



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

March 3, 2026

James Salamon  
Blueberry Hill Assisted Living Inc.  
PO Box 480762  
Los Angeles, CA 90048

RE: License #: AH800398973  
Investigation #: 2026A1021015  
Blueberry Hill Assisted Living

Dear James Salamon:

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 authorized representative 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) 335-5985.

Sincerely,

A handwritten signature in cursive script that reads "Kimberly Horst".

Kimberly Horst, Licensing Staff  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
Lansing, MI 48909

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH800398973
<b>Investigation #:</b>	2026A1021015
<b>Complaint Receipt Date:</b>	01/07/2026
<b>Investigation Initiation Date:</b>	01/08/2026
<b>Report Due Date:</b>	03/06/2026
<b>Licensee Name:</b>	Blueberry Hill Assisted Living Inc.
<b>Licensee Address:</b>	99 Walker Street Lawton, MI 49065
<b>Licensee Telephone #:</b>	(323) 620-4968
<b>Administrator:</b>	Georgina Dreleozis
<b>Authorized Representative:</b>	James Salamon
<b>Name of Facility:</b>	Blueberry Hill Assisted Living
<b>Facility Address:</b>	99 Walker Street Lawton, MI 49065
<b>Facility Telephone #:</b>	(269) 299-6007
<b>Original Issuance Date:</b>	01/24/2023
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	08/01/2025
<b>Expiration Date:</b>	07/31/2026
<b>Capacity:</b>	66
<b>Program Type:</b>	AGED

## II. ALLEGATION(S)

	<b>Violation Established?</b>
Facility does not have supplies.	No
Residents are not appropriate for Home for the Aged.	No
Facility has inadequate staff.	Yes
Facility has strong smell of urine.	Yes
Additional Findings	Yes

## III. METHODOLOGY

01/07/2026	Special Investigation Intake 2026A1021015
01/08/2026	Special Investigation Initiated - Letter email sent to witness
01/12/2026	Inspection Completed On-site
01/19/2026	Contact - Document Received received additional documentation
02/13/2026	Contact-Document Received Received additional documentation
	Exit Conference

### **ALLEGATION:**

**Facility does not have supplies.**

### **INVESTIGATION:**

On 01/07/2026, the licensing department received a complaint with allegations the facility does not have supplies, such as gloves and diabetic supplies.

On 01/12/2026, I interviewed the administrator Georgina Dreleozis at the facility. The administrator reported that there were some issues with holidays and receiving shipments of gloves. The administrator reported that there were gloves available in the facility, however, the gloves were not the ones that the employees prefer to

have. The administrator reported that gloves are kept at various places within the facility. The administrator reported that the facility has now changed the delivery day to ensure there is always adequate gloves in the facility. The administrator reported no knowledge of lack of diabetic supplies.

On 01/16/2026, I interviewed staff person 1 (SP1) at the facility. SP1 reported that at times there are no gloves at the facility. SP1 reported that sometimes staff must walk throughout the facility to find gloves in the storage room or a different medication room. SP1 reported that it can also be difficult to find the diabetic supplies needed.

I observed multiple medication rooms at the facility and storage room. Within each room, I observed multiple boxes of gloves available for the employees. I observed the medication cart and did observe various diabetic supplies.

<b>APPLICABLE RULE</b>	
<b>R 325.1921</b>	<b>Governing bodies, administrators, and supervisors.</b>
	(1) <b>The owner, operator, and governing body of a home shall do all of the following:</b> (b) <b>Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.</b>
<b>For Reference: R 325.1901</b>	<b>Definitions.</b>
	(p) <b>"Protection" means the continual responsibility of the home to take reasonable action to ensure the health, safety, and well-being of a resident as indicated in the resident's service plan, including protection from physical harm, humiliation, intimidation, and social, moral, financial, and personal exploitation while on the premises, while under the supervision of the home or an agent or employee of the home, or when the resident's service plan states that the resident needs continuous supervision.</b>
<b>ANALYSIS:</b>	Interviews conducted revealed there were issues with the availability of gloves at the facility. However, the facility adjusted their delivery date to ensure supplies are obtained timely. While onsite, I observed adequate supplies of gloves and diabetic supplies. Therefore, the facility is not in violation of this rule.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION:**

**Residents are not appropriate for Home for the Aged.**

**INVESTIGATION:**

The complainant alleged that staff members report the acuity is too high for the facility.

The administrator reported that the facility has admitted new residents. The administrator reported that residents do not require 24/7 nursing care and are appropriate for the facility. The administrator reported that there are only three residents that require two people assist and only resident with behaviors. The administrator reported that residents are admitted correctly to the facility.

SP1 reported that there have been new residents admitted to the facility. SP1 reported at times the acuity seems too much to handle at the facility.

While onsite at the facility, I observed multiple residents at the facility. The residents at the facility were engaged within the facility and appeared appropriate for the facility.

<b>APPLICABLE RULE</b>	
<b>R 325.1922</b>	<b>Admission and retention of residents.</b>
	<b>(9) A home shall not admit a resident who requires continuous nursing care services of the kind normally provided in a nursing home as specified in MCL 333.21711(3) and MCL 333.21715(2).</b>
<b>ANALYSIS:</b>	Interviews conducted and observations made at the facility revealed there have been new admissions at the facility which has resulted in higher acuity. However, there is lack of evidence to support the allegation the residents are not appropriate for Home for the facility.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION:**

**Facility has inadequate staff.**

**INVESTIGATION:**

The complainant alleged there is lack of staff at the facility. The complainant alleged the facility schedules kitchen staff as floor staff.

The administrator reported there is adequate staff at the facility. The administrator reported that on first and second shift there are to be four medication technicians which administer medications and provide care. The administrator reported that at times there is a caregiver also scheduled but the facility can run with only the four medication technicians. The administrator reported that on third shift, the facility tries to schedule three employees but can run with only two. The administrator reported that the facility currently has 55 residents. The administrator reported that 50% of the residents are independent with most tasks besides some cueing and medication administration. The administrator reported that a kitchen staff member was pulled to act in the role of a caregiver. The administrator reported it was brought to her attention that the employee was not completing tasks and this practice has stopped. The administrator reported that the facility does not have a mandate policy for unexpected staff shortages and that employees or management will work to find staff replacement. The administrator reported that there is adequate staff to meet the needs of the residents.

SP1 reported that on the weekends there are usually only four employees for first and second shift. SP1 reported that if there is no caregiver, residents must wait longer for assistance, and it is difficult to complete tasks. SP1 reported that when she reports on first shift, some of the residents are soaked in urine due to only having two staff members on the third shift. SP1 reported the employees are responsible for medication administration, resident cares, showers, laundry, and some culinary tasks.

On 01/12/2026, I interviewed SP2 at the facility. SP2 statements were consistent with those made by SP1.

On 01/12/2026, I interviewed Resident A at the facility. Resident A reported at times she has pressed her call button for assistance to the toilet, and it takes more than 10 minutes for staff to respond. Resident A reported it can be difficult to find staff for assistance.

I reviewed staff schedules for 12/21/2025 to 01/10/2026. I reviewed call light response times for the facility. While the overall average was around 10 minutes, there were multiple instances in which residents had to wait upwards of 15 or more minutes for staff to respond.

I reviewed Resident B and Resident C's service plans. The service plans revealed both staff residents required two person assist for all transfers.

<b>APPLICABLE RULE</b>	
<b>R 325.1931</b>	<b>Employees; general provisions.</b>

	<b>(5) The home shall have adequate and sufficient staff on duty at all times who are awake, fully dressed, and capable of providing for resident needs consistent with the resident service plans.</b>
<b>ANALYSIS:</b>	Interviews with staff, consideration of care needs as identified in their plans of care, along with schedule review revealed the facility has a lack of staff to provide care to the residents as evidenced by several longer than average call light response times and the temporary use of kitchen staff to support care staff. There are at least two residents that require two staff persons to assist, yet at times there are only four caregivers in that unit, indicating other residents that require supervision or assistance are without it during that time.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**ALLEGATION:**

**Facility has strong smell of urine.**

**INVESTIGATION:**

The complainant alleged that the facility has a strong smell of urine.

The administrator reported that the facility is clean and residents receive good care.

While onsite, I walked through the entire facility. In the front hallway there was a strong smell of urine. SP3 reported he was assigned to that hallway and would be addressing the smell.

<b>APPLICABLE RULE</b>	
<b>R 325.1979</b>	<b>General maintenance and storage.</b>
	<b>The building, equipment, and furniture shall be kept clean and in good repair.</b>
<b>ANALYSIS:</b>	Observations made at the facility revealed there was a strong smell of urine in the front hallway of the facility.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED.</b>

**ADDITIONAL FINDINGS:**

**INVESTIGATION:**

Review of SP4 employee record revealed SP4 completed Floor Staff Training which included various auxiliary staff topics but not direct care training.

<b>APPLICABLE RULE</b>	
<b>R 325.1931</b>	<b>Employees; general provisions.</b>
	<b>(6) The home shall establish and implement a staff training program based on the home's program statement, the residents service plans, and the needs of employees, such as any of the following:</b> <b>(a) Reporting requirements and documentation.</b> <b>(b) First aid and/or medication, if any.</b> <b>(c) Personal care.</b> <b>(d) Resident rights and responsibilities.</b> <b>(e) Safety and fire prevention.</b> <b>(f) Containment of infectious disease and standard precautions.</b>
<b>ANALYSIS:</b>	Review of SP4 training record revealed he was not appropriately trained as a caregiver, however, review of facility schedule revealed SP4 was scheduled as a floor caregiver.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED.</b>

**INVESTIGATION:**

During review of the staff schedules, I observed that there were some variations in staffing levels in the staff schedule. In follow-up correspondence with the administrator, she provided additional information on correct staffing levels. Therefore, the original schedule provided was not updated to accurately reflect who was working during the timeframe reviewed.

<b>APPLICABLE RULE</b>	
<b>R 325.1944</b>	<b>Employee records and work schedules.</b>
	<b>(2) The home shall prepare a work schedule showing the number and type of personnel scheduled to be on duty on a daily basis. The home shall make changes to the planned work schedule to show the staff who actually worked.</b>

<b>ANALYSIS:</b>	Schedules provided by the facility were not always updated to reflect staffing changes for the timeframe reviewed.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED.</b>

#### IV. RECOMMENDATION

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



02/13/2026

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Kimberly Horst  
Licensing Staff

Date

Approved By:



03/03/2026

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Andrea L. Moore, Manager  
Long-Term-Care State Licensing Section

Date