



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

February 17, 2026

Lamont Jones
Marys Residential Care for Seniors Inc
Suite 215
31500 W. 13 Mile Rd.
Farmington Hills, MI 48334

RE: License #: AL500007236
Investigation #: 2026A0990004
Marys Senior Center

Dear Mr. Jones:

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.
- Indicate how continuing compliance will be maintained once compliance is achieved.
- Be signed and dated.

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.

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 (248) 972-9136.

Sincerely,

A handwritten signature in cursive script that reads "L. Reed".

LaShonda Reed, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place, Ste 9-100
Detroit, MI 48202
(586) 676-2877

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL500007236
Investigation #:	2026A0990004
Complaint Receipt Date:	11/05/2025
Investigation Initiation Date:	11/10/2025
Report Due Date:	01/04/2026
Licensee Name:	Marys Residential Care for Seniors Inc
Licensee Address:	35225 Silvano Clinton Twp, MI 48035
Licensee Telephone #:	(248) 844-1407
Administrator:	Lamont Jones
Licensee Designee:	Lamont Jones
Name of Facility:	Marys Senior Center
Facility Address:	35225 Silvano Clinton Twp, MI 48035
Facility Telephone #:	(586) 790-0640
Original Issuance Date:	03/09/1979
License Status:	REGULAR
Effective Date:	09/09/2025
Expiration Date:	09/08/2027
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
Resident A was hospitalized with severe neglected injuries, including groin excoriation, penile injury, multiple ulcers, and a pressure sore.	Yes

III. METHODOLOGY

11/05/2025	Special Investigation Intake 2026A0990004
11/10/2025	Special Investigation Initiated - On Site I conducted an unannounced onsite investigation. I briefly interviewed Karen Jones, home manager.
11/10/2025	Contact - Telephone call received I received a phone call from Lamont Jones, the new owner of the facility.
11/10/2025	Contact - Document Sent I requested resident record documents.
12/05/2025	Contact - Document Received I reviewed the resident record.
12/05/2025	Contact - Telephone call made I left Relative A detailed message. No return call was received.
12/05/2025	Contact - Document Sent I emailed Adult Protective Services to inquire if there was an open investigation. I was informed that there was no open investigation.
12/05/2025	Contact - Document Sent I emailed Mr. Jones. I was informed that Resident A returned to the facility and did well and received occupational therapy (OT) and physical therapy (PT).
12/08/2025	Contact - Document Sent I requested the hospital discharge summary for Resident A.
12/18/2025	Contact - Face to Face I interviewed Resident A.

01/08/2026	APS Referral I made an Adult Protective Services (APS) complaint made via email.
01/09/2026	Contact- Document Received I reviewed Resident A's hospital discharge summary.
01/09/2026	Contact - Document Sent I emailed Mr. Jones.
01/13/2026	Contact – Telephone call received I conducted a phone interview with Jim Belkamy APS investigator. Mr. Bellamy was informed of the tentative findings.
01/13/2026	Exit conference I conducted an exit conference with Lamont Jones, licensee designee.

ALLEGATION:

Resident A was hospitalized with severe neglected injuries, including groin excoriation, penile injury, multiple ulcers, and a pressure sore.

INVESTIGATION:

On 11/05/2025, the complaint was received via email. In addition to the above allegations, there are concerns that there is potential neglect. Resident A is diagnosed with dementia and presented to the hospital from Mary's Residential Care for Seniors with Severe Moisture-Associated Skin Damage (MASD), excoriation to the groin, scrotum, penis, and gluteal cleft. Resident A also has a yeast infection of the penis. It appears that the penis has been nearly split in half from the Foley Catheter rubbing the penis. Resident A has scattered scars and wounds to the bilateral lower legs and bilateral hands, two open ulcers to the left lower leg, scattered diabetic ulcers to the feet and toes. Resident A also has a pressure injury to the right hip/buttock area.

On 11/10/2025, I conducted an unannounced onsite investigation. I briefly interviewed Karen Jones, home manager. Ms. Jones said that Lamont Jones is the new owner of the home and took over six weeks ago. Ms. Jones was informed that the licensing division was not aware of this formal change. Ms. Jones said that Resident A is hospitalized at McLaren Hospital. There are 13 residents, and there are two staff members per shift.

On 11/10/2025, I received a phone call from Lamont Jones, the new owner of the facility. Mr. Jones discussed the purchase of the license steps. Mr. Jones was sent an email regarding the requirements. I requested Resident A's record.

On 12/05/2025, I reviewed the resident record. I reviewed the *Resident Register*, *Assessment Plan*, *Health Care Appraisal*, *Medication Administration Record (MAR)*, and an *Incident Report*.

There are 17 residents in the facility. Resident A's admission date is 05/26/2023. Resident A needs assistance with standing and uses a walker and wheelchair. Resident A can feed himself and needs assistance with ADLs. Resident A uses a shower chair. Resident A is known to pick his skin, creating a need for bandages. Resident A is prescribed a diabetic diet, and at times, he experiences weakness and dizziness. Resident A has lower extremities of pain and numbness. Resident A has no allergies, and his medical diagnoses are as follows: dementia, hypertension, chronic kidney disease, hypothyroidism, neuropathy, foley catheter, sacral abrasion, and falls. Per the *Health Care Appraisal*, Resident A is prescribed a walker, a diabetic and cardiac diet. As of November 2025 MAR, Resident A is prescribed the following medications: Cranberry Powder, Vitamin D3, Sertraline HCL, Amiodarone HCL, Pregabalin, Docusate, Acetaminophen, Tramadol PRN for pain, Inject 16 units (unknown name of medication), Amlodipine, Levothyroxine, 200 mg and 25 mg, Furosemide, and Rennavite. Incident report dated 11/01/2025 at 10:30 AM documents that Resident A had a slight change in his breathing. Ms. Jones took Resident A's vital signs, which were in normal range, but his oxygen levels were fluctuating between 89-92. Ms. Jones contacted Relative A, who came and transported Resident A to urgent care.

On 12/18/2025, I interviewed Resident A. Resident A said he was hospitalized because of his lung issues. Resident A said that his groin area and wounds have healed, and he is doing better. Resident A said that the staff assists him with showers and keeps him dry. Resident A said that he had cracks in his skin because he sweats. The staff are applying Gold Bond Powder to him daily, and a nurse comes out two times a week to check his catheter. Resident A said that he is diagnosed with neuropathy and diabetes. The staff checks his glucose 2-3 times per day by pricking his finger. Resident A said he feels that the care he receives at the home is good and he does not have any concerns.

On 01/09/2026, I reviewed Resident A's hospital discharge paperwork dated 11/15/2025. Resident A was hospitalized at Corewell Health Beaumont Troy from 11/01/2025 to 11/15/2025. Resident A was diagnosed with acute respiratory failure with hypoxia. It was recommended that Resident A make an appointment with a cardiologist, Dr. Mohammad Sunbulli, and his primary care physician, Dr. Laura Sayer, within 2-5 days. Resident A was prescribed new medications as follows: furosemide, methocarbamol (as needed), and polyethylene glycol. Resident A does not require dressing. Per the hospital discharge summary, it was documented that Resident A should be given nystatin powder three times a day to the infected area as needed, clotrimazole-betamethasone cream to the skin, and triamcinolone acetonide cream.

It was also documented that Resident A is to be provided with a low-sodium diet. Further, discharge orders recommended occupational therapy for ADL training and physical therapy for transfer training. Resident A is also to be provided with ADL/Safety training, teach/assess disease management, and palliative care.

On 01/13/2026, I conducted an exit conference with Lamont Jones, licensee designee. I informed Mr. Jones of the violations. He agreed to submit a CAP once the report was approved.

APPLICABLE RULE	
R 400.671	Resident care.
	(2) Care and services provided to a resident must be designed to maintain or improve a resident's physical and intellectual functioning and independence.
ANALYSIS:	<p>Based upon the investigation, there is sufficient evidence that Resident A's physical functioning was not adhered to based on his condition upon hospitalization on 11/01/2025, which was as follows: Severe Moisture-Associated Skin Damage (MASD), excoriation to the groin, scrotum, penis, and gluteal cleft. Resident A also had a yeast infection of the penis. Resident A's penis was nearly split in half from the Foley Catheter rubbing the penis. Resident A has scattered scars and wounds to the bilateral lower legs and bilateral hands, two open ulcers to the left lower leg, scattered diabetic ulcers to the feet and toes.</p> <p>According to Resident A's <i>Assessment Plan</i>, he requires assistance with ADLs. In review of his MAR prior to hospital discharge, there were no medications or instructions to treat Resident A's skin conditions. Per the hospital discharge summary, it is documented that Resident A was prescribed three medications for his skin as follows: nystatin powder, clotrimazole-betamethasone cream to the skin, and triamcinolone acetonide cream. Furthermore, Resident A's discharge summary recommended ADL training.</p>
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

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

L. Reed

01/13/2026

LaShonda Reed
Licensing Consultant

Date

Approved By:

Denise Y. Nunn

02/17/2026

Denise Y. Nunn
Area Manager

Date