



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 23, 2026

Rockney Wing, Jr. & Anna Wing
2670 S. Michigan Road
Eaton Rapids, MI 48827

RE: License #: AL330356409
East Oak Residents Home
231 E. Oak Street
Mason, MI 48854

Dear Rockney Wing, Jr. & Anna Wing:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report.

To verify your implementation and compliance with this corrective action plan:

- You are to submit documentation of compliance for each rule violation cited by April 30, 2026.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (517) 335-5985.

Sincerely,

Mahtina Rubritius

Mahtina Rubritius, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa
P.O. Box 30664
Lansing, MI 48909
(517) 266-8604

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
RENEWAL INSPECTION REPORT**

I. IDENTIFYING INFORMATION

License #: AL330356409

Licensee Name: Rockney Wing, Jr. & Anna Wing

Licensee Address: 2670 S. Michigan Road
Eaton Rapids, MI 48827

Licensee Telephone #: (517) 663-4435

Licensee/Licensee Designee: N/A

Administrator: Anna Wing

Name of Facility: East Oak Residents Home

Facility Address: 231 E. Oak Street
Mason, MI 48854

Facility Telephone #: (517) 676-2788

Original Issuance Date: 09/25/2015

Capacity: 17

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/23/2026

Date of Bureau of Fire Services Inspection if applicable: 02/03/2026

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 2
No. of residents interviewed and/or observed 13
No. of others interviewed 0 Role: [REDACTED]

- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication record(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain.
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
- Fire safety equipment and practices observed? Yes No If no, explain.
- E-scores reviewed? (Special Certification Only) Yes No N/A
If no, explain.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes No If no, explain.
Incident reports are no longer required to be submitted to LARA.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
These rules were cited prior to the promulgation of the new rules, which became effective on November 3, 2025. R 400.15205 (6), R 400.15301(4), R 400. 15301 (9), R 400.15318 (5), and R 400.15403 (1).
- N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

R 400.627 Licensee and administrator training requirements.

(1) A licensee and administrator shall complete annual training based on the license issue date, the educational requirements specified in subdivision (a) or (b) of this subrule, or a combination that totals 16 hours:

(a) 16 hours of training accepted by the department that is relevant to the licensee's admission policy and program statement.

- The licensee and administrator did not complete the 16 hours of training for 2024 and 2025, as required.

R 400.631 Health screenings.

(4) A licensee shall annually review and maintain in the facility the health status of the staff and members of the household. Verification of annual reviews must be maintained for 2 years.

- The licensee did not review the health status of Employee #1 in 2025.
- The health status for Employee #2 had not been reviewed since 2020.
- **This is a REPEAT VIOLATION** – See LSR dated 3/22/2024- CAP Approved 3/22/2024.

R 400.647 Safety and maintenance of premises.

(1) A facility must be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

- There were combustible materials stored next to the water heater. The licensee agreed to remove the items on the same date as the inspection.

R 400.647 Safety and maintenance of premises.

(4) Roofs, exterior walls, doors, skylights, and windows must be weathertight and watertight and maintained in good repair.

- The drywall in the hallway (upstairs fire exit), was damaged and required repair.

R 400.661 Bedroom furnishings.

(1) Bedroom furnishings must include all of the following:
(b) A mattress that is clean, in good condition, and not less than 5 inches thick or 4 inches thick if made of synthetic materials.

- The mattress in Resident C’s bedroom was sagging and required replacement.

R 400.685 Resident admission; resident assessment plan; resident care agreement; health care appraisal.

(10) A resident or resident's designated representative shall provide a written health care appraisal or a medical discharge summary by an appropriate health care professional that is completed within the 90-day period before admission. A written health care appraisal must be completed at least annually thereafter. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be completed no later than 30 days after admission.

- Resident A was admitted into the facility on 8/29/2025.
- Resident B was admitted into the facility on 09/22/2025.
- There were no health care appraisals completed for Resident A and Resident B.

A corrective action plan was requested and approved on 03/23/2026. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.

Mahtina Rubritius

3/23/2026

Mahtina Rubritius
Licensing Consultant

Date