



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 1st, 2026

Therese Fulgham
Sensations
511 E. Shepherd
Charlotte, MI 48813

RE: License #: AH230303551
Investigation #: 2026A1021032
Sensations

Dear Therese Fulgham:

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 (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

License #:	AH230303551
Investigation #:	2026A1021032
Complaint Receipt Date:	03/13/2026
Investigation Initiation Date:	03/13/2026
Report Due Date:	05/12/2026
Licensee Name:	AWL Companies LLC
Licensee Address:	511 E.Shepherd Street Charlotte, MI 48813
Licensee Telephone #:	(520) 307-1196
Administrator/ Authorized Representative:	Therese Fulgham
Name of Facility:	Sensations
Facility Address:	511 E. Shepherd Charlotte, MI 48813
Facility Telephone #:	(517) 543-8101
Original Issuance Date:	03/03/2011
License Status:	REGULAR
Effective Date:	08/01/2025
Expiration Date:	07/31/2026
Capacity:	39
Program Type:	ALZHEIMERS AGED

II. ALLEGATION(S)

	Violation Established?
Resident A received incorrect medication.	No
Additional Findings	Yes

III. METHODOLOGY

03/13/2026	Special Investigation Intake 2026A1021032
03/13/2026	Special Investigation Initiated - Letter email sent to AR for additional information
03/20/2026	Contact - Document Received received information on Resident A
04/01/2026	Exit Conference

The APS reporting source alleged there is an untreated rash at the facility. This complaint was investigated under SIR 2026A1021023.

ALLEGATION:

Resident A received incorrect medication.

INVESTIGATION:

On 03/13/2026, the licensing department received a complaint from Adult Protective Services (APS). The APS reporting source alleged that Resident A was diagnosed with Scabies and is prescribed a medication that is only to be used on as needed basis, that treats irritability from her other diagnosis. The APS reporting source alleged that the facility is giving Resident A this medication on a regular basis.

On 03/20/2026, I received Resident A's medication administration record (MAR) for March and February 2026. The MAR revealed Resident A was prescribed Cannabis chocolate 9.23. The prescribing instructions for this medication read, "*Dispense one small square of the chocolate daily, plus 4 times a day PRN for anxiety and behaviors.*" The MAR revealed in March 2026 Resident A received this PRN medication six times in 20 days and in February 2026, Resident A received this PRN medication nine times in 28 days.

The MAR revealed Resident A was also prescribed Lorazepam/Ativan 0.5mg with instructions to "*Dispense ½ tab by mouth once daily PRN.*" The March 2026 MAR

revealed Resident A received this medication nine times in 20 days and in February 2026 nine times in 28 days.

APPLICABLE RULE	
R 325.1932	Resident medications.
	(2) Prescribed medication managed by the home shall be given, taken, or applied pursuant to labeling instructions, orders and by the prescribing licensed health care professional.
ANALYSIS:	Review of February and March 2026 Resident A's MAR revealed lack of evidence to support the allegation that Resident A received a PRN medication daily.
CONCLUSION:	VIOLATION NOT ESTABLISHED

**ADDITIONAL FINDINGS:
INVESTIGATION:**

Review of Resident A's MAR revealed Resident A was prescribed the following PRN pain medications:
 Acetaminophen/Tylenol 500mg: *Dispense 1 tablet orally every 6 hours PRN for mild to moderate pain.*
 Norco/Acetaminophen with Hydrocodone 5/325mg: *Dispense a half tab up to 4x daily PRN for pain. Save other half for next pass. DO NOT use with regular Tylenol products.*

Review of Resident A's MAR revealed Resident A was prescribed the following medications to manage behaviors:
 Cannabis chocolate 9.23: *Dispense one small square of the chocolate daily, plus 4 times a day PRN for anxiety and behaviors.*
 Lorazepam/Ativan 0.5mg: *Dispense ½ tab by mouth once daily PRN.*

APPLICABLE RULE	
R 325.1932	Resident medications.
	(2) Prescribed medication managed by the home shall be given, taken, or applied pursuant to labeling instructions, orders and by the prescribing licensed health care professional.

ANALYSIS:	Review of Resident A's MAR revealed Resident A is prescribed multiple PRN pain and anxiety medications. There is no instructions for staff to know whether to administer one medication over the other or if both can be given at the same time. The lack of instruction places Resident A at an unnecessary risk of harm due to administration based on what the staff feel is appropriate verses what the physician intended.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

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

Kimberly Horst 03/27/2026

Kimberly Horst Date
Licensing Staff

Approved By:

Andrea L. Moore 03/31/2026

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