



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

February 19, 2026

Hemant Shah
Clio Assisted Living, LLC
32685 Rockridge Lane
Farmington Hills, MI 48420

RE: License #: AL250384167
Investigation #: 2026A0779012
Cranberry Park Of Clio

Dear Hement Shah:

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 "Christopher A. Holvey".

Christopher Holvey, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 899-5659

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL250384167
Investigation #:	2026A0779012
Complaint Receipt Date:	01/05/2026
Investigation Initiation Date:	01/07/2026
Report Due Date:	03/06/2026
Licensee Name:	Clio Assisted Living, LLC
Licensee Address:	1354 W. Vienna Road Clio, MI 48420
Licensee Telephone #:	(248) 692-4355
Administrator:	Dana Pikula
Licensee Designee:	Hemant Shah
Name of Facility:	Cranberry Park Of Clio
Facility Address:	1354 W. Vienna Road Clio, MI 48420
Facility Telephone #:	(810) 640-8357
Original Issuance Date:	11/14/2016
License Status:	REGULAR
Effective Date:	05/14/2025
Expiration Date:	05/13/2027
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED AGED

II. ALLEGATION(S)

	Violation Established?
Residents who require feeding assistance are not being assisted by staff.	No
Cranberry Park staff are using an app to share inappropriate photos of residents and are making fun of them.	No
Staff are not allowing residents to take naps during the day.	No
Staff are not using required assistive devices to transfer residents.	No
Additional Findings	Yes

III. METHODOLOGY

01/05/2026	Special Investigation Intake 2026A0779012
01/07/2026	Special Investigation Initiated - On Site
01/09/2026	APS Referral Complaint was referred to APS.
02/03/2026	Contact - Telephone call made Spoke to staff person, Tamika Pressley.
02/06/2026	Contact - Telephone call made Spoke to staff person, Carly Stiers.
02/06/2026	Contact - Telephone call made Spoke to staff person, Jessica Goodman.
02/10/2026	Inspection Completed On-site
02/10/2026	Contact - Face to Face Spoke to Hospice nurse.
02/13/2026	Inspection Completed On-site
02/18/2026	Contact - Telephone call made Spoke to Hospice nurse.
02/18/2026	Contact - Telephone call made Spoke to administrator, Dana Pikula.
02/18/2026	Exit Conference Held with administrator, Dana Pikula.

ALLEGATION:

Residents who require feeding assistance are not being assisted by staff.

INVESTIGATION:

On 1/7/2026, home manager, Mary Anglebrandt, stated that they have no standing orders in place for any resident to have 1-on-1 feeding, but they do have two residents who have vision issues and need assistance at times. HM Anglebrandt stated that Resident A and Resident B are prompted to eat and told where the food is on their plate, but they are both able to use utensils to feed themselves. HM Anglebrandt reported that Resident A and Resident B are taken to the dining room for meals and that at least one staff person or more always remains in the dining room to be available to assist residents when needed.

On 1/7/2026, staff persons, Josef Wilber and Latisha Davis, were interviewed separately but provided the same information. They both stated that Resident A has some vision issues, has also been declining more recently and is starting to want to eat with her hands, but does not want staff to help her. Both staff stated that they are working with Hospice on this issue. Staff Wilber and Staff Davis reported that they tell Resident B where his plate is and where each type of food is on his plate and Resident B is able to feed himself. They stated that there is no order in place to provide 1-on-1 assistance with eating for any resident, but that staff are always in dining room during meals and assisting residents as needed. They stated that the majority of the residents in this facility are higher functioning and able to adequately feed themselves.

On 1/7/2026, lunch for the residents at this facility was observed. Each resident was provided a plate of food and a beverage of choice and they all appeared physically able to feed themselves. Staff did attempt to help Resident A, who was visibly resistant to the assistance. Resident B was out of the building and not present. Multiple residents said that the food was good and that they are given enough food at each meal.

Multiple residents records were reviewed and it was confirmed that Resident A and Resident B have vision issues and will need assistance at times with eating. They require staff to set up their food/plate and tell them where each food item is on the plate. Resident C requires her food to be cut up for her but is able to feed herself.

On 2/3/2026, a phone interview took place with staff person, Tamika Pressley, who confirmed that there are no orders in place to provide 1-on-1 feeding for any resident. Staff Pressley stated that eating on her own is becoming more of a problem for Resident A and that Resident A is resistant to staff assistance, but that Hospice is aware and is working with staff on this issue. Staff Pressley stated that Resident B does well on his own, once staff set up his plate and let him know where the food is located. Staff Pressley reported that Resident C will not let staff cut her food, so the food has to be cut before giving Resident C her plate/meal and then Resident C is able to feed

herself just fine. Staff Pressley stated that all other residents are independent and have no issues with feeding themselves.

During a on-site visit on 2/10/2026, Resident B was interviewed and stated that he has very limited vision, but can still see a little. Resident B stated that he has his own plate that is more like a large bowl, which helps. Resident B reported that staff tell him where his plate is and where the food is on the plate and that he is still able to feed himself. Resident B stated that staff are always around and available to help him when needed.

On 2/13/2026, a third on-site inspection took place and lunch was observed. Staff allowed Resident A to try and feed herself and she started out okay, but then began having a difficult time finding her mouth with the utensil, so staff had to assist her. All other residents were eating on their own and doing well.

On 2/18/2026, a phone call was made to Hospice nurse, Stacy Barnett, who confirmed that she had been providing services to Resident A, but that Resident A recently passed away from natural causes. Nurse Barnett stated that Resident A had been actively declining the last few months and that she had been working with staff on how to best assist Resident A with eating. Nurse Barnett stated that Resident A was feisty and would not always let staff assist her during meals. Nurse Barnett reported that toward the end, staff were asked to assist Resident A more during meals and that she has observed them doing so. Nurse Barnett stated that she did not receive any reports regarding any issues with staff not helping Resident A during meals.

APPLICABLE RULE	
R 400.671	Resident care.
	(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.
ANALYSIS:	It was confirmed that there were no standing orders in place for staff to provide 1-on-1 feeding for any resident. Resident A and Resident B have some vision issues and require assistance as needed. Multiple staff stated that staff are always in the dining room during meals and available to assist any resident if needed. On three separate occasions, lunch at this facility was observed and Resident A was viewed to be appropriately assisted by staff and Resident B appeared to be doing well on his own. There was insufficient evidence found to prove that

	residents of this facility are not being provided with adequate personal care and assistance with eating as needed.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Cranberry Park staff are using an app to share inappropriate photos of residents and are making fun of them.

INVESTIGATION:

On 1/7/2026, an on-site inspection was conducted and home manager, Mary Anglebrandt, was interviewed. HM Anglebrandt stated that the facility uses the BAND app for the purposes of staff scheduling, and to communicate about residents appointments and changes regarding resident’s care. HM Anglebrandt stated that there are occasionally verbal conflicts between staff on the app, but that she is not aware of any staff ever making fun of a resident on the app. HM Anglebrandt report that only staff of the facility are on that account on the app and that the app is not a part of any social media platform. When asked about inappropriate pictures on the app, HM Anglebrandt stated that there was one time when a staff person posted pictures of resident’s used briefs in trash cans, but she took the pictures off the app right away. HM Anglebrandt reported that there were many pictures included in that post and that she did not look at them all before deleting them.

On 1/7/2026, administrator Dana Pikula stated that the BAND app is a group text message thread that staff use to communicate with one another. Admin Pikula stated that the ap is not connected to any social media format and that any info staff post does not go out to any other sources for people to see.

On 1/7/2026, staff person, Josef Wilber, confirmed that the BAND app is supposed to be used by staff to communicate about scheduling issues and changes regarding resident’s care. Staff Wilber stated that on one occasion, he did see pictures that were posted by staff person, Tamika Pressley, that did show resident’s private areas and dirty briefs. Staff Wilber stated that he believes that Staff Pressley posted those pictures because she was upset about another staff not changing residents before leaving at the end of her shift. Staff Wilber reported that none of the pictures showed any resident’s faces or identifying information. Staff Wilber stated that the pictures were only on the app for 1-2 hours before being deleted and that he has never seen any posts on the app where staff were making fun of a resident.

On 1/7/2026, three other staff persons were spoken to about the BAND app. All three staff confirmed that the app is supposed to be used by staff to communicate about scheduling issues and changes regarding resident’s care. The staff claim to have not

seen any inappropriate pictures of residents on the app or any posts where staff have made fun of a resident.

On 2/3/2026, a phone call was made to staff person, Tameka Pressley, who confirmed that on one occasion she did post some pictures on the BAND app. Staff Pressley stated that she was upset about a staff person, who no longer works at this facility, did not do her job of changing resident's briefs before she left her shift, so she took pictures of residents wet briefs. Staff Pressley claims that she does not remember if resident's private areas were exposed in the pictures, but that no resident's faces were in any picture. Staff Pressley stated that it was not intent to invade any resident's privacy and that she told right away by HM Anglebrandt that the BAND app is not to be used to post pictures of residents. Staff Pressley stated that HM Anglebrandt deleted the pictures from the app right away.

On 2/6/2026, separate phone calls were made to staff persons, Carly Stiers and Jessica Goodman, who both reported the same information. They stated that the BAND app thread being used only includes staff of Cranberry Park and that no info posted in their thread leaves the app. Staff Stiers and Goodman reported that they saw the pictures posted by Staff Pressley and that the pictures included exposed private areas of residents, but no resident faces. They stated that the pictures were deleted from the app within two hours or less.

APPLICABLE RULE	
R 400.681	Resident rights; licensee responsibilities.
	(3) A licensee and staff shall respect and safeguard all of the following resident rights to: (p) Be treated with consideration and respect with due recognition of personal dignity, individuality, and need for privacy.
ANALYSIS:	It was confirmed that this facility uses the BAND app for the purpose of staff communication. The app is a text message thread that only includes staff of Cranberry Park and it is not connected to any social media platform. On one occasion, pictures of residents were posted on the BAND app and some of the pictures included residents exposed private areas. However, none of the pictures included any resident's faces or identifying information and were deleted from the app within two hours of being posted. Due to the fact that none of the pictures included any identifying resident information and that

	management acted appropriately by having the pictures deleted from the app quickly, no violation for lack of privacy is established.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Staff are not allowing residents to take naps during the day.

INVESTIGATION:

Three on-site inspections were conducted at this facility on 1/7/2026, 2/10/2026 and 2/13/2026. On all three occasions, multiple residents were viewed to be napping. Some were in recliner chairs and some were in their beds. Multiple residents were able to confirm that they are allowed to nap during the day.

Multiple staff stated that residents are allowed to take a nap whenever they want but are encouraged to stay awake for mealtimes. Staff deny that any residents are ever denied from taking a nap.

APPLICABLE RULE	
R 400.681	Resident rights; licensee responsibilities.
	(3) A licensee and staff shall respect and safeguard all of the following resident rights to: (q) Access their bedroom at their own discretion.
ANALYSIS:	There was no evidence found to prove that residents at this facility are denied access to their bedrooms or not allowed to take naps.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Staff are not using required assistive devices to transfer residents.

INVESTIGATION:

On 1/7/2026, HM Anglebrandt, Staff Wilber and Staff Davis were asked about this allegation. All three stated that no residents require the use of a Hoyer lift for transfers.

They stated that one resident has a PRN (as needed), but that the Hoyer is never used. They stated that all the residents at this facility are fairly independent and are mobile or able to assist staff during transfers. Review of multiple residents records found this fact to be true.

On 2/10/2026, newly appointed business manager, Shantel Zarko, stated that there was only one resident with a physician order for an assistive device for transfers. BM Zarko stated that it was her understanding that there was a PRN order in place for Resident D for a sit-to-stand (STS) assistance device to be used for transfers as needed. BM Zarko stated that the STS is now being used for every transfer of Resident D. BM Zarko stated that she could not find the STS order in Resident D's file and that she would continue to search through the previous home managers paperwork to see if she could find it.

A review was done of Resident D's *Assessment Plan for AFC Residents*. The plan stated that Resident D utilizes a wheelchair and requires assistance from staff to complete all activities of daily living.

On 2/10/2026, three separate staff persons stated that they were told by the previous home manager that the order in place for Resident D's STS was a PRN, because Resident D could still bear weight and help during transfers. They stated that Resident D does not like to use it and will get verbally abusive when it is used. All three staff reported that there was a recent incident where the STS was not used and Resident D had to be slowly lowered to the floor. The staff stated that after that incident, they were instructed to use the STS with Resident D during every transfer moving forward.

On 2/10/2026, Hospice nurse, Martha Hill, stated that she started working with Resident D in January 2026 and that it was her understanding that the order for the STS was already in place, but she could not say for sure whether it was a PRN or in place for all transfers. Nurse Hill reported that she has trained multiple staff at this facility on how to properly use the STS. Nurse Hill attempted to look through Resident D's electronic Hospice file, but could not find the STS order, so she wrote a new order that day. The new STS order states that it is to be used for all transfers of Resident D. Nurse Hill stated that she would check into this issue further and provide the original STS order via email. As of the date of this report, the original Hospice STS order has not been received.

On 2/13/2026, staff person, Charlene Murphy, stated that when she started working at this facility in November 2025, there was a STS that was kept in Resident D's bedroom. Staff Murphy stated that she was not aware that an order was in place for staff to use the STS and that only the Hospice aide was using the STS while showering Resident D. Staff Murphy stated that it was just a couple weeks ago when staff were instructed to start using the STS for all transfers of Resident D.

On 2/13/2026, BM Zarko confirmed that on 1/26/2026, the STS was not used and a staff had to lower Resident D down to the floor during a transfer. BM Zarko stated that

Resident D was not injured during the incident. BM Zarko reported that after that incident, staff said that Hospice recommended that they start using the STS during every transfer of Resident D moving forward, which staff have been doing.

On 2/13/2026, Resident D was observed to be doing well. Resident D confirmed that staff have been using a STS device to help transfer her, but she could not say for how long. Resident D stated that everything was going well and that she has no issues with any staff.

On 2/18/2026, administrator, Dana Pikula, stated that after the 1/26/2026 incident, where Resident D had to be lowered to the floor, staff clarified with Hospice that the STS was to be used during every transfer of Resident D moving forward. Admin Pikula stated that it is her understanding that staff have been doing that and that there have been no further issues regarding the transfers of Resident D.

APPLICABLE RULE	
R 400.689	Resident health care.
	(1) A licensee, with a resident's cooperation, shall follow the instructions and recommendations of a resident's physician or other designated health care professional.
ANALYSIS:	It was confirmed that the only physician order in place at this facility, for the use of an assistive device to be used for transfers, was one for Resident D. That order was for a sit-to-stand device to be used as a PRN, but it was recently changed to be used at every transfer. After an incident where Resident D had to be lowered to the floor during a transfer, due to her not bearing weight on her legs and/or not helping staff, the STS has been used for all transfers of Resident D. There was insufficient evidence found to prove that this facility does not follow recommended instructions regarding the use of assistive devices for resident transfers.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION:

Multiple staff have stated that they were told that Resident D had a sit-to-stand (STS) order in place, but that it was a PRN (as needed) order. Staff stated that after an

incident on 1/26/2026, they were instructed to use the STS during every transfer of Resident D, which they have been doing.

On 2/10/2026, business manager, Shantel Zarko, made an attempt to locate Resident D's STS physician order, but she could find it in Resident D's file. On 2/13/2026, BM Zarko stated that continued efforts to locate the original STS order have not been successful.

On 2/18/2026, Admin Pikula confirmed that after the 1/26/2026 incident involving Resident D, staff have been using the STS during every transfer of Resident D. Admin Pikula reported that they have not been able to locate the original STS physician order for Resident D.

On 2/18/2026, an exit conference was held with newly appointed administrator, Dana Pikula. Admin Pikula stated that the original physician order for Resident D's STS was provided to the previous home manger, Mary Anglebrandt, but the order did not make it into Resident D's file. Admin Pikula stated that new management has been put into place to prevent this type of thing from happening in the future. Admin Pikula was informed of the outcome of this investigation and that a written corrective action place is required.

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:	Although a new Hospice order for the use of a sit-to-stand assistive device was obtained on 2/10/2026, as of the date of this report, this facility has not been able to locate and/or provide a copy of Resident D's original order. It was confirmed that after an incident involving Resident D on 1/26/2026, staff have been utilizing a STS assistive device during every transfer of Resident D.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Upon receipt of an approved written corrective action plan, it is recommended that the status of this facility's license remains unchanged.

Christopher A. Holvey

2/19/2026

Christopher Holvey
Licensing Consultant

Date

Approved By:

Mary Holton

2/19/2026

Mary E. Holton
Area Manager

Date