GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 16, 2026

James Boyd
Crisis Center Inc - DBA Listening Ear
PO Box 800
Mt Pleasant, MI 48804-0800

RE: License #: AS370011272
Investigation #: 2026A0622038
Shepherd Home

Dear Mr. Boyd:

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.

A six-month provisional license is recommended due to quality of care violations cited in the report. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan.

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.

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) 335-5985.

Sincerely,

Amanda Blasius, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

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

I. IDENTIFYING INFORMATION

License #:	AS370011272
Investigation #:	2026A0622038
Complaint Receipt Date:	04/29/2026
Investigation Initiation Date:	04/29/2026
Report Due Date:	06/28/2026
Licensee Name:	Crisis Center Inc - DBA Listening Ear
Licensee Address:	107 East Illinois Mt Pleasant, MI 48858
Licensee Telephone #:	(989) 773-6904
Administrator:	James Boyd
Licensee Designee:	James Boyd
Name of Facility:	Shepherd Home
Facility Address:	416 N Fifth St Shepherd, MI 48883
Facility Telephone #:	(989) 828-6537
Original Issuance Date:	03/04/1986
License **Status:**	REGULAR
Effective Date:	03/17/2025
Expiration Date:	03/16/2027
Capacity:	4
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. ALLEGATION(S)

	Violation Established?
Concerns voiced by direct care workers about Resident A's serious abdominal symptoms were allegedly dismissed by the home manager which delayed medical care until Resident A required emergency treatment and a colostomy.	Yes

III. METHODOLOGY

04/29/2026	Special Investigation Intake 2026A0622038
04/29/2026	Special Investigation Initiated - Letter
05/01/2026	Inspection Completed On-site
05/07/2026	Contact - Document Received from licensee designee, Jim Boyd
06/08/2026	Contact - Telephone call made to direct care worker, Taydra Adams and Todd Clapp
06/09/2026	Contact - Document Received from Regional Manager, Robyn Castrop
06/22/2026	APS referral made
06/22/2026	Exit conference with licensee designee, Jim Boyd

ALLEGATION: Concerns voiced by direct care workers about Resident A's serious abdominal symptoms were allegedly dismissed by the home manager, delaying medical care until he required emergency treatment and a colostomy.

INVESTIGATION:
On 04/29/2026, I received this complaint through the LARA Bureau of Community and Health Systems online complaint system. According to the complaint, direct care worker and home manager, Vicky Davidson dismissed staff's concerns regarding Resident A's stomach symptoms as it was reported that it was "stiff and felt hard" and direct care staff thought he should go to the doctor. The complaint stated that direct care worker (DCW), Ms. Davidson wrote in the home's log book that Resident A was "just tired." According to the compliant, Resident A was taken to the hospital

two or three days later and it was found that he had a "twisted colon" which resulted in Resident A getting a colostomy bag.

On 04/29/26, I emailed Recipient Rights Advisor Milessa Leach and made arrangements to join the scheduled interviews for 05/01/2026.

On 05/01/2026, I completed an unannounced on-site investigation to Shepherd Home. During the unannounced onsite investigation, I interviewed direct care workers and observed Resident A. Resident A was in bed and was unable to be interviewed due to his developmental disability.

On 05/01/2026, I interviewed DCW Darrian Jones in person. He reported that he has worked at the home for three months. DCW Jones stated that he does not remember the timeframe when Resident A's started experiencing stomach pain but stated that he does remember that the day before Resident A was taken to the hospital, Resident A was yelling and crying in pain. DCW Jones stated that he works second shift and he reported the incident to 3rd shift but did not report it to a supervisor. DCW Jones reported that Resident A was given a PRN for pain or gas. DCW Jones stated that he did not call the supervisors about Resident A's stomach pain, but it was his understanding that other co-workers had reported the pain to supervisors. DCW Jones reported that staff write concerns down in a shift change log. DCW Jones stated that all staff were aware Resident A was experiencing pain in his stomach and that it was bloated for about a week. DCW Jones did not mention calling Resident A's doctor or taking him for a follow-up appointment with urgent care.

On 05/01/2026, I interviewed DCW Gabrial Hartman in person. He stated that he works second shift and he has worked at the home for about six months. DCW Hartman stated that Resident A was having pain for about a week prior to surgery and was yelling and grabbing at his side. DCW Hartman stated that the pain was not constant but occurred about every day during that week. DCW Hartman reported he documented twice in the shift change log notes about Resident A experiencing very loose stool during bowel movements and that Resident A's bowel movements were not happening regularly as normal. DCW Hartman reported that he spoke with manager/DCW Vicki Davidson and was told "to keep an eye on his (Resident A's) pain" but that DCW Davidson did not think it was anything to be concerned about. DCW Hartman reported that he felt Resident A was feeling "off" and was talking about being in pain. DCW Hartman stated that Resident A was given PRNs to assist with constipation. DCW Hartman did not mention calling Resident A's doctor or taking him for a follow-up appointment with urgent care.

On 05/01/2026, I interviewed DCW Maisy Urbano-Comones in person. DCW Urbano-Comones reported that she was aware that Resident A was in pain for about a week and stated the following, "I've told them all week." She further explained that she talked with her supervisor, Vicki Davidson about Resident A's pain and saw Resident A tell manager Vicki Davidson that his stomach hurt as he was holding his

stomach. DCW Urbano-Comones reported that she was working when Resident A needed to be taken to the hospital. She stated that Resident A was in a lot of pain and was shaking when trying to use the bathroom. DCW Urbano-Comones stated that she called the on-call staff for Listening Ear and told them she was taking Resident A to the emergency room. She reported that Resident A ended up having emergency surgery. DCW Urbano-Comones did not mention calling Resident A's doctor or taking him for a follow-up appointment with urgent care.

On 05/01/2026, I interviewed DCW Thor Pittman in person. He reported that he works second shift and leading up to Resident A's emergency surgery, he thought Resident A was ignored by management regarding his symptoms. He stated that he observed Resident A was gassy and leaned forward to grabbing his stomach when experiencing pain. DCW Pittman stated that he did not talk directly with his supervisor, Vicki Davidson regarding concerns for Resident A. DCW Pittman did not mention calling Resident A's doctor or taking him for a follow-up appointment with urgent care.

On 05/01/2026, I interviewed DCW Kimberly Houghton in person. She reported that she observed Resident A grabbing his stomach and saying, "it hurts when using the bathroom." DCW Houghton stated that she made a comment to manager Vicki Davidson about Resident A's stomach pain. DCW Houghton also stated that she wrote down in the shift log notes and remembered reading about Resident A being in pain in the shift log notes too. DCW Houghton did not mention calling Resident A's doctor or taking him for a follow-up appointment with urgent care.

On 05/01/2026, I interviewed DCW Vickie Davidson in person. She identified that her role is as the home manager and stated she has worked with the company for 36 years. DCW Davidson reported that Resident A seemed okay until right before his surgery. DCW Davidson stated that she did not observe Resident A to be in discomfort, besides telling staff his stomach hurt. DCW Davidson stated that Resident A has a history of constipation, but during this time he was also having lose stools. She also stated that Resident A also has a history of bloating. DCW Davidson denied that any DCW personally came to her to report that Resident A needed to be seen by a doctor or taken to the hospital. DCW Davidson reported that she received a call from 3rd shift stating they were taking Resident A to the hospital. DCW Davidson stated that she sometimes reviews the shift change log, but since she is there all the time, she does not always have time to read every note. DCW Davidson did not mention calling Resident A's doctor or taking him for a follow-up appointment with urgent care.

On 05/01/2026, I interviewed DCW Robyn Castrop in person. She identified her role as the regional manager for the licensee. She reported that she was not made aware of any concerns regarding Resident A's medical needs and only heard about it after Resident A went to the hospital. DCW Castrop stated that she has not had any concerns regarding the care or medical attention given at Shepherd home.

On 06/09/2026, I interviewed DCW Taydra Adams via phone. She identified as the assistant manager. She reported that Resident A was not showing any signs or symptoms on 1st and 2nd shift before he went into the emergency room. She stated that right before her shift ended, she gave Resident A Gas-x, because he was having some gas. DCW Adams stated Resident A told her it helped him. DCW Adams stated that no DCW reported to her that Resident A was in pain or needed medical attention for pain in his stomach. DCW Adams reported that she did not observe Resident A to be in discomfort or pain during the month of March 2026. DCW Adams stated that she feels that the hospital waited too long to perform surgery after Resident A was admitted. DCW Adams did not mention calling Resident A's doctor or taking him for a follow-up appointment with urgent care.

On 05/01/2026, I received a copy of Resident A's discharge instructions from McLaren Central Michigan Emergency Department. Resident A was discharged on 03/24/26 from McLaren Central Michigan. According to the discharge paperwork, Resident A's discharge diagnosis was "Sigmoid volvulus, which is the S-shaped part of the large intestine and twists upon itself around its mesenteric attachment, creating a closed-loop obstruction." Resident A was discharged with a colostomy bag.

On 05/01/2026, I viewed a *AFC Licensing Division Incident/Accident Report* dated 3/21/26 at 12:40am. The report stated the following:
"[Resident A] was having stomach pain, yelling "it hurts." Staff tried having Resident A sit on the toilet, but it didn't help. [Resident A] was shaking and you could tell he was uncomfortable. Staff called on call and it was decided to take [Resident A] to the ER. ER did a urine sample, x-ray and CT scan. The doctor stated that [Resident A] did not have a lot of stool but did have a lot of gas. [Resident A] received an endoscopy and they found his colon was twisted. They tried to untwist the colon with a scope but it was unsuccessful. Surgery was needed and they removed part of his intestine and a temporary colostomy bag was put into place. Hospital planned to keep [Resident A] for a few days."

On 05/05/2026, I requested the shift change log notes. The following shift change notes, in part, pertained to Resident A's stomach pain:

- 03/02/2026. 3pm-11pm- appears to be having trouble with his BM, complaining of stomach pain. Given a gas pill and prune juice to assist with BM and any pain from gas.
- 03/03/2026, 11pm-7am- Stripped down, said he was in pain where he was circumcised. Tylenol was given, vitals taken and on call was called. Yelling out awake all night. Bathroom 3 times and wet himself. Tried to tip over his chair, spent some time outside and office. Stated Tylenol helped a little.
- 03/03/2026, 7am-3pm- Received 2 Gas-x pills (appeared effective). Didn't go to MMI, appeared to feel better after passing gas.

- 03/03/2026, 3pm-11pm- he bit himself 9 times, smacked himself once and yelled at the park. Ate 1/3 of dinner.
- 03/04/2026, 11pm-7am, Slept well, bathroom 3 times
- 03/07/2026, 7am-1pm- behaviors, PRN passed, stomping, hitting, picking scab on knee
- 03/10/2026, 11pm-7am, awake all night, bathroom two times, yelling 12 or more times.
- 03/14/2026, 3pm-11pm- appeared restless towards the end of the shift. Tried to go outside multiple times, but staff intervened.
- 03/15/2026, 7am-3pm- refused breakfast, was yelling, behaviors and pushed his water. He has not slept; he is fighting his sleep. Ate 1/3 of lunch, threw the rest away.
- 03/15/2026, 3pm-11pm- only ate 1/3 of meal. Did not appear sick and states he is fine. Still has not slept since 3rd shift last night
- 03/16/2026, 1pm-7am. Slept, extra-large very loose bowel movement
- 03/16/2026, 6am-4pm. Went to MMI and came home he reported he was sick. Appears very tired, but not sick.
- 03/16/2026, 3pm-11pm- Refused most of dinner and all his snack. Spent day in bedroom.
- 03/17/2026, 3pm-11pm- refused dinner, had an accident and was showered.
- 03/18/2026- 3pm-11pm- ate some dinner, had two small bowel movements
- 03/20/2026, 3pm-9pm- was given gas-x
- 03/21/2026, 9pm-7am- went to ER at 1am.

On 06/09/2026, I requested Resident A's medication administration record for March 2026. According to Resident A's medication administration record, he received the following prescribed as needed medications:

- 03/02/2026 at 9:20pm-Gas-x Relief extra strength 125 mg for stomach pain. The notes stated it was not effective.
- 03/02/2026 at 11:40pm- Acetaminophen 325mg for pain. The notes stated it was effective
- 03/03/2026 at 1:03pm- Gas-x Relief extra strength 125 mg for gas and extended stomach. Notes stated it was effective.
- 03/03/2026 at 2:11pm- Gas-x Relief extra strength 125 mg for excess gas. Notes stated it appeared effective.
- 03/07/2026 at 1:12pm- Olanzapine 5mg for agitation. Notes stated it was effective
- 03/15/2026 at 1:44am- Trazadone 150 mg for sleep. Notes stated he did not fall asleep.
- 03/20/2026 at 8:55pm- Gas-x Relief extra strength 125 mg for gas. Notes stated it was not effective.

According to Resident A's medication administration record he was also on HealthyLax 17 gram packet, every other day for constipation. Resident A was also prescribed Benefiber daily.

There was no documentation to review stating that direct care workers contacted Resident A's doctor or Guardian regarding his pain in his stomach or any symptoms he was displaying in an effort to seek medical guidance.

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:	During interviews with five direct care workers, all five direct care workers reported observing Resident A experiencing severe stomach pain. Three direct care workers stated that they brought the concern up to their manager, Vicki Davidson, despite DCW Davidson stating that no staff discussed concerns directly with her. Based upon my review of the shift change log notes, concerns and documentation were written down regarding Resident A being in pain, refusing to eat, missing MMI due to being in pain, not being able to sleep and also having behaviors with these symptoms starting on 03/02/2026 through 03/21/2026. According to Resident A's medication administration record, Resident A was treated for gas four times and received a PRN to assist with sleeping and agitation. No call to Resident A's doctor or a visit to urgent care occurred, despite five direct care workers noticing ongoing pain and bloating in Resident A's stomach starting on 03/02/2026 and ending on 03/21/2026 when Resident A was taken to the hospital. Consequently, no additional care or services were provided to Resident A to address this change in health which resulted in surgery removing part of his intestine and placement of a temporary colostomy bag.
CONCLUSION:	**VIOLATION ESTABLISHED**

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, I recommend a six-month provisional license due to the quality of care violation.

06/10/2026

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Amanda Blasius Date
Licensing Consultant

Approved By:

6/17/2026

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Dawn N. Timm Date
Area Manager