



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

February 17, 2026

Shamara Watkins
Harmony Hearts Village LLC
26730 Belanger St.
Roseville, MI 48066

RE: License #: AS500419205
Investigation #: 2026A0990006
Woods-IN Homes

Dear Ms. Watkins:

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 #: | AS500419205 |
| Investigation #: | 2026A0990006 |
| Complaint Receipt Date: | 12/03/2025 |
| Investigation Initiation Date: | 12/04/2025 |
| Report Due Date: | 02/01/2026 |
| Licensee Name: | Harmony Hearts Village LLC |
| Licensee Address: | 21700 Greenfield Rd. Oak Park, MI 48237 |
| Licensee Telephone #: | (313) 442-3144 |
| Administrator: | Shamara Watkins |
| Licensee Designee: | Justin Cain |
| Name of Facility: | Woods-IN Homes |
| Facility Address: | 21725 Ulrich St. Clinton Township, MI 48036 |
| Facility Telephone #: | (586) 510-0773 |
| Original Issuance Date: | 07/10/2025 |
| License Status: | TEMPORARY |
| Effective Date: | 07/10/2025 |
| Expiration Date: | 01/09/2026 |
| Capacity: | 6 |
| Program Type: | PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL |

II. ALLEGATION(S)

| | Violation Established? |
|--|-----------------------------------|
| The caregiver left the residents at home alone to buy cigarettes for over 15 minutes. | Yes |
| Resident A presents with an odor from a lack of personal hygiene. | No |
| A few months ago, Resident A ran out of adult briefs for three days. The owner of the home refused to purchase more adult briefs, claiming that she could not afford to buy anymore because Resident A used too many and ran out of them. | No |
| On 11/28/2025, the home had dirty dishes up to the ceiling and all over the counter. The microwave is very dirty with old food inside it. The home smells like urine, feces, and mold, which makes it hard to breathe. The carpet is very dirty. | No |
| On 11/28/2025, there were only two gallons of milk in the refrigerator, and packs of chicken and veggies in the freezer. | No |
| Additional Findings | Yes |

III. METHODOLOGY

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| 12/03/2025 | Special Investigation Intake 2026A0990006 |
| 12/03/2025 | APS Referral Adult Protective Services (APS) complaint initiated at intake. |
| 12/04/2025 | Special Investigation Initiated – Letter I emailed Debra Johns, APS Worker. |
| 12/04/2025 | Contact - Document Sent I emailed Shamara Watkins, licensee designee. |
| 12/05/2025 | Inspection Completed On-site I conducted an unannounced onsite investigation along with Debra Johns from APS. I interviewed Justin Cain, administrator/direct care staff, Resident A, Resident B, Resident C, Resident E. Resident D and Resident G were hospitalized. |

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| 12/08/2025 | Contact – Document Sent I emailed Ms. Watkins regarding documents requested. Ms. Watkins said that I could not open the attachments sent and was advised to fax them to me. |
| 12/11/2025 | Contact – Document Sent I emailed Ms. Watkins regarding missing documents, resident bedroom and handling funds rule. |
| 12/12/2025 | Contact- Document Received I received an email from a relative of Ms. Watkins informing me she was hospitalized. |
| 01/22/2026 | Inspection Completed On-site I conducted a scheduled onsite renewal inspection. I observed Resident A, Resident (Rita) and Resident B. |
| 01/28/2026 | Contact - Document Received I reviewed the resident and facility records requested previously. |
| 01/29/2026 | Exit Conference I conducted an exit conference with Ms. Watkins. |

ALLEGATION:

- **The caregiver left the residents at home alone to buy cigarettes for over 15 minutes.**
- **Resident A presents with an odor from a lack of personal hygiene.**
- **A few months ago, Resident A ran out of adult briefs for three days. The owner of the home refused to purchase more adult briefs, claiming that she could not afford to buy anymore because Resident A used too many and ran out of them.**

INVESTIGATION:

On 12/03/2025, I received the complaint via email. In addition to the above allegations, it was reported that Resident A (77) resides in Woods-IN Homes' licensed group home. Resident A has a cognitive deficit and is diagnosed with diabetes. Resident A uses a walker to ambulate. Resident A's power of attorney is the unknown owner of the group home where she lives. Resident A needs physical help with showering, home maintenance, and toileting. Resident A uses adult briefs. Resident A receives \$1800 per month in Social Security benefits. Resident A shares one small bedroom with another resident.

On 12/04/2025, I emailed Debra Johns from APS. Later that day, Ms. Johns responded via email, stating that she spoke with Resident A that morning. Resident A does not have a POA or guardian. Resident A denied that staff left the group home at any time and denied that they had been left alone. Resident A reported that the homeowner ensures she has briefs (when she runs out, they are replaced). Resident A manages her own personal care needs. Ms. Johns scheduled a joint on-site visit.

On 12/04/2025, I emailed Shamara Watkins, licensee designee. I requested the following documents: Resident A's *Resident Care Agreement*, *Resident Funds I*, *Resident Funds II*, and *Health Care Appraisal*. I requested each current *Resident's Weight Record*. I requested the following facility documents: Staff Schedule for November 2025, Menu for the month of November, grocery receipts for the month of November 2025, and the *Resident Register*. I asked Ms. Watkins if she had the Power of Attorney (POA) for any residents.

On 12/05/2025, I conducted an unannounced onsite investigation along with Debra Johns from APS. During the visit, I interviewed Justin Cain, administrator/direct care staff. Mr. Cain stated that he and Ms. Watkins are the only two staff members and that they alternate shifts. At the time of the interview, Mr. Cain said there are four residents in the home. He explained that Resident D and Resident G are currently hospitalized: Resident D has been at the hospital for 4-5 days due to a hip issue, and Resident G, a new resident with lung cancer, is hospitalized for breathing issues. Mr. Cain admitted he left the resident's home alone for 15 minutes to go to the store recently. Mr. Cain said, "I messed up, and I will never do this again."

On 12/05/2025, I interviewed Resident A. At that time, she reported sharing a room with Resident D, who was currently hospitalized. Resident A does not have a legal guardian. She said she is living in the home because she has diabetes and uses a walker. She stated that her doctor visits her at home and that she uses insulin at night to control her diabetes. She needs help getting dressed and taking showers, which she reported taking every night. Resident A explained that there is always staff in the home. She noted that Mr. Cain has left for a few minutes at times but was never gone long. Resident A said she uses adult diapers (Depends) and has a good supply of them. She denied ever running out, though on one occasion she received the wrong size and more had to be purchased. Resident A said she would like to live independently again; however, she feels safe and cared for in her current home. Resident A appeared clean and dressed appropriately. No odor was detected.

On 12/05/2025, I interviewed Resident B. Resident B does not have a legal guardian. Resident B said that his daughter assists him with his finances sometimes. Resident B said that his doctor sees him here at home. Resident B said that Mr. Cain will leave them home alone sometimes. He has never gone long, and if so, Ms. Watkins comes in his place. Resident B has an amputated leg and requires assistance with ADL. I observed in his bedroom a bedside commode. Resident B said that the staff also helps him with bed baths.

On 12/05/2025, I interviewed Resident C. During the interview, Resident C stated that she does not have a legal guardian and has never been left home alone. She added that she can take care of her ADLs and believes her needs are met.

On 12/05/2025, I interviewed Resident E. Resident E recently moved into the home. Resident E is bedridden. Resident E is not aware of ever being left home alone. Mr. Cain gives her bed baths, but mostly her son does when he visits three times a week. Resident E said that she does not have a legal guardian. Resident E said that she is always clean.

On 12/11/2025, I received an email reply from Ms. Watkins. Ms. Watkins said that Resident D is the only resident who has a legal guardian. I clarified again to Ms. Watkins that I am asking her if she is the POA for any of the residents in the home. Ms. Watkins replied via email that she is not the POA for any resident, including Resident A. Ms. Watkins said that she is serving as Resident A's Representative Payee since she has been in her care. Ms. Watkins said that she had reached out to Resident A's family about assuming responsibility for her payee duties, but they have said that they do not wish to take on this responsibility or be involved in managing her financial matters. Ms. Watkins said, given this, she would like to confirm whether she is permitted to continue acting as her Representative Payee to ensure her bills and personal needs remain properly managed. I replied to Ms. Watkins, informing her of rule R 400.637 Handling of resident funds and valuables, and highlighted subrules 4, 5, 9, and 10.

On 01/29/2025, I reviewed *Resident Weight Records, Assessment Plan*, and the November 2025 menu. I reviewed Resident A's *Health Care Appraisal* and *Resident Funds I & II*. Resident A's monthly cost of care is \$1,250. There was also an amount of \$500 written on page two, check box one that read "For extra for hospice service, having petty cash for four housing trips". I observed on Resident A's *Resident Funds II* that there were four transactions for Depends. I observed that Resident A, Resident B, Resident C, Resident D, and Resident F were weighed monthly and were within a 10+-weight gain or range, except for Resident B. Resident B's admission weight was 300 pounds, and in November 2025, he weighed 280 pounds. Resident A requires assistance with showers. I observed on Resident A's *Assessment Plan* that the toileting question was answered "yes" and "no," but there was no description of the need written. Resident B needs assistance with ALDs, Resident C is independent with ADLS, Resident D needs reminders to do ALDs, and Resident F needs reminders to do ALDs. I observed that the November 2025 menu was adequate.

| APPLICABLE RULE | |
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| | 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 |

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| | 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 on the investigation, there is sufficient evidence to support that sufficient direct care staff were always on duty. Justin Cain, administrator/direct care staff, admitted to leaving the residents' home alone for 15 minutes. Resident A said that Mr. Cain had left them home alone but was gone for a short period of time. Resident B said that Mr. Cain has left them home alone a few times, but only for a short period. Resident C denied ever being left home alone. Resident E denied knowing if she had ever left home alone. Resident E is bedridden. |
| CONCLUSION: | VIOLATION ESTABLISHED |

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| APPLICABLE RULE | |
| R 400.677 | Resident hygiene, clothing. |
| | (2) A licensee shall ensure the resident receives or has access to all of the following: (a) Bathing at least weekly. (b) Toileting as needed. |
| ANALYSIS: | Based upon the investigation, there is insufficient evidence to support the claim that Resident A is not being provided with adult diapers. Resident A said that she has never run out. Resident A also said that she is given showers daily. Furthermore, there were monthly purchases listed on Resident A's Resident Funds II for Depends. Resident B receives bed baths mostly due to having a leg amputation. The other residents either need reminders or are independent with ADLs per their <i>Assessment Plans</i> . |
| CONCLUSION: | VIOLATION NOT ESTABLISHED |

ALLEGATION:

- On 11/28/2025, the home had dirty dishes up to the ceiling and all over the counter. The microwave is very dirty with old food inside it. The home smells like urine, feces, and mold, which makes it hard to breathe. The carpet is very dirty.
- On 11/28/2025, there were only two gallons of milk in the refrigerator, and packs of chicken and veggies in the freezer.

INVESTIGATION:

On 12/04/2025, I received the complaint via email. The report reiterated the previous allegations and added that, as of this date, residents appeared sick, coughing, and congested without treatment. Resident A was described as alert to her surroundings and wanting to return to her previous living arrangement.

On 12/04/2025, Debra Johns, APS worker, provided information as follows: The home was marginally clean. During the visit, Justin Cain was in the bathroom cleaning. There was a note on the front door when APS arrived- it was handwritten, call this number, and I will let you in; it is Justin's phone number. The carpet was observed to be stained.

On 12/04/2025, I received an email response from Debra Johns, APS. Ms. Johns wrote that Resident A reported that they always have food.

On 12/05/2025, I conducted an unannounced onsite investigation with Debra Johns from APS. I interviewed Justin Cain, identified as the administrator/direct care staff. I observed Mr. Cain preparing lunch, which consisted of chicken patties and Tator-Tots. Mr. Cain reported that dinner this evening will include chicken thighs, mashed potatoes, and mixed vegetables. I observed an adequate food supply that appeared to be of sufficient quality, including several gallons of milk. Mr. Cain stated that when APS visited last week, it was immediately after lunchtime, and dirty dishes were present in the sink. He acknowledged the home required some maintenance but denied any odor of urine or feces. Mr. Cain reported that no residents are ill, though occasional common colds occur. I did not detect any foul odor. The carpet and floors appeared marginal. I observed that the kitchen was clean as well as the microwave.

During this same 12/05/2025 visit, I interviewed Resident A. Resident A said she eats three meals a day, describing the meals as "ok." Regarding cleanliness, Resident A stated, "It's ok."

On 12/05/2025, I interviewed Resident B. Resident B said, "The meals aren't bad," and described them as adequate, with three provided daily. Resident A said he lost weight since being at home, which he views positively because he is obese. Resident B noted that cleanliness has become a struggle, as staff has been reduced from two to one per shift, leading to a noticeable decline in housekeeping, but observed that one staff person can only do so much per shift.

On 12/05/2025, I interviewed Resident C. Resident C said that there is adequate food. If there is a meal cooked that she does not like, the staff always lets her choose something different. Resident C did not express any concerns with the cleanliness of the home and responded when asked, "All my needs are being met".

On 12/05/2025, I interviewed Resident E. Resident E is bedridden. Resident E said that her meals are good, and they bring her meals to her room to be eaten. Resident E said to her knowledge, the home is clean.

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| APPLICABLE RULE | |
| R 400.647 | Safety and maintenance of premises. |
| | (2) Home furnishings and housekeeping standards must present a comfortable, clean, and orderly appearance. |
| ANALYSIS: | Based on the investigation, there is insufficient objective evidence to conclude that the home or floors are dirty. During a joint unannounced onsite investigation with Ms. Johns from APS, the home appeared clean, and the carpet was observed to be marginally clean. Resident A, Resident C, and Resident E did not report concerns about cleanliness. Resident B noted the home was cleaner with two staff per shift but stated that Mr. Cain and Ms. Watkins make efforts to maintain cleanliness. |
| CONCLUSION: | VIOLATION NOT ESTABLISHED |

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| APPLICABLE RULE | |
| R 400.665 | Food service. |
| | (10) Food preparation surfaces and areas must be clean and in good repair. |
| ANALYSIS: | There is insufficient evidence to support the allegation that the kitchen and microwave were dirty. During a joint unannounced onsite investigation with Ms. Johns from APS, I observed the kitchen to be clean while Mr. Cain was preparing lunch. Mr. Cain reported that during APS's previous visit prior to 12/05/2025, APS arrived at lunchtime and observed dirty dishes in the sink. |
| CONCLUSION: | VIOLATION NOT ESTABLISHED |

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| APPLICABLE RULE | |
| R 400.663 | Nutrition; adoption by reference. |
| | (1) A licensee shall provide daily a minimum of 3 nutritious meals to residents. |

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| ANALYSIS: | Based on the investigation, there is sufficient evidence that the residents receive three nutritious meals. I observed Mr. Cain preparing and serving lunch to the residents during an unannounced onsite investigation on 12/05/2025. I observed an adequate food supply. Resident A, Resident B, Resident C, and Resident E all stated that they receive three meals a day and that the meals are adequate. I reviewed the November 2025 menu, and three nutritious meals were listed daily. I reviewed resident weight records, and there is no significant weight loss except for one resident, who is trying to lose weight, which is Resident B. |
| CONCLUSION: | VIOLATION NOT ESTABLISHED |

ADDITIONAL FINDINGS:

INVESTIGATION:

On 12/05/2025, I interviewed Resident A. Resident A said that she does not know how much she pays for rent. Resident A said that Rhonda (family friend) handles her finances.

On 12/08/2025, I emailed Ms. Watkins several times. I informed Ms. Watkins she identified a new resident in the home that was not there during my on-site investigation (Resident G). I requested the new resident’s Resident ID form. It is also unclear whether a Resident F is still a resident in the home. I informed her that Resident B is using an unlicensed bedroom based on the original licensing study report. I informed her to complete a modification request and/or move him to a licensed bedroom.

On 01/28/2026, I reviewed the resident and facility records requested previously. Resident A’s monthly cost of care is \$1,250 per the *Resident Care Agreement*. In review of Resident A’s *Resident Care Agreement*, there was an amount listed of \$1,526 in the area that’s check marked “I agree to have the licensee manage funds and account for financial transactions on my behalf. Expenditures of my personal funds over \$1526 require prior authorization. There was also an amount of \$500 written on page two, check box one that read”. For extra hospice service, having petty cash for four housing trips. Resident A’s *Resident Funds Part II* has deductions in various amounts as follows:

- 07/10/2025- Rent \$1,400
- 07/10/2025- Life Insurance \$45
- 07/10/2025- Depends on \$50
- 08/03/2025- Rent \$1405
- 08/03/2025- Depends on \$65
- 08/032025- Life insurance \$45
- 09/03/2025- Rent \$1400
- 09/03/2025- Life insurance \$45
- 09/03/2025- Depends \$60

- 10/03/2025- Rent \$45
- 10/03/2025- Depends \$236.44
- 10/03/2025- Food/snack \$68
- 11/03/2025- Depends \$396
- 11/03/2025- Life insurance \$65
- 11/03/2025- Rent \$1089
- 12/03/2025- Personal \$396
- 12/03/2025- Life insurance \$1130
- 12/03/2025- Rent \$1080

| APPLICABLE RULE | |
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| R 400.637 | Handling of resident funds and valuables. |
| | (12) A licensee or administrator shall obtain prior written approval from a resident or a resident's designated representative before charges are made to a resident's account. |
| ANALYSIS: | In review of Resident A's <i>Resident Care Agreement</i> , there is no documentation to support that payments would be for a life insurance policy. Furthermore, there is no documentation to support the idea that extra charges would be made for the purchase of Depends (adult diapers) on the <i>Resident Care Agreement</i> . There were two amounts documented on the <i>Resident Care Agreement</i> , but it is unclear what these amounts are for. The amount of \$500 is listed as an additional cost; however, this is unclear. |
| CONCLUSION: | VIOLATION ESTABLISHED |

| APPLICABLE RULE | |
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| R 400.637 | Handling of resident funds and valuables. |
| | (9) A resident fund transaction over the amount specified in the resident care agreement must require the signature of the resident or resident's designated representative and the licensee or administrator. |
| ANALYSIS: | There are three rent payments that exceed the documented cost of care amount of \$1,250 on Resident A's <i>Resident Care Agreement</i> . |
| CONCLUSION: | VIOLATION ESTABLISHED |

INVESTIGATION:

As part of the investigation, on 12/04/2025, I emailed Ms. Watkins and requested the *Resident Register*.

On 12/11/2026, I emailed Ms. Watkins regarding again requesting the Resident Register. Ms. Watkins responded, stating that the *Resident Register* was previously sent with resident register identification forms. Ms. Watkins asked for clarification on the specific resident forms. I informed Ms. Watkins that she did not send the *Resident Register*. I attached a blank copy of all the required *Resident Register* forms along with the rule R 400.615 (a-d).

| APPLICABLE RULE | |
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| R 400.615 | Resident register. |
| | A licensee shall maintain a chronological register of all residents admitted that includes the following information for each resident: (a) Resident full name. (b) Resident date of birth. (c) Date of admission. (d) Date of discharge and location, if known, where the resident moved. |
| ANALYSIS: | There is sufficient evidence that the <i>Resident Register</i> was not sent to confirm the home census. To date, it has not been received. |
| CONCLUSION: | VIOLATION ESTABLISHED |

INVESTIGATION:

On 12/04/2025, I emailed Ms. Watkins and requested each current resident's *weight* records.

On 12/11/2026, I emailed Ms. Watkins regarding missing documents. Ms. Watkins said that the resident's weight record, Resident F, will be faxed over today.

On 01/29/2026, I conducted an exit conference with Ms. Watkins. I informed Ms. Watkins of the tentative rule violations prior to supervisory approval. We discussed in detail the correct way to complete the *Resident Care Agreement* and document funding received for resident care. We also discussed the importance of submitting the right documents to be reviewed when requested. Ms. Watkin said that they clean the carpet twice a month. They are looking to have the carpet removed but it's pricey to get new

flooring. Ms. Watkin agreed to submit a corrective action plan once the report is approved.

| APPLICABLE RULE | |
|------------------------|--|
| R 400.691 | Resident records. |
| | (1) A licensee shall complete and maintain a separate record for each resident that includes all of the following: (g) Admission and monthly weight record. |
| ANALYSIS: | Resident F's <i>Weight</i> record was not received and remains outstanding. |
| CONCLUSION: | VIOLATION ESTABLISHED |

IV. RECOMMENDATION

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

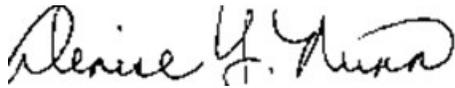


01/29/2026

LaShonda Reed
Licensing Consultant

Date

Approved By:



02/17/2026

Denise Y. Nunn
Area Manager

Date