



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

March 31, 2026

Charlene McNeal  
Newport Care Center Inc  
22977 Newport  
Southfield, MI 48075

RE: License #: AS630277652  
Investigation #: 2026A0612020  
Mulberry Care Center

Dear Mrs. McNeal:

Attached is the Special Investigation Report for the above referenced facility. No substantial violations were found.

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 "Johnna Cade".

Johnna Cade, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(248) 302-2409

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS630277652
<b>Investigation #:</b>	2026A0612020
<b>Complaint Receipt Date:</b>	03/23/2026
<b>Investigation Initiation Date:</b>	03/24/2026
<b>Report Due Date:</b>	05/22/2026
<b>Licensee Name:</b>	Newport Care Center Inc
<b>Licensee Address:</b>	22977 Newport Southfield, MI 48075
<b>Licensee Telephone #:</b>	(248) 415-2500
<b>Administrator:</b>	Charlene McNeal
<b>Licensee Designee:</b>	Charlene McNeal
<b>Name of Facility:</b>	Mulberry Care Center
<b>Facility Address:</b>	24730 Mulberry Dr. Southfield, MI 48034
<b>Facility Telephone #:</b>	(248) 539-9056
<b>Original Issuance Date:</b>	10/13/2005
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	04/17/2024
<b>Expiration Date:</b>	04/16/2026
<b>Capacity:</b>	6
<b>Program Type:</b>	MENTALLY ILL TRAUMATICALLY BRAIN INJURED



## II. ALLEGATION(S)

	<b>Violation Established?</b>
Resident A was given too much of an unknown medication by supervisor, Lisa Taylor. Resident A was foaming at the mouth and was taken to the Emergency Room.	No

## III. METHODOLOGY

03/23/2026	Special Investigation Intake 2026A0612020
03/23/2026	APS Referral Referral received from Adult Protective Services (APS).
03/24/2026	Special Investigation Initiated - Letter Email sent to the assigned APS worker, Tracey Anderson to coordinate.
03/30/2026	Inspection Completed On-site I completed an unscheduled onsite inspection. I interviewed home manager Lisa Taylor, case manager Patrice Payton, and Resident A. While onsite I obtained a copy of Resident A's March 2026 medication administration record and Henry Ford Providence Hospital discharge paperwork.
03/30/2026	Contact - Telephone call made Telephone interview completed with direct care staff Shantez Mines.
03/31/2026	Contact – documentation received Corewell Health Urgent Care discharge paperwork dated 03/09/26, received via email from case manager Patrice Payton.
03/31/2026	Exit Conference I placed a telephone call to Administrator Artesia Washington and licensee designee Charlene McNeal to conduct an exit conference.

## **ALLEGATION:**

**Resident A was given too much of an unknown medication by supervisor, Lisa Taylor. Resident A was foaming at the mouth and was taken to the Emergency Room.**

## **INVESTIGATION:**

On 03/23/26, I received a referral from Adult Protective Services (APS). In summary, the referral indicated Resident A lives at Irvine Neuro Rehabilitation Mulberry Care Center. Resident A has been diagnosed with TBI. Resident A has a legal guardian. On Tuesday (date unknown) Resident A was given too much of an unknown medication by supervisor, Lisa Taylor. Resident A was foaming at the mouth and was taken to the Emergency Room. On 03/24/26, I initiated my investigation by emailing the assigned APS worker, Tracey Anderson, to coordinate and inform her that an investigation had been initiated. Ms. Anderson acknowledged.

On 03/30/26, I completed an unannounced onsite investigation. I interviewed home manger Lisa Taylor, Irvine Neuro Rehabilitation case manager Patrice Payton and Resident A. While onsite I obtained copies of relevant facility documentation. I also reviewed Resident A's Medication Administration Records, physical medications on hand, and the medication storage in the home. All physical medications and documentation appeared appropriate and thoroughly completed. Medication was stored appropriately in a locked cart.

On 03/30/26, I interviewed home manger Lisa Taylor and Irvine Neuro Rehabilitation case manager Patrice Payton. Ms. Taylor and Ms. Payton consistently stated on 03/09/26, Resident A was complaining of shoulder pain. Staff took her to Corewell Health Urgent Care where she was prescribed Meloxicam (Mobic) 7.5 mg, and Cyclobenzaprine (Flexeril) 10 mg. The medications were administered to Resident A that evening as prescribed. The next day, 03/10/26, around 1:30 pm, Ms. Taylor stated she received a telephone call from direct care staff Shantez Mines who told her Resident A was lying in her bed with her eyes open, she appeared lethargic, and her speech was slurred. Staff called 911 and Ms. Taylor came to the home. Ms. Taylor and Ms. Payton stated Resident A was taken to the Emergency Room via EMS. It was determined that she had an adverse reaction to the medication she was prescribed. The hospital advised that the medication prescribed by urgent care be discontinued and they prescribed Methocarbamol (Robaxin) for Resident A's shoulder pain. Resident A was released from the Emergency Room the same day. Ms. Taylor and Ms. Payton consistently stated Resident A has been living in this home for 12 – 13 years she has never experienced any medication reactions or issues prior to this. Ms. Taylor stated

she believes this complaint may have been made by a disgruntled employee who was terminated two days after this medication reaction occurred.

On 03/30/26, I interviewed Resident A. Resident A said she does not remember much of what happened because she was asleep. Resident A stated the day before she went to the hospital her shoulder was hurting when she woke up in the morning, she thinks she slept on it wrong. Resident A stated she went to the urgent care and they prescribed her medication. The next day she was taken to the Emergency Room. Resident A stated direct care staff Shantez told her she was slurring her words and foaming at the mouth, but she cannot remember. Resident A stated she is feeling better now. Resident A is happy living in this home she reports she is well taken care of and she has no issues or concerns.

On 03/30/26, I interviewed direct care staff Shantez Mines via telephone. Ms. Mines stated on 03/10/26, she worked 7:00 am – 3:00 pm, when her shift began everything was going as usual. Resident A went to therapy and when she came home, she laid down to take a nap which is common for her. Around 1:30 pm, Ms. Mines went into Resident A's bedroom to begin administering 2:00 pm medications. Resident A was lying in her bed with her eyes open, she could not move her arm. Ms. Mines stated she called her name several times and she did not respond. Ms. Mines called 911 and home manager Ms. Taylor. Resident A was transported to the Emergency Room via EMS. Ms. Mines stated she was informed that Resident A experienced a reaction to the medication she was prescribed.

I reviewed Resident A's Corewell Health Urgent Care discharge paperwork dated 03/09/26. Resident A was seen for shoulder pain. She was prescribed **Meloxicam (Mobic)- 7.5 mg**, take 1 tablet by mouth every day as needed for pain and **Cyclobenzaprine (Flexeril) – 10 mg**, take 1 tablet by mouth at bedtime for 14 days for muscle spasms.

I reviewed Resident A's March 2026 Medication Administration Record (MAR). Per the MAR Resident A was given **Meloxicam (Mobic)** and **Cyclobenzaprine (Flexeril)** as the medications were prescribed on 03/09/26. The medication was administered by direct care staff Aidesha Wallace.

I reviewed Resident A's Henry Ford Hospital Providence Hospital discharge paperwork dated 03/10/26. Resident A was prescribed **Methocarbamol (Robaxin oral tablet)** 1,000 mg, by mouth, 2 times a day, 7 days.

On 03/31/21, I placed a telephone call to Administrator Artesia Washington to conduct an exit conference. I informed Ms. Washington that there were no violations found. I placed a telephone call to licensee designee Charlene McNeal to conduct an exit conference and review my findings. There was no answer. I left a voicemail for Ms. McNeal.

<b>APPLICABLE RULE</b>	
<b>R 400.675</b>	<b>Resident medications.</b>
	<b>(1) Medication must be given, taken, or applied as prescribed, ordered, or directed by an appropriately licensed health care professional.</b>
<b>ANALYSIS:</b>	<p>Based upon the information gathered during this investigation there is insufficient information to conclude that Resident A's medications were not administered as prescribed.</p> <p>Per Corewell Health Urgent Care discharge paperwork Resident A was seen at the urgent care on 03/09/26 for shoulder pain. Resident A was prescribed Meloxicam (Mobic) 7.5 mg and Cyclobenzaprine (Flexeril) 10 mg. Per Resident A's March 2026 Medication Administration Record the medications were administered to Resident A as prescribed on 03/09/26. The following day, Resident A experienced a reaction to the medication. She was taken to Henry Ford Providence Hospital via EMS. The hospital discontinued the medication prescribed by urgent care and prescribed Methocarbamol (Robaxin oral tablet) for Resident A's shoulder pain.</p>
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**IV. RECOMMENDATION**

I recommend that this special investigation be closed with no changes to the status of the license.

*Johnna Cade*

03/31/2026

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Johnna Cade  
Licensing Consultant

Date

Approved By:

*Jay Calwerts*

For

03/31/2026

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Denise Y. Nunn  
Area Manager

Date