



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 4, 2026

Christine Loria
Sterling Residence LLC
8097 Wildwood Trail
Mancelona, MI 49659

RE: License #: AS050395830
Investigation #: 2026A0009022
Sterling Residence

Dear Ms. Loria:

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.
- Indicate how continuing compliance will be maintained once compliance is achieved.
- Be signed and dated.

If you desire technical assistance in addressing these issues, please contact me. In any event, the corrective action plan is due within 15 days.

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 (231) 922-5309.

Sincerely,

A handwritten signature in cursive script that reads "Adam Robarge".

Adam Robarge, Licensing Consultant
Bureau of Community and Health Systems
Suite 11
701 S. Elmwood
Traverse City, MI 49684
(231) 350-0939

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS050395830
Investigation #:	2026A0009022
Complaint Receipt Date:	04/10/2026
Investigation Initiation Date:	04/10/2026
Report Due Date:	05/10/2026
Licensee Name:	Sterling Residence LLC
Licensee Address:	8097 Wildwood Trail Mancelona, MI 49659
Licensee Telephone #:	(231) 409-6602
Administrator:	Christine Loria
Licensee Designee:	Christine Loria
Name of Facility:	Sterling Residence
Facility Address:	8097 Wildwood Trail Mancelona, MI 49659
Facility Telephone #:	(231) 409-6602
Original Issuance Date:	02/12/2019
License Status:	REGULAR
Effective Date:	02/13/2026
Expiration Date:	02/12/2028
Capacity:	6
Program Type:	AGED

II. ALLEGATION(S)

	Violation Established?
Resident A has yellow flaky skin on her feet which have a foul odor. Her hair is greasy and unkept. The licensee reports that she receives two showers per week but this is not verified.	No
Resident B is isolated in her bedroom. She eats in her bedroom and uses a bedside commode.	Yes
Resident A has lost weight in recent months and has “gone downhill” physically. She has a wound on her coccyx area. There is also concern about Resident B and the licensee’s failure to report Resident B’s health concerns to her doctor.	No
Additional Finding	Yes

III. METHODOLOGY

04/10/2026	Special Investigation Intake 2026A0009022
04/10/2026	Special Investigation Initiated – Telephone call received from adult protective services worker Nicole Lull
04/10/2026	APS Referral
04/14/2026	Inspection Completed On-site Resident A’s Guardian Interview with licensee designee Christine Loria Face to face with Resident A and Resident B
04/16/2026	Contact – Document (email) received from adult protective services worker Nicole Lull
04/24/2026	Contact – Telephone call made to Nancy Stutler, nurse with Kalkaska Medical Associates
04/30/2026	Contact – Telephone call made to Resident B’s Guardian
04/30/2026	Contact – Telephone call made to Antonya Lanter, nurse with Kalkaska Medical Associates
05/04/2026	Exit conference with licensee designee Christine Loria

ALLEGATION: Resident A has yellow flaky skin on her feet which have a foul odor. Her hair is greasy and unkept. The licensee reports that she receives two showers per week but this is not verified.

INVESTIGATION: I spoke with adult protective services worker Nicole Lull by telephone on April 10, 2026. She said that she had received a complaint regarding neglect of both Resident A and Resident B. Ms. Lull said that she had already been to the home to see both residents. She did not find anything that immediately concerned her as both Resident A and B seemed well-cared for. She was able to speak with Resident A's guardian who was happy with the care that Resident A is receiving at the home.

I conducted an unannounced site visit at the Sterling Residence adult foster care home on April 14, 2026. I introduced myself to Resident A's guardian and family member in the drive-way of the home. They reported they want to keep Resident A at the Sterling Residence. They said that Resident A likes living there and they feel Ms. Loria is honest with them about issues that arise. Resident A has lived there for two years and there have been no problems to speak of. I asked them specifically about a report of her having issues with her feet. Resident A's guardian and family member said that she did have dry, flaky skin on her feet and that Ms. Loria and the staff at the home were putting lotion on her feet to try to take care of it. They took her to the doctor who believed it might be caused by a fungal condition. The doctor prescribed a medicated cream for her. They said they were on their way to pick it up. I asked them about the report that Resident A often has greasy hair and seems unkempt. They said they knew for a fact that she was getting showers and baths there. They did not believe she was unkempt from what they observe when they visit. Resident A's guardian stated that for awhile she was only using conditioner in the shower. She had not realized she was only using the conditioner and they have since gotten her shampoo. This might have contributed to someone believing, during that time, that her hair looked greasy and unkempt.

I asked Ms. Loria about the report that Resident A's hair seemed unwashed and she seemed generally unkempt. She said that they had been using Head and Shoulders for her but they have since gotten a new product which is working better. She did not believe that Resident A's hair ever looked "oily". Ms. Loria said that Resident A gets two showers per week "like clockwork". In regards to her feet, they did notice that her feet looked dry and flaky and were putting lotion on them but it wasn't healing up so she made an appointment for Resident A to see her doctor. They determined that it was fungal and a cream was prescribed.

I observed Resident A during my visit to the Sterling Residence. Resident A did not seem dirty or unkempt during the visit.

I spoke with nurse Antonya Lanter from Dr. Leno's office on April 30, 2026. I asked her about the report that Resident A's hair was observed as "oily" and that she was unkempt. Ms. Lanter stated that she wouldn't say that she has been dirty but has sometimes had the smell of oily skin or oily hair. She sometimes presented as if she hadn't showered in a couple of days. Resident A sometimes seems as if she wasn't "well put together".

I reviewed Resident A's Assessment Plan for AFC Residents (BCHS-3265). Resident A's assessment indicated that she needs help, from staff, with toileting, bathing, grooming, dressing and personal hygiene.

APPLICABLE RULE	
R 400.671	Resident care.
	(4) A licensee shall provide supervision, protection, and personal care as specified in a resident's assessment plan.
ANALYSIS:	<p>There was reported concern about grooming and personal hygiene of Resident A at the facility.</p> <p>Resident A's guardian and family member did not have any concerns regarding her care and had explanations for the specific concerns that were reported. I did not notice anything concerning regarding Resident A's care during my unannounced visit to the home. The adult protective services worker did not have any concerns after her visit to the home and her meeting with Resident A. A nurse at the doctor's office reported that Resident A was not dirty during doctor's visits but sometimes seemed as if she hadn't showered for a couple of days.</p> <p>It was confirmed through this investigation that the licensee has provided supervision, protection, and personal care as specified in each resident's assessment plan.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: Resident B is isolated in her bedroom. She eats in her bedroom and uses a bedside commode.

INVESTIGATION: Adult protective services worker Nicole Lull reported that she asked Ms. Loria about the report of Resident B being isolated in her bedroom. She was told that Resident B needs to be on oxygen at all times. She has a long tube for her oxygen tank. Ms. Loria told her that she doesn't want other residents to trip on the oxygen hose because that has happened in the past. Ms. Loria is reportedly trying to get more portable oxygen tanks for Resident B so she can eat more often at the dinner table and use the bathroom outside of her room.

During my site visit, I asked Ms. Loria about the report of Resident B being isolated in her room. She said that the medical care company, Lincare, only brought Resident B three portable oxygen tanks the last time they were there. They told her at the time that she needed to get more ordered from Resident B's doctor. Ms. Loria

said that she had to use the portable tanks for Resident B’s showers. She could not use them for her sitting at the dinner table or going to the hallway bathroom because she would go through them too quick. I told Ms. Loria that it was my understanding that the oxygen hose was long enough to reach from the stationary tank in Resident B’s room to the dinner table. She confirmed that it is, but she is concerned about the hose being a “trip hazard” for other residents. She said she did not want anyone to trip on the hose and be injured as a result. Ms. Loria shared that it had occurred in the past with another resident’s hose and she has been careful that it does not happen again. I told Ms. Loria that Resident B needs the socialization of eating at the dinner table and should also be using the hallway bathroom like the other residents. I said that staff need to supervise other residents to ensure they do not trip on the hose. Ms. Loria agreed to do that do that in the future. She also said she would continue to try to get more portable oxygen tanks so Resident B could do those things without a hose as a trip hazard. Ms. Loria said they had started using the bedside commode because she went through a period when she had extremely loose stool and did not have time to make it to the bathroom.

I was present in the home when Resident B and Ms. Loria participated in a virtual appointment with Resident A’s physician, Dr. Leno. I heard Ms. Loria speak at length with Dr. Leno about ordering more portable oxygen tanks for Resident B. Dr. Leno listened to her reasoning about the need for more portable tanks and told her she would look into the matter.

I spoke with nurse Nancy Stutler from Dr. Leno’s office by telephone on April 24, 2026. She stated that the oxygen hose Resident B’s uses is extra long so she can leave her room. It was designed for Resident to move around the home and that was the expectation. This was no reason for her to be isolated to her room. In other facilities, residents learn to walk around oxygen tubing. Ms. Stutler stated that Resident B should be eating at the dinner table and using the hallway bathroom. This is for socialization, her dignity and the benefit from her having more movement.

APPLICABLE RULE	
R 400.681	Resident rights; licensee responsibilities.
	(1) A resident shall be treated with dignity and respect, free from exploitation, and protected and safe.
ANALYSIS:	Ms. Loria has been concerned that Resident B having her oxygen hose extending into common areas would pose a trip hazard for other residents. She reported that she did have someone trip on an oxygen hose in the past and did not want that to happen again. Resident B was having meals in her room and toileting in her room as a result. Resident B was provided with an extra long oxygen hose so she would be allowed to move around the home including the dining room table and hallway bathroom.

	It was confirmed through this investigation that Resident B was not treated with dignity when isolated in her room for meals and toileting.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION: Resident A has lost weight in recent months and has “gone downhill” physically. She has a wound on her coccyx area. There is also concern regarding Resident B and the licensee’s failure to report Resident B’s health concerns to her doctor.

INVESTIGATION: I spoke with adult protective services worker Nicole Lull by telephone on April 10, 2026. She said that Resident A lost 17 pounds during the course of a year and there is concern that she might not be getting enough calories. She also has a pressure ulcer on her tailbone area. Ms. Lull said that she would be speaking with Dr. Leno’s office about these issues. Dr. Leno has not contacted them regarding any neglect issues regarding Resident A or Resident B.

I spoke with Resident A’s guardian and family member about the report that Resident A had lost weight over the course of the last year. They confirmed that was true, but that Ms. Loria had been giving her protein shakes for the last several months and that she has gained 6 pounds since that began. Ms. Loria has also been encouraging Resident A to eat more at her meals, which seems to be working. Resident A’s doctor is aware of the weight loss and has been following the issue closely. I asked about the pressure ulcer that Resident A reportedly has. They replied that she does have one that appeared again on her tailbone area about two months ago. It is a recurring issue. They plan on purchasing her a hospital bed and the staff will need to reposition her. Resident A’s guardian and the family member said that Ms. Loria is “already on top of it”. They wanted me to know that anything they suggested Ms. Loria do for Resident A, she has always responded to it. They stated they see Resident A on a regular basis and disagree that Resident A has “gone downhill”.

I asked Ms. Loria about Resident A losing weight. She acknowledged that she had but stated that Resident A has been going to the doctor’s on a regular basis and is now gaining weight again. She is now over 100 pounds again. She is suffering from some dementia and thinks that she is fat and needs to lose weight. Resident A had been hiding food in a napkin but now they are watching her and encouraging her to eat at each meal. She likes sweets so they are encouraging her to eat her food so she can have sweets after meals. She is also now getting several protein drinks each day. The family thinks she is doing well. Ms. Loria also spoke about the sore on Resident A’s tailbone area. They had noticed that she had a “cyst” there and then it burst. They immediately were treating the wound but also made a doctor’s appointment for her. The family went with her to the doctor’s office and Resident A

was referred to a wound care specialist who is now seeing her. They reposition her all the time so that her weight is not on the area. They also use a “donut pillow” to keep pressure off the area and lay her on her side at bedtime.

With regard to the concern about the licensee’s failure to report health concerns to her doctor, I was present in the home when Resident B and Ms. Loria had a virtual doctor’s appointment with Dr. Leno. Ms. Loria was attentive to Resident B during the appointment trying to get her to express her own thoughts and desires regarding the various topics they discussed. Ms. Loria seemed thorough in going over all the medical issues that Resident B has going on.

I received an email message from adult protective services worker Nicole Lull on April 16, 2026. She said that she was not substantiating either of her APS cases on either Resident A or Resident B after discussions she had with nurses from Dr. Leno’s office.

I spoke with nurse Nancy Stutler from Dr. Leno’s office by telephone on April 24, 2026. She stated that there had been a concern that Resident A was losing weight. They addressed the issue with Ms. Loria and ordered that she receive multiple protein drinks each day. She is now gaining weight and has gained five and half pounds in the last month. Ms. Stutler said that Resident A did have a wound on her coccyx area and there was concern that she was not being moved enough. She has been referred to a wound clinic and it is now healing. She said that Resident B has been seen by their office regularly and they have addressed her health issues at those times. Ms. Stutler said that I should also speak with nurse Antonya Lanter from their office.

I also spoke with nurse Antonya Lanter from Dr. Leno’s office. I asked her about Resident A’s weight. She said that Resident A did have significant weight loss. She said that it is hard to determine why she might have lost so much weight since there are many factors that contribute to one’s weight. They did recently increase her protein drinks from one to two per day and that seems to be helping. Resident A has gained weight recently. I asked her if Resident A was being seen regularly by her doctor. She said that yes, she has been seen monthly. They have been treating the wound on her tailbone since February of this year. Resident A was referred to the wound care clinic. Ms. Lanter confirmed that she has been getting to those appointments. In regards to Resident B, she has been attending her doctor’s appointments with Dr. Leno. The February 2026 appointment was a virtual appointment but the April 2026 appointment she came with her guardian. She is having regular doctor’s appointments.

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:	<p>Resident A had been losing weight during the last year. Her doctor was aware of this weight loss and ordered multiple protein drinks each day. The licensee worked with Resident A to encourage her to eat more at meals. She has recently gained five and a half pounds as a result of these interventions. Resident A does have a pressure ulcer on her tailbone area. She was seen by her doctor shortly after it appeared and was referred to the wound care clinic. She has made her appointments at the clinic.</p> <p>Resident B has been having regular doctor's visit with Dr. Leno and I observed a virtual visit between Resident B, Ms. Loria and Dr. Leno. Ms. Loria seemed aware of all of Resident B's medical issues and it was obvious that these were part of ongoing discussions between them.</p> <p>In consideration of the above information, it is determined that the licensee has obtained needed health care immediately when there has been a sudden adverse change in the residents' health condition.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDING:

I spoke with Resident B's guardian by telephone on April 30, 2026. She said that she has been concerned about Resident B's care at the Sterling Residence. This has included her sometimes having soiled clothing, unkempt, greasy hair and nails that are long. She often has urine-soaked clothing when she shows up for a doctor's visit. I asked her about the last assessment she signed and whether she believed Resident B was receiving the care as indicated in the assessment. She said that she does not think Resident B always received the care as indicated in the assessment. I asked her why she had allowed Resident B to live in the home for so long if she had these concerns. She said that it was because Resident B had been placed there by a previous guardian and had just remained there since that time.

I reviewed Resident B's Assessment Plan for AFC Residents (BCHS-3265). Resident A's assessment indicated that she needs help from staff with toileting, bathing, grooming, dressing and personal hygiene.

I also spoke with nurse Antonya Lanter with Kalkaska Medical Associates by

telephone on April 30, 2026. She said that Resident B often seemed somewhat unwashed and was not well-groomed when she showed up her doctor's appointments.

APPLICABLE RULE	
R 400.671	Resident care.
	(4) A licensee shall provide supervision, protection, and personal care as specified in a resident's assessment plan.
ANALYSIS:	Resident B's guardian reported that she had signed Resident B's assessment but did not believe that Resident B was receiving the personal care indicated in that assessment including assistance with toileting, bathing, grooming, dressing and personal hygiene. A nurse at Resident B's physician's office indicted Resident B often seemed somewhat unwashed and not well-groomed when she showed up for visits. It was confirmed through this investigation that the licensee has not always provided personal care as specified in Resident B's assessment plan.
CONCLUSION:	VIOLATION ESTABLISHED

I conducted an exit conference by telephone with licensee designee Chrisine Loria by telephone on May 4, 2026. I told her of the findings of my investigation and gave her the opportunity to ask questions.

IV. RECOMMENDATION:

Upon receipt on an acceptable corrective action plan, I recommend no change in the license status.

Adam Robarge

05/04/2026

Adam Robarge, Licensing Consultant

Date

Approved By:

Jerry Hendrick

05/04/2026

Jerry Hendrick, Area Manager

Date

