GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 20, 2026

Catherine Reese
Vibrant Life Senior Living, Superior Township, LLC
8100 Geddes Rd
Ypsilanti, MI 48198

RE: License #: AL810401931
Investigation #: 2026A0122019
Vibrant Life Senior Living, Superior 2

Dear Ms. Reese:

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) 284-9720.

Sincerely,

Vanita C. Bouldin, Licensing Consultant
Bureau of Community and Health Systems
22 Center Street
Ypsilanti, MI 48198
(734) 395-4037

Enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL810401931
Investigation #:	2026A0122019
Complaint Receipt Date:	04/09/2026
Investigation Initiation Date:	04/14/2026
Report Due Date:	05/09/2026
Licensee Name:	Vibrant Life Senior Living, Superior Township, LLC
Licensee Address:	4488 Jackson Road Ste 2 Ann Arbor, MI 48103
Licensee Telephone #:	(734) 819-7790
Administrator:	Catherine Reese
Licensee Designee:	Catherine Reese
Name of Facility:	Vibrant Life Senior Living, Superior 2
Facility Address:	1900 N. Prospect Road Ypsilanti, MI 48198
Facility Telephone #:	(734) 484-4740
Original Issuance Date:	12/23/2019
License Status:	REGULAR
Effective Date:	12/23/2024
Expiration Date:	12/22/2026
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED ALZHEIMERS AGED

II. ALLEGATION(S)

	Violation Established?
On 04/05/206 and 04/08/2026, Resident A was denied use of a bed pan by staff members, Zakeya Davenport and Fanika Keller at the direction of the facility nurse, Jennifer Delano.	No
Additional Findings	Yes

III. METHODOLOGY

04/09/2026	Special Investigation Intake 2026A0122019
04/09/2026	APS Referral
04/14/2026	Special Investigation Initiated - On Site Conducted interview with Resident A and facility nurse, Jen Delano. Requested Resident A's file. I received two documents. Unable to locate facility file.
04/16/2026	Contact – Telephone calls made Conducted interviews with staff members, Zakeya Davenport and Fanika Keller. Relative A1 – unable to leave voice message, non-working telephone number.
04/16/2026	Exit Conference Discussed findings with licensee designee, Catherine Reese.
04/17/2026	Contact – Telephone call made Relative A1 – unable to leave voice message, non-working telephone number.

ALLEGATION: On 04/05/206 and 04/08/2026, Resident A was denied use of a bed pan by staff members, Zakeya Davenport and Fanika Keller at the direction of facility nurse, Jennifer Delano.

INVESTIGATION: On 04/14/2026, I conducted an interview with Resident A. I asked Resident A to tell me about the two separate allegations where she was denied use of a bed pan by staff members, Zakeya Davenport and Fanika Keller. Resident A

reported the following, that on 04/05/2026 and 04/08/2026, she requested the use of a bed pan to both staff members, Zakeya Davenport and Fanika Keller, and was denied. Resident A stated that when she asked for explanation from both ladies, both Ms. Davenport and Ms. Keller reported that was the direction they received from facility nurse, Jen Delano.

I asked Resident A about her medical condition, what assistive devices that she uses currently. Resident A reported that she has issues with her hips that do not allow her to bear full weight when standing and she uses a Hoyer lift with the assistance of staff members to go to the bathroom. I asked Resident A if she had documentation from her physician to use a bed pan due to her medical condition. Resident A did not answer my question.

On 04/114/2026, I conducted an interview with facility nurse, Jennifer Delano. Ms. Delano confirmed that Resident A requested the use of a bed pan on two separate occasions, however, the facility does not have them onsite, nor do they use them. Ms. Delano reported that this issue was reported to Resident A, however, she insisted that she be allowed to use one. Ms. Delano further reported that she has not received approval or written documentation from Resident A's primary care physician that approval is given for her to use one.

On 04/16/2026, I reviewed the documents, Resident A's information sheet and Assessment Plan. Resident A's Assessment Plan documents that she uses a wheelchair, Hoyer lift, slings, and shower chair. The plan also documents that Resident A uses a "Hoyer lift to toilet." Resident A's Health Care Appraisal documents that she uses a wheelchair for mobility. Resident A's Poke and Procedure Plan dated 03/06/2026, documents that she is diagnosed with "spinal stenosis of lumbar region, osteoporosis, lumbar spine fracture of left femur, dislocation of hip prosthesis, and aseptic loosening of prosthetic hip…"

On 04/16/2026 and 04/17/2026, I tried to complete an interview with Relative A1, however, the telephone number I was given was a non-working number. On the same dates I made several attempts to obtain an additional telephone number but was unsuccessful.

On 04/16/2026, I conducted separate telephone interviews with staff members, Zakeya Davenport and Fanika Keller, both of whom denied that Resident A specifically requested use of a bed pan from them but made the request loudly in the area that they were working in. Both Ms. Davenport and Ms. Keller stated they followed up the request with facility nurse, Jennifer Delano, and was told by Ms. Delano that there were no bed pans in the facility nor are they used. Both Ms. Davenport and Ms. Keller stated they informed Resident A and that she was not happy about it and continued to make a request for bed pans.

On 04/16/2026, I conducted an exit conference with licensee designee, Catherine Reese and discussed my findings with her. Ms. Reese agreed with my findings and stated she would submit a corrective action plan to address the rule violation found.

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. A hospice service plan, do-not resuscitate order, or any other advance directive must be included as an addendum to the resident assessment and maintained with the assessment plan in the resident's record.
ANALYSIS:	Based upon my investigation which consisted of multiple interviews with Resident A, facility nurse, Jennifer Delano, and facility staff, Zakeya Davenport and Fanika Keller, and a review of pertinent documentation relevant to this investigation, there is no evidence to substantiate a rule violation, On 04/05/2026 and 04/08/2026, both staff members, Zakeya Davenport and Fanika Keller could not meet the request made by Resident A as bed pans are neither in the facility nor used in the facility. However, Resident A's Assessment Plan documents that staff members are to use a Hoyer lift for toileting. Therefore, the licensee provided personal care to Resident A as specified in her assessment plan.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ADDITIONAL FINDINGS:

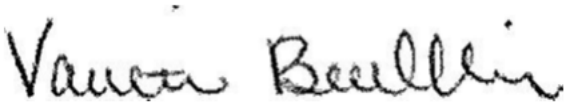
INVESTIGATION: On 04/14/2026, I conducted an onsite investigation and requested Resident A's file for my review from facility nurse, Jennifer Delano. Ms. Delano was unable to locate Resident A's file but submitted two documents for my review to assist me with my investigation.

On 04/16/2026, I conducted an exit conference with licensee designee, Catherine Reese and discussed my findings with her. Ms. Reese agreed with my findings and stated she would submit a corrective action plan to address the rule violation found.

APPLICABLE RULE	
R 400.691	**Resident records.**
	(3) Resident records must be kept on file in the facility for 2 years after the date of resident discharge unless a shorter retention is specified elsewhere in these rules.
ANALYSIS:	Based upon my investigation, which consisted of my request and observation that Resident A's resident file was not made available to me upon my request to review it on 04/14/2026 there is enough evidence to substantiate the rule violation that it is unknown if Resident A's record was kept on file in the facility.
CONCLUSION:	**VIOLATION ESTABLISHED**

IV. RECOMMENDATION

Contingent upon receipt and approval of a corrective action plan, I recommend no change to the status of the license.



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Vanita C. Bouldin Date: 04/20/2026
Licensing Consultant

Approved By:

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Ardra Hunter Date: 04/20/2026
Area Manager