



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 4, 2026

James Pilot
Bay Human Services, Inc.
P O Box 741
Standish, MI 48658

RE: License #:	AS060068395
Investigation #:	2026A0123017
	Grove Street AFC Home

Dear James Pilot:

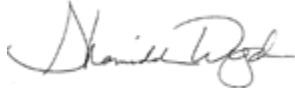
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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. 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, appearing to read "Shamidah Wyden".

Shamidah Wyden, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48607
989-395-6853

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS060068395
Investigation #:	2026A0123017
Complaint Receipt Date:	01/26/2026
Investigation Initiation Date:	01/26/2026
Report Due Date:	03/27/2026
Licensee Name:	Bay Human Services, Inc.
Licensee Address:	PO Box 741 3463 Deep River Rd Standish, MI 48658
Licensee Telephone #:	(989) 846-9631
Administrator:	Melissa Rood
Licensee Designee:	James Pilot
Name of Facility:	Grove Street AFC Home
Facility Address:	319 Grove Street Standish, MI 48658
Facility Telephone #:	(989) 846-9709
Original Issuance Date:	06/10/1996
License Status:	REGULAR
Effective Date:	12/07/2024
Expiration Date:	12/06/2026
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

II. ALLEGATION(S)

	Violation Established?
On 01/22/2026, staff Destiny Sommers left the facility in the middle of the night. There were six residents in the facility left with one staff person. The facility requires two staff members when there are six residents.	Yes

III. METHODOLOGY

01/26/2026	Special Investigation Intake 2026A0123017
01/26/2026	APS Referral Information received regarding APS referral.
01/26/2026	Special Investigation Initiated - Telephone I spoke with recipient rights officer Kevin Motyka.
01/28/2026	Inspection Completed On-site I conducted an unannounced on-site.
01/29/2026	Contact - Telephone call made I spoke with home manager Tyrus Luce.
02/05/2026	Contact - Document Received I received requested documentation.
02/12/2026	Contact - Telephone call made I attempted to contact staff Destanie Sommers.
02/12/2026	Contact - Telephone call made I attempted to contact staff Brett Palmisano.
02/12/2026	Contact - Telephone call made I attempted to contact staff Mary Ann Spurrier.
02/12/2026	Contact - Telephone call received I interviewed staff Mary Ann Spurrier.
02/12/2026	Contact - Telephone call received I received a voicemail from staff Brett Palmisano.
02/12/2026	Contact - Telephone call made I interviewed staff Brett Palmisano.

02/23/2026	Contact- Telephone call made I interviewed staff Destanie Sommers.
02/24/2026	Contact- Telephone call made I spoke with licensee designee Joe Pilot via phone.
02/24/2026	Contact- Document Sent I emailed the facility requesting additional documentation.
02/25/2026	Contact- Document Received I received requested documentation from the facility.
03/04/2026	Exit Conference I spoke with LD Joe Pilot via phone.

ALLEGATION: On 01/22/2026, staff Destiny Sommers left the facility in the middle of the night. There were six residents in the facility left with one staff person. The facility requires two staff members when there are six residents.

INVESTIGATION: On 01/26/2026, I spoke with recipient rights investigator Kevin Motkya via phone. He stated the facility has to have two staff on shift. Staff Destanie Sommers said she needed to go home to get some medication and was gone for a bit. The other staff person did not know when she'd be back. The home manager reported to the home and called Staff Sommers and told Staff Sommers not to come back to finish her shift. There are two residents who require wheelchair assistance, and four require verbal direction. The residents were asleep at the time and did not witness anything.

On 01/28/2026, I conducted an unannounced on-site at the facility. I interviewed staff Mackenzie Bennett. Staff Bennett stated that she does not work third shift unless there is a staffing shortage or a call in. Staff Bennett stated that the only time she is working alone is when the other staff on shift takes residents on an outing. Staff Bennett stated that the assistant home manager is on an outing right now with one resident. Staff Bennett denied having any knowledge of any staff persons abandoning their shift and has not heard anything about it occurring.

During this on-site, I observed three residents who appeared clean and appropriately dressed. No issues were noted.

On 01/29/2026, I spoke with home manager Tyrus Luce. Staff Luce stated that he was at home and received a phone call from staff that staff Destinae Sommers had left home to get medication, and check something. Staff Luce reported to the facility, and Staff Sommers was not there. Staff Luce stated that this occurred last Thursday morning (01/22/2026), and it took him about an hour from getting the initial call (2:14 am) to get to the facility (just after 3:00 am). Staff Luce stated that there are six

residents in the facility. One resident is in a wheelchair, one resident has dementia, and one non-verbal. I requested documentation from Staff Luce.

On 02/05/2026, I received requested documentation via email from home manager Tyrus Luce. Staff Luce provided an excerpt from the Bay Human Services personnel policy which states *“Employees are also expected to remain at work through your scheduled workday except for authorized leaves. It is important for employers to notify their supervisor as soon as possible before their scheduled work time when they may be late or absent from work. In all cases where the employee may be absent or tardy, they must provide the supervisor with an explanation.”*

A copy of the facility’s *Resident Register* was obtained. It shows that there are six residents currently residing in the facility. A copy of the staff schedule shows that third shift 01/21/2026 through 01/22/2026 that staff Mary Ann Spurrier and staff Destanie Sommers worked.

A copy of Resident A, Resident B, Resident C, Resident D, Resident E, and Resident F’s *Assessment Plan for AFC Residents* was obtained. The assessment plans state the following for each resident:

Resident A- requires staff assistance with pivot transfers in/out of bed, wheelchair, toilet, and shower chair. Resident A does not walk and requires assistance with all personal care activities. Resident A is receiving hospice services. This assessment plan was completed on 01/29/2026.

Resident B- does not require staff assistance with any personal care activities and does not use any assistive devices. Resident B has schizophrenia and requires assistance with medication administration. This assessment plan was completed on 01/29/2026.

Resident C- requires staff assistance with most personal care activities including eating, feeding, toileting, bathing, grooming, dressing, personal hygiene, walking/mobility, and medication assistance. Resident C has a wheelchair to use in case of emergencies or if Resident C becomes too tired and cannot walk. Resident C is non-verbal and has scoliosis. This assessment plan was completed on 01/29/2026.

Resident D- requires staff assistance with some personal care activities including bathing (when needed), grooming (verbal prompts), dressing (verbal prompting), personal hygiene (prompting), walking/mobility (as needed), and medication administration. Resident D does not use assistive devices. Resident D has vertigo. This assessment plan was completed on 01/29/2026.

Resident E- requires staff assistance (mostly verbally prompting) with some personal care activities including bathing, grooming, personal hygiene, and medication administration. Resident E uses a wheelchair, and staff assist Resident E to the

wheelchair, when necessary, such as in an evacuation. This assessment plan was completed on 01/29/2026.

Resident F- requires minimal staff assistance with personal care activities including bathing (hair washing, monitoring, verbal prompting etc.), grooming (hair care, verbal prompts), personal hygiene (verbal reminders), stair climbing, and medication administration. This assessment plan was completed on 01/29/2026.

On 02/12/2026, I interviewed staff Mary Ann Spurrier via phone. Staff Spurrier stated that she works third shift. Staff Spurrier reported witnessing staff Destinae Sommers leave her shift while working. Staff Spurrier stated that she does not remember the date it occurred, but she was the only one who witnessed it. Staff Spurrier stated that Staff Sommers left with no explanation. Staff Spurrier stated she called home manager Tyrus Luce after realizing Staff Sommers was not in the home. Staff Spurrier stated that all of the residents were asleep, and all six were present in the home. Staff Spurrier stated that Staff Sommers is the only staff that has done this that she is aware of. Staff Spurrier stated that Staff Luce reported to the home and finished Staff Sommers' shift. Staff Spurrier stated that it took Staff Luce maybe 15 to 20 minutes to get to the facility, and that the road conditions that night/early morning were icy. Staff Spurrier stated that he arrived in a timely manner.

On 02/12/2026, I interviewed staff Brett Palmisano via phone. Staff Palmisano works third shift. Staff Palmisano denied witnessing any staff leaving the facility during their shift. Staff Palmisano stated that he has worked with staff Destinae Sommers and has not seen her leave her shift early. Staff Palmisano stated that there are six residents in the home.

On 02/23/2026, I interviewed staff Destinae Sommers via phone. Staff Sommers stated that the allegations are correct. She stated that she was on shift for 17 hours, left the facility, and took a break for 20 minutes. Staff Sommers stated that she cannot access her time care to verify this due to being fired. Staff Sommers stated that she did not leave the residents alone, and staff Mary Ann Spurrier was on shift as well. Staff Sommers stated that five to six residents were in the home, all asleep when she left. Staff Sommers stated that her supervisor, staff Tyrus Luce, called her when she was on her way back to the facility and told her not to report back to the home, as he was coming in. Staff Sommers stated that she was only five minutes away from the facility. Staff Sommers stated that she has proof of only being gone for 20 minutes. Staff Sommers stated that she was not supposed to leave, but was physically and mentally exhausted, and needed to grab some medication for an illness. Staff Sommers stated that there was nothing at the gas station that was safe enough to take. Staff Sommers stated that she did not call a manager, because she had not planned to be gone long. Staff Sommers stated that Staff Luce has allowed her to leave during the day before under similar circumstances. Staff Sommers stated that it was about 2:00 am when she left, and she did not want to awaken Staff Luce. Staff Sommers stated that she let Staff Spurrier know she was leaving, but not Staff

Luce, and Staff Spurrier did not appear to take any issue with it. Staff Sommers stated that she did not have any bad intentions.

On 02/24/2026, I spoke with licensee designee Joseph Pilot. LD Pilot stated that staffing would be determined based on E-scores. I informed him I would request additional information from the facility.

On 02/25/2026, I received requested documentation via email. I reviewed the E-Scores for all six residents in the home. The E-Scores dated for 05/28/2025 had a level of evacuation difficulty score of slow, at 1.78. The residents were described as follows:

Resident A- needs several cues, redirection, gets distracted easily. Needs full assist. Very slow. Needs at most one staff.

Resident B- walks at slow pace.

Resident C- Non-verbal, slow walker, needs full assistance, does not stay at designated location.

Resident D- needs verbal prompting.

Resident E- Two staff assist, refuses to get up. Needs full assistance, very slow. Requires considerable attention. May not respond. Risk of strong resistance.

Resident F- needs verbal prompts. Slow, follows instructions.

Fire drills dating back to October 2025 were reviewed as well. The evacuation times for the drills conducted by two staff range from two minutes to four minutes and 25 seconds.

Resident's Bay Arenac Behavioral Health Authority *Individual Plans of Services* (IPOS) were reviewed. Resident A's IPOS dated 03/13/2025, notes Resident A uses a wheelchair for ambulation, that Resident A can self-navigate. Resident A is able to exit the facility independently in a fire, and practices fire drills regularly. Resident B's IPOS dated 09/30/2025, notes Resident B has developed medication-induced parkinsonism, that has reduced mobility slightly. Resident B experiences auditory and visual hallucinations and delusions. Resident C's IPOS dated 03/10/2025, notes Resident C has a wheelchair to use for longer walks, outings, and PRN due to scoliosis and to avoid pain. Resident C is assisted by staff for all fire drills. Resident C appears startled at the sound of the alarm but does not respond to it in any way. Resident E's IPOS dated 10/27/2025, notes Resident E recently refused to vacate the home after an emergency occurred, which posed a concern. The plan outlines what staff need to do to get Resident E to participate in drills. Resident E is independent with transferring, ambulation, and mobility.

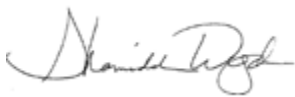
On 03/03/2026, I conducted an exit conference with LD Joseph Pilot. He stated he agrees with the findings, as Staff Sommers left the job site without notifying management. LD Pilot stated he is unsure of Staff Sommers current status. LD Pilot stated that he will follow up with HR and complete a corrective action plan.

APPLICABLE RULE	
R 400.671	Resident care.
	(1) Staffing shall be sufficient to meet the needs of the residents in accordance with each resident's assessment plan and individual plan of service.
ANALYSIS:	<p>On 01/28/2026, I conducted an unannounced on-site at the facility. I interviewed staff Mackenzie Bennett. She denied having any knowledge of staff leaving their shift. During this on-site, I observed three residents. No issues were noted.</p> <p>On 01/29/2026, I spoke with home manager Tyrus Luce. He confirmed that staff Destinae Sommers left her shift on 01/22/2026, and he went to the facility. He stated that six residents were present.</p> <p>On 02/05/2026, I received requested documentation via email from home manager Tyrus Luce. I reviewed the assessment plans for all six residents. Most of the residents require assistance with personal care tasks, and four require some assistance with mobility. Only one resident is independent with personal care.</p> <p>Staff Luce also provided the Bay Human Services policy which notes that staff have to remain on shift except for authorized leaves.</p> <p>On 02/12/2026, I interviewed staff Mary Ann Spurrier who confirmed working on 01/22/2026, and that Staff Sommers left during the shift.</p> <p>On 02/23/2026, I interviewed staff Destinae Sommers who confirmed leaving her shift. She stated that she had worked over 17 hours and needed to take a break and grab medication from home.</p> <p>There is a preponderance of evidence to substantiate a rule violation. The facility's E-Scores, residents' <i>Individual Plan of Services</i>, fire drills, and assessment plans were reviewed. Based on the documented care needs for each resident in the</p>

	facility, one staff person cannot sufficiently meet residents' needs.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Contingent upon the receipt of an acceptable corrective action plan, I recommend continuation of the AFC small group home license (capacity 3-6).



03/04/2026

Shamidah Wyden
Licensing Consultant

Date

Approved By:



03/04/2026

Mary E. Holton
Area Manager

Date