



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

February 20, 2026

Desiree Biggs
Coleman Fields Assisted Living LLC
219 Church St.
Auburn, MI 48611

RE: License #: AL560392694
Investigation #: 2026A0360016
Coleman Fields Assisted Living

Dear Ms. Biggs:

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 (866) 865-0006.

Sincerely,

Matthew Soderquist, Licensing Consultant
Bureau of Community and Health Systems
350 Ottawa Ave NW Unit #13
Grand Rapids, MI 49503
(989) 370-8320

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL560392694
Investigation #:	2026A0360016
Complaint Receipt Date:	01/07/2026
Investigation Initiation Date:	01/08/2026
Report Due Date:	03/08/2026
Licensee Name:	Coleman Fields Assisted Living LLC
Licensee Address:	288 W. Old Orchard Trail Coleman, MI 48618
Licensee Telephone #:	(989) 442-4184
Administrator/Licensee Designee:	Desiree Biggs
Name of Facility:	Coleman Fields Assisted Living
Facility Address:	288 W. Old Orchard TRL Coleman, MI 48618
Facility Telephone #:	(989) 442-4168
Original Issuance Date:	10/30/2018
License Status:	REGULAR
Effective Date:	04/29/2025
Expiration Date:	04/28/2027
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED AGED

II. ALLEGATION(S)

	Violation Established?
Direct care staff member Lisa Richardson is verbally abusive to residents.	Yes

III. METHODOLOGY

01/07/2026	Special Investigation Intake 2026A0360016
01/08/2026	Special Investigation Initiated - Telephone APS
01/08/2026	APS Referral
01/12/2026	Inspection Completed On-site Heather Grievers, DCSM Lacye Christianson, Resident A.
01/12/2026	Contact - Document Received Heather Grievers
02/20/2026	Contact - Telephone call made DCSM Lisa Richardson
02/20/2026	Exit Conference Desiree Biggs

ALLEGATION:

Direct care staff member Lisa Richardson is verbally abusive to residents.

INVESTIGATION:

On 1/12/26, I conducted an unannounced onsite inspection at the facility. The home manager Heather Grievers stated that direct care staff member (DCSM) Lisa Richardson was written up on 10/20/25 for treating other staff and residents with disrespect. She stated that she had not received any other complaints between now and then until today. Ms. Grievers stated that DCSM Lacye Christianson reported to

her today that Ms. Richardson was yelling at her in front of another resident and family member.

While at the facility I interviewed Ms. Christianson who stated that Ms. Richardson has no patience with staff or residents. She stated Ms. Richardson is always yelling and arguing with residents. Ms. Christianson stated that Ms. Richardson yells at residents down the hallway and tells them to come and sit down. Ms. Christianson stated that Ms. Richardson makes residents feel scared by yelling at them.

While at the facility I interviewed Resident A. Resident A stated that he has witnessed Ms. Richardson yelling at numerous residents. He stated she will yell down the hall at residents and does not treat them with respect.

On 1/12/26, I received an email from Ms. Grievers stated that she has met with Ms. Richardson and she has been terminated from working at the facility. Ms. Grievers provided a copy of the termination letter and stated that Ms. Richardson refused to sign it.

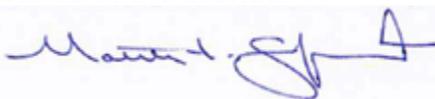
On 2/20/26, I contacted Ms. Richardson and left a voicemail.

APPLICABLE RULE	
R 400.681	Resident rights; licensee responsibilities.
	(1) A resident shall be treated with dignity and respect, free from exploitation, and protected and safe.
ANALYSIS:	Interviews with Ms. Grievers, Ms. Christianson, and Resident A revealed that Ms. Richardson did not treat the residents with dignity and respect.
CONCLUSION:	VIOLATION ESTABLISHED

On 2/20/26 I conducted an exit conference with Ms. Biggs. Ms. Biggs concurred with the findings and agreed to submit a corrective action plan for approval.

IV. RECOMMENDATION

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

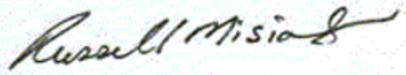


2/20/26

Matthew Soderquist
Licensing Consultant

Date

Approved By:



2/20/26

Russell B. Misiak
Area Manager

Date