GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 13, 2026

Gladys Sledge
Packard Group Inc
PO Box 2066
Southfield, MI 48037

RE: License #: AS630384567
Investigation #: 2026A0465010
Hollow Lake Home

Dear Ms. Sledge:

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 (248) 972-9136.

Sincerely,

Stephanie Gonzalez

Stephanie Gonzalez, LCSW
Adult Foster Care Licensing Consultant
Bureau of Community and Health Systems
Department of Licensing and Regulatory Affairs
Cadillac Place, Ste 9-100
Detroit, MI 48202
Cell: 248-308-6012

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS630384567
Investigation #:	2026A0465010
Complaint Receipt Date:	01/07/2026
Investigation Initiation Date:	01/09/2026
Report Due Date:	03/08/2026
Licensee Name:	Packard Group Inc
Licensee Address:	Suite 303 731 Pallister Street Detroit, MI 48202
Licensee Telephone #:	(248) 626-3837
Administrator:	Gladys Sledge
Licensee Designee:	Gladys Sledge
Name of Facility:	Hollow Lake Home
Facility Address:	10658 Big Lake Road Davisburg, MI 48350
Facility Telephone #:	(313) 872-7826
Original Issuance Date:	12/20/2016
License Status:	REGULAR
Effective Date:	06/20/2025
Expiration Date:	06/19/2027
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED AGED

II. ALLEGATION(S)

	Violation Established?
Direct care staff, Landaya Marshall, drank alcohol and used drugs while on duty.	No
The facility van door is broken and still being used to transport residents.	Yes

III. METHODOLOGY

01/07/2026	Special Investigation Intake 2026A0465010
01/07/2026	APS Referral Adult Protective Services Referral assigned to Tina Edens for investigation
01/09/2026	Special Investigation Initiated - Telephone Spoke to Complainant via telephone
01/09/2026	Contact – Telephone call made I spoke to APS Worker, Tina Edens, via telephone
01/16/2026	Inspection Completed On-site I conducted an onsite investigation; I completed a walk-through of the facility, reviewed facility files, observed residents, inspected the van and interviewed direct care staff, Brittany Scarbrough
01/20/2026	Contact - Document Received Facility documents received via email
01/29/2026	Contact - Document Received Facility additional documents received via email
02/19/2026	Contact - Telephone call made I spoke to Ms. Edens via telephone
02/23/2026	Contact – Telephone call made I spoke to direct care staff, Landaya Marshall, via telephone
02/24/2026	Contact – Telephone call made I spoke to direct care staff, Dazbrielle Beldsoe, via telephone

02/24/2026	Contact – Telephone call made I spoke to ex-direct care staff, Jorie Edwards, via telephone
02/26/2026	Exit Conference I conducted an Exit Conference with licensee designee and administrator, Gladys Sledge, via telephone

ALLEGATION:

Direct care staff, Landaya Marshall, has drunk alcohol and used drugs while on duty.

INVESTIGATION:

On 1/7/2026, a complaint was received, alleging that direct care staff, Landaya Marshall, has drunk alcohol and used drugs while on duty.

On 1/9/2026, I spoke to Complainant via telephone. Complainant acknowledged that the information contained in the complaint is accurate.

On 1/9/2026 and 2/19/2026, I spoke to Adult Protective Services Worker, Tina Edens, via email. Ms. Edens stated that she has completed an investigation of this complaint and will not be substantiating for abuse and/or neglect. Ms. Edens stated that there was not sufficient information to confirm this allegation is true. Ms. Edens stated that her investigation is now closed.

On 1/16/2026, I conducted an onsite investigation at the facility. The home specializes in caring for the aged and developmentally disables. At the time of my onsite investigation, there were five residents residing in the facility. All of the residents have limited verbal communication and/or developmental delays and were unable to be interviewed for this investigation. I reviewed the facility documents and did not find any documentation related to direct care staff misconduct. I observed all residents to be properly dressed and with adequate hygiene. The facility was clean and in good condition. I did not observe any concerns.

I spoke to direct care staff, Brittany Scarbrough, who stated that she has worked at the facility for nine years. Ms. Scarbrough stated, “This is not true. I have never heard of any staff coming to work and drinking or using drugs. I have never done anything like this either. We terminated employment of some individuals, and I believe this is false complaint. I know Landaya Marshall and am not aware of any concerns when she is working at the facility. We provide good care to all of the residents, and we are always capable and able to meet their needs.” Ms. Scarbrough denied knowledge of this complaint being true.

On 2/23/2026, I spoke to direct care staff, Landaya Marshall, via telephone. Ms. Marshall stated, “I have worked at the facility on several occasions, and I also work primarily at other locations that the corporation owns. I have only worked at this facility when they need extra staffing. I have never drunk alcohol or used drugs when at work. I had a disagreement with an old co-worker and that is where this is coming from. I made a joke about something, and they got upset and I think this is a way to get back at me. I have never done anything like this, and this is a lie.” Ms. Marhsall denied knowledge of this complaint being true.

On 2/24/2026, I spoke to direct care staff, Dazbrielle Beldsoe, via telephone. Ms. Bledsoe stated that she has worked at the facility for three months. Ms. Beldsoe stated, “I have never seen anyone come to work drunk or on drugs. I haven’t had any concerns about the other staff. I have never gone to work drunk or on drugs. I haven’t seen any issues with staff being unable to properly care for the residents.” Ms. Bledsoe denied knowledge of this complaint being true.

On 2/24/2026, I spoke to ex-direct care staff, Jorie Edwards, via telephone. Ms. Edwards stated that she worked at the facility for four months and recently transitioned to new employment. Ms. Edwards stated, “When I worked at the facility, I never observed any concerns with drug use or alcohol use. I never saw anything like that. I worked with Ms. Marshall several times when I worked at the home, and I never observed her to be drunk or on drugs. The residents receive good care, and staff are always available and attentive to the residents.” Ms. Edwards denied knowledge of this complaint being true.

APPLICABLE RULE	
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 resident care agreement.
ANALYSIS:	According to Ms. Marshall, she has never gone to work under the influence of alcohol and/or drugs. According to Ms. Scarbrough, Ms. Beldsoe and Ms. Edwards, they have never observed Ms. Marshall, nor any other employee, under the influence of alcohol and/or drugs while on duty. Ms. Scarbrough, Ms. Beldsoe and Ms. Edwards denied knowledge of this complaint being true. Based on the information above, there is not sufficient information to confirm that Ms. Marshall has been under the influence of alcohol or drugs while working at the facility.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

The facility van door is broken and still being used to transport residents.

INVESTIGATION:

On 1/7/2026, a complaint was received, alleging that the facility's van door is broken and still being used to transport residents. The complaint stated that the van door opened while driving with residents inside on two occasions. The complaint stated that cool air enters the sliding door into the van due to the gap in the door.

On 1/16/2026, I conducted an onsite investigation at the facility. I completed an inspection of the facility's wheelchair van. I observed the side van door was off track and unable to open fully. When I attempted to open the side door, it was able to open two inches and no further. The van door was unable to be fully opened from both the inside and outside of the vehicle. The back door of the wheelchair van was in proper working order and was able to be opened and closed correctly. The side door of the van was directly across from the seats, which is not where residents sit. The back of the van has an area that is equipped for securing the residents' wheelchairs.

I spoke to Ms. Scarbrough, who stated, "The van's side door is off track, and it needs to be fixed. It has been this way for a few weeks. We have still been using the van for resident transport while waiting for repairs to be done. We have an appointment next week for the repairs to be made. We only use the back door for all residents since they all are in wheelchairs. We never use the side door for anything, so it does not negatively impact residents. The side door is jammed shut. It has never opened when we are driving and transporting residents. We are getting the door fixed in a few days. We do not plan to transport residents in the van over the weekend, and the van will be fixed by Monday. Ms. Scarbrough acknowledged that the wheelchair van door is in need of repair.

On 2/26/2026, I conducted an Exit Conference with licensee designee and administrator, Gladys Sledge, via telephone. Ms. Sledge is in agreement with the findings of this report.

APPLICABLE RULE	
R 400.697	**Resident transportation.**
	(2) A licensee shall ensure all of the following when providing transportation services: **(a) The vehicle is in good operating condition and insured.**

ANALYSIS:	On 1/16/2026, I completed an inspection of the wheelchair van and observed the right passengers side door is off track and unable to be opened. According to Ms. Scarbrough, the wheelchair van's passenger side door has been unable to open for approximately two weeks and has continued to be used for resident transport during this time. Based on the information above, there is sufficient information to confirm that the facility's vehicle is not in good operating condition and is in need of repair.
CONCLUSION:	**VIOLATION ESTABLISHED**

IV. RECOMMENDATION

Upon receipt of an acceptable corrective action plan, I recommend this special investigation be closed with no change to the status of the license.

Stephanie Gonzalez 03/2/2026

Stephanie Gonzalez Date
Licensing Consultant

Approved By:

Jay Calewarts For 03/13/2026

Denise Y. Nunn Date
Area Manager