



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 27, 2026

Daniel Prero
Leisure Manor ALF, LLC
P.O. Box 2666
Southfield, MI 48037

RE: License #: AL500418983
Investigation #: 2026A0604012
Leisure Manor

Dear Mr. Prero:

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,

A handwritten signature in cursive script that reads "Kristine Cilluffo".

Kristine Cilluffo, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 West Grand Blvd Ste 9-100
Detroit, MI 48202
(248) 285-1703

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL500418983
Investigation #:	2026A0604012
Complaint Receipt Date:	01/22/2026
Investigation Initiation Date:	01/23/2026
Report Due Date:	03/23/2026
Licensee Name:	Leisure Manor ALF, LLC
Licensee Address:	29566 Northwestern Hwy St Southfield, MI 48034
Licensee Telephone #:	(586) 430-5009
Administrator:	Daniel Prero
Licensee Designee:	Daniel Prero
Name of Facility:	Leisure Manor
Facility Address:	68453 Stoecker Ln Richmond, MI 48062
Facility Telephone #:	(586) 430-5009
Original Issuance Date:	12/12/2025
License Status:	TEMPORARY
Effective Date:	12/12/2025
Expiration Date:	06/11/2026
Capacity:	20
Program Type:	ALZHEIMERS AGED

II. ALLEGATION(S)

	Violation Established?
Facility had one staff on shift with residents that require two-person transfer.	No
Residents are getting sepsis at facility.	No
Additional Findings	Yes

III. METHODOLOGY

01/22/2026	Special Investigation Intake 2026A0604012
01/23/2026	APS Referral Referral received from Adult Protective Services (APS). APS denied referral and sent to licensing.
01/23/2026	Special Investigation Initiated - On Site Completed unannounced onsite investigation. Interviewed Home Manager, Heather Cousineau, Staff, Christi Slone, Rhiley Canada, Elena Alafita, Resident A and Resident B.
01/28/2026	Contact - Document Sent Email to Licensee Designee, Danny Prero and Home Manager, Heather Cousineau
02/02/2026	Contact - Document Sent Sent document request to Licensee Designee, Danny Prero and Home Manager, Heather Cousineau
02/11/2026	Contact - Document Received Email from Danny Prero. Sent return email. Received copies of resident assessment plans, resident information records, incident reports, resident register and staff information and schedules.
02/12/2026	Contact - Document Sent Email to Danny Prero
03/26/2026	Exit Conference Completed exit conference with Licensee Designee, Danny Prero

ALLEGATION:

- **Facility had one staff on shift with residents that required two-person transfer.**
- **Residents are getting sepsis at facility.**

INVESTIGATION:

A licensing complaint was received regarding Leisure Manor on 01/22/2026. The Complainant alleged that Leisure Manor is an AFC Home with 13 residents. In January 2026, an employee called in. Two employees are supposed to be on duty in the morning. The manager, Heather, told the one employee who showed up that she was going to have to work alone because no one else is coming in. The manager does not do anything. The manager does not care about the residents. The manager will not help take care of any residents. There are residents that need to have assistance with a two-person transfer, and the manager will not help. The residents either have to stay in bed or the one employee must do it alone. There have been a few different residents that have experienced sepsis. It is unknown if it is from the facility. The Complainant did not name any residents with sepsis.

I completed an unannounced onsite investigation on 01/23/2026. I interviewed Home Manager, Heather Cousineau, Staff, Christi Slone, Rhiley Canada, Elena Alafita, Resident A and Resident B.

On 01/23/2026, I interviewed Home Manager, Heather Cousineau. She indicated that there are currently no issues with staffing. They currently have 12 residents at Leisure Manor. They have two direct care staff on day, afternoon and midnight shifts. Ms. Cousineau indicated that she typically works Monday through Friday, 8:00 am- 5:00 pm but is always available. She stated that there has never been one person working and there were no days in January when one staff was working by themselves. Ms. Cousineau indicated that she does not typically help direct care staff but is here if needed. She stated that they have two residents, Resident A and Resident C, who are two person assist or use Hoyer lift for transfers. She stated that Resident B is stand-pivot transfer. No residents were reported to have sepsis.

On 01/23/2026, I interviewed Direct Care Staff, Christi Slone. She stated that she has worked at Leisure Manor for four years. Ms. Slone stated that she has not worked any shifts alone. She typically works mornings from 6:00 am to 2:00 pm. She has heard of other staff being left alone. She believed a staff was alone on afternoon shift. Ms. Slone stated that the manager has never helped her with transferring any residents. They have four residents that require two person transfers. The residents are Resident A, Resident B, Resident C and Resident D. The manager has stated she is not here to work the floor and is doing office work. Ms. Slone indicated that she was not aware of

any residents with sepsis. They had a resident with MRSA and a resident that she believed was having a stroke and needed to be sent out.

On 01/23/2026, I interviewed Direct Care Staff, Rhiley Canada. She stated that she has worked at Leisure Manor since October 2025. She has never worked alone. She typically works from 2:00 pm- 10:00 pm. She stated that other staff have been late but she has never worked a shift alone. She is not aware of any other staff who have worked alone. She indicated that the manager does not assist with resident care and is in her office. She was not aware of any residents with sepsis. She has not seen any residents being neglected and did not have any concerns.

On 01/23/2026, I interviewed Direct Care Worker, Elena Alafita. She stated that she has worked at Leisure Manor for three weeks. She has never worked alone and has worked from 2:00 pm- 10:00 pm. There have been two to three caregivers on shift and a kitchen staff. There have been two staff available for transfers. She was not aware of any residents with sepsis but stated a resident was sent out for pneumonia. She has not seen any residents neglected and stated she works with good people. Ms. Alafita indicated that she has not asked the manager for help but believed she pretty much works in the office.

On 01/23/2026, I interviewed Resident A. She stated that she was doing good. She stated that Leisure Manor usually has two aides, one cook and a part time housekeeper. She indicated that it might take a while to get someone but there is always staff. She is transferred by two people. She stated that sometimes there is only one person and the Hoyer system is used but she prefers two people. More often and in the mornings, there are two people to get her up. Resident A stated that she is never left in bed because there is no one to get her up. She did not have any concerns.

On 01/23/2026, I interviewed Resident B. She stated that she is doing ok. She does not believe there is enough staff. She indicated that she has a bell she can ring for staff but was not sure how long it takes them to respond. Resident B stated that staff assist her with getting into her chair. There are supposed to be two people, however, sometimes only one person assists her. She stated that it depends on staff, if they are little they need two people. She believed there are two staff per shift and maybe three staff in the mornings. Resident B stated that in the mornings it can take a while for staff to get her up. She did not have any other concerns.

On 02/11/2026, I received copy of current resident register. Leisure Manor had 10 residents at the time resident register was received.

On 02/11/2026, I received copies of December 2025, January 2026 and February 2026 staff schedules. Staff schedules indicate that two staff are being scheduled per shift. The shifts are listed as 6:00 am- 2:00 pm, 2:00 pm- 10:00 pm and 10:00 pm- 6:00 am. There is also a cook scheduled from 9:30 am-5:30 pm.

On 02/11/2026, I received copies of resident assessment plans and resident information records for current residents. Resident A's assessment plan dated 12/12/2025 indicated that they rely 100 percent on staff for assistance with toileting and bathing. Resident A uses a wheelchair. Use of Hoyer lift for transfers was not listed in assessment plan. Resident B's assessment plan dated 12/12/2025 indicated that they require one-person assistance for transfers. Resident C's assessment plan dated 12/12/2025 indicated that they require full assistance and use a wheelchair. Use of Hoyer lift was not listed in their assessment plan. Resident D's assessment plan dated 01/19/2026 did not indicate that he requires assistance with transfers. He uses a wheelchair to self-propel. None of the resident assessment plans reviewed indicated that resident requires two person assistance.

On 02/11/2026, I received copies of January and February 2026 incident reports for hospitalizations. None of the incident reports received noted sepsis.

APPLICABLE RULE	
R 400.633	Staffing requirements.
	<p>(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. 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:</p> <p>(a) 15 residents during waking hours or 20 residents during sleeping hours for large group homes and congregate facilities.</p> <p>(b) 12 residents for small group and family homes.</p>

ANALYSIS:	There is not enough information at this time to determine that Leisure Manor does not have adequate staffing. On 01/23/2026, I completed an unannounced onsite investigation. The home manager and three direct care staff were present. Leisure Manor was reported to have 12 residents during onsite investigation which meets minimum of one direct care staff to 15 residents during waking hours. Resident register provided on 02/11/2026 indicated that Leisure Manor now has 10 residents. Staff schedules reviewed indicated that two staff are being scheduled for each shift. Home Manager, Heather Cousineau, reported that they have two residents who require two-person transfer or use of Hoyer lift for transfer. None of the resident assessment plans reviewed indicated that resident requires two-person transfer or noted use of Hoyer lift. Resident assessment plans should be updated if resident is able to be transferred by one person with approval of a licensed health care professional for use of Hoyer lift.
CONCLUSION:	VIOLATION NOT ESTABLISHED

APPLICABLE RULE	
R 400.689	Resident health care.
	(3) In case of an accident or sudden adverse change in a resident's health condition, a facility shall obtain needed health care immediately.
ANALYSIS:	There is not enough information to determine that residents are getting sepsis due to care provided at Leisure Manor. The Complainant did not name any residents with sepsis, and no residents were reported to have sepsis during onsite investigation.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION:

On 01/23/2026, I interviewed Home Manager, Heather Cousineau. She stated that Resident A and Resident C require two person assist or use of Hoyer lift for transfers.

On 01/23/2026, I interviewed Resident A. Resident A stated that she is transferred by two people. She stated that sometimes there is only one person and the Hoyer system is used but she prefers two people

On 02/11/2026, I received copies of resident assessment plans. Resident A's assessment plan dated 12/12/2025 indicated that they rely 100 percent on staff for assistance with toileting and bathing. Resident A uses a wheelchair. Use of Hoyer lift for transfers was not listed in assessment plan. Resident C's assessment plan dated 12/12/2025 indicated that they require full assistance and use a wheelchair. Use of Hoyer lift was not listed in their assessment plan.

I completed an exit conference with Licensee Designee, Danny Prero, on 03/26/2026. I sent Mr. Prero an email and informed him of the violation found and that a corrective action plan would be requested. I also informed him that a copy of the special investigation report would be mailed once approved. I requested Mr. Prero to contact me if he had any questions or has questions once reviewing report.

APPLICABLE RULE	
R 400.673	Use of assistive devices, therapeutic support
	(1) An assistive device or therapeutic support intended to achieve or maintain a resident's proper position to enhance mobility, physical comfort, safety, and well-being must be specified in the resident's assessment plan and agreed on by the resident or resident's designated representative.
ANALYSIS:	On 01/23/2026, I completed an unannounced onsite investigation. Home Manger, Heather Cousineau, stated that a Hoyer lift is used to transfer Resident A and Resident C. Resident A also reported use of Hoyer lift. The use of Hoyer lift was not listed in Resident A or Resident C's assessment plan.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

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

Kristine Cilluffo

03/26/2026

Kristine Cilluffo
Licensing Consultant

Date

Approved By:



For

03/27/2026

Denise Y. Nunn
Area Manager

Date