A's file that stated the staffing requirements of Resident A's Hoyer lift, however, upon my request to view the document Ms. Chadwick reported that it was missing. Ms. Chadwick confirmed that she had viewed the missing document in Resident A's file and had no explanation of why the document was missing from the file.

Ms. Chadwick reported that out of the six residents that reside in the facility, Resident A is a two-person transfer assist, Residents B, C, and D are one-person transfer assist, and Residents E and F walk independently with no assist.

On 12/16/2025, I reviewed Resident A's file. Her assessment plan dated 10/07/2024 documents that total assistance is required with the following, eating/feeding, toileting, bathing, grooming, dressing, personal hygiene, walking/mobility. The form stated that Resident A uses a power wheelchair, shower chair, and dependent on a lift. The form does not state how many staff members are needed to assist Resident A with transfers, nor was there any other documentation found in her file stating how many staff members are needed to assist Resident A with transfers.

I reviewed Residents, B, C, D, E, and F resident files. Residents B, C, and D require total assistance with eating/feeding, toileting, bathing, grooming, dressing, personal hygiene and use electric wheelchairs for mobility. The form documented that they are to receive assistance with transferring out of their wheelchairs, however, there was no documentation in Residents B, C, and D stating how many staff members are required to assist them with transfers. Residents E and F require no assistance with eating/feeding, toileting, bathing, grooming, dressing or personal hygiene tasks and they are ambulatory, i.e. have the ability to walk independently.

On 12/23/2025, I conducted interviews with Staff 1 and 2. Staff 1 stated she has been providing adult foster care to the residents of Pineview 1 adult foster care facility for approximately 7 months and she works from the hours of 4:00 p.m. – 12:00 a.m. Per Staff 1 there are normally 2 staff members, including herself when she is working a scheduled shift. However, when a co-worker does not report for their scheduled shift and she is working independently there is a procedure in place to request help. Staff 1 stated she will contact her supervisor, who will attempt to

obtain another staff member. Staff 2 reported the same. Both reported they are able to complete their staff duties independently until assistance arrives.

On 01/20/2026 and 01/21/2026, I conducted interviews with Relatives B1, D1, and F1. Relatives B1 and D1 reported no concerns with the personal care Residents B and D receive from staff members of Pineview 1 adult foster care facility. Both reported they have observed different numbers of staff members on staff during their visits, i.e. both reported there is normally three staff members during the day, but they have observed one staff member present when an assigned staff member didn't show up for an assigned shift. Both Relatives B1 and D1 stated that even when there is one staff member present, the personal needs of Resident B and D are attended to but the waiting time for the need to be accomplished is greater when there is one staff member.

Relative F1 reported that Resident F has missed some medical appointments or they have been rescheduled due to staffing issues at Pineview 1 adult foster care facility. Relative F1 submitted the following regarding missed medical appointments for Resident F:

- 2/27/2025 Missed Psychiatrist appointment.
- 3/20/2025 Joined video medical appointment at the kitchen table surrounded by house members and staff. I requested that she be moved to another location. She attended the appointment standing in the garage for privacy.
- 3/27/2025 Attended Psychiatrist appointment via telehealth, equipment failure resulted in the client not being able to speak or hear the doctor, the appointment had to be rescheduled.
- 5/8/2025 Missed Neuro Appointment, unable to transport to appointment due to not having enough staff in the house.
- 7/28/2025 Psychiatrist appointment rescheduled due to equipment issues. Resident A could not hear the doctor, and the doctor could not hear Resident A
- 11/14/2025 Psychiatrist appointment had to be rescheduled due to Resident A not signing in.

Per my review of the information provided, Resident F had to reschedule one medical appointment due to staffing issues. There were several missed appointments due to equipment malfunction.

On 01/20/2026 and 01/21/2026, I left voice messages for Relatives C1 and E1 requesting a return phone call to complete interviews. As of 02/02/2026, I have received no contact from Relatives C1 and E1.

On 01/20/26, I conducted an interview with Supervisor, Payal Desai. Ms. Desai gave the following staffing patterns/ratios used for Pineview 1 adult foster care facility, day shift (8:00am – 4:00pm) two staff, afternoon shift (4:00pm – 12:00am) two staff, and midnight shift (12:00am – 8:00am), two shift. There is a third staff member assigned

on Mondays, Wednesdays, and Fridays as some of the residents attend day program and that third staff member is assigned to transportation.

Ms. Desai reported the following protocols used when there is a staffing issue due to a staff member calling off for the day or not showing up, Plan A, a staffing contract agency, is contacted to obtain additional staffing. Ms. Desai stated that these agencies have assessed their employees and all staff requirements for adult foster care facilities have been met. Plan B, staff use text message system to inquire if there is a third staff member assigned to a different location who would be able to assist in filling in the staffing assignment needed, Plan C, there is a facility located next door and staff members contact each other via telephone to ask for assistance as needed.

Per Ms. Desai, Plan A is the protocol that is most commonly used to fulfill staffing voids as needed. Ms. Desai reported she had not received recent reports from staff members complaining about staffing issues but had received complaints from staff in the past. Ms. Desai has addressed this issue in monthly staff meetings and found that some staff are not following the staffing protocols that are in place and have been retrained. Ms. Desai stated she has not received any complaints from guardians and/or family members of the residents of Pineview 1 adult foster care facility about personal care needs provided by the staff members of Pineview 1.

On 01/29/2026, I conducted an interview with Guardian A1. Guardian A1 reported no issues with the adult foster care services provided by the staff members at Pineview 1. However, he was concerned that at different times there is only one staff member present to provide care to all residents, including Resident A. Guardian A1 reached out to Resident A's physician and occupational therapist regarding directions of proper Hoyer lift use, specifically how many staff members should operate the lift. Per Guardian A1, his findings were inconclusive, in that neither party would commit to stating how many staff members it will take to operate the lift safely/appropriately.

On 01/20/2026 and 01/27/2026, I submitted emails to licensee designee, Kim Wadde, requesting an updated authorization for Resident A's Hoyer lift, including directions for use, specifically the amount of staff needed for proper use.

02/02/2026, I received information from licensee designee, Kim Waddell. Ms. Waddell stated that Resident A's primary care physician was going to submit an updated authorization for the assistive device, the Hoyer lift, however he would not submit directions on Hoyer lift operation as that should come from a therapist. Ms. Waddell stated she would submit the authorization once she received it.

As of 02/03/2026, I have not received an updated authorization for Resident A's Hoyer lift, nor did I receive instructions documenting proper use.

On 02/03/2026, I conducted an exit conference with licensee designee, Kim Waddell and discussed my findings with her. Ms. Waddell stated she understood my findings

and would submit a corrective action plan to address the rule violation found in this investigation.

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: (b) 12 residents for small group and family homes.
ANALYSIS:	Based upon my investigation, which consisted of multiple interviews with Residents A, B, and C, facility staff members, Erin Chadwick, Staff members 1 and 2, and Guardian A1, Relatives B1, D1, and F1, and a review of pertinent documentation relevant to this investigation. I was unable to obtain written documentation of the required amount of staff needed to operate Resident A's Hoyer lift appropriately/safely. Therefore, there is not enough evidence to state that the licensee does not 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.
CONCLUSION:	VIOLATION NOT ESTABLISHED

INVESTIGATION: On 12/31/2025, licensee designee, Kim Waddell submitted an authorization for Resident A's Hoyer lift. The authorization was dated 11/13/2023 and stated, "Hoyer lift with mesh sling and 1 shower sling."

On 02/03/2026, I conducted an exit conference with licensee designee, Kim Waddell and discussed my findings with her. Ms. Waddell stated she understood my findings and would submit a corrective action plan to address the rule violation found in this investigation.

APPLICABLE RULE	
R 400.673	Use of assistive devices, therapeutic support.
	(2) An assistive device or therapeutic support must be authorized in writing by an appropriately licensed health

	care professional and the authorization must state the reason for and the term of the authorization.
ANALYSIS:	Based upon my investigation, which consisted of a review of pertinent documentation relevant to this investigation, there is enough evidence to substantiate the term of authorization for Resident A's assistive device, Hoyer lift, has expired. The authorization was written and dated 11/13/2023, there is no document in Resident A's file stating the continued need for the Hoyer lift.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Contingent upon receipt and approval of an acceptable corrective action plan, I recommend no change in the license status.



Vanita C. Bouldin
Licensing Consultant

Date: 02/03/2026

Approved By:



Ardra Hunter
Area Manager

Date: 02/03/2026