GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 30, 2026

Eliyahu Gabay
True Care Living
565 General Ave.
Springfield, MI 49037

RE: License #: AH130405658
Investigation #: 2026A1028041
True Care Living

Dear Eliyahu Gabay:

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 I am not available, and you need to speak to someone immediately, please contact the local office at (616) 356-0100.

Sincerely,

Julie Viviano, Licensing Staff
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503

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

I. IDENTIFYING INFORMATION

License #:	AH130405658
Investigation #:	2026A1028041
Complaint Receipt Date:	03/17/2026
Investigation Initiation Date:	03/19/2026
Report Due Date:	05/16/2026
Licensee Name:	True Care Living Limited Liability Corporation
Licensee Address:	16135 Stratford Drive Southfield, MI 48075
Licensee Telephone #:	(818) 288-0903
Authorized Representative/Administrator:	Eliyahu Gabay
Name of Facility:	True Care Living
Facility Address:	565 General Ave. Springfield, MI 49037
Facility Telephone #:	(269) 968-3365
Original Issuance Date:	03/25/2021
License Status:	REGULAR
Effective Date:	08/01/2025
Expiration Date:	07/31/2026
Capacity:	147
Program Type:	AGED

II. ALLEGATION(S)

	Violation Established?
Staff smoke marijuana and smell like it when working at the facility.	No
Staff working third shift leave residents sitting in urine saturated or soiled briefs.	No
The common area bathrooms do not have hand soap supplies and other supplies, so hand washing procedures are not being completed.	No
Additional Findings	Yes

III. METHODOLOGY

03/17/2026	Special Investigation Intake 2026A1028041
03/19/2026	Special Investigation Initiated - Letter
03/19/2026	APS Referral
03/26/2026	Contact - Face to Face Interviewed the executive director at the facility.
03/26/2026	Contact - Face to Face Interviewed Employee A at the facility.
03/26/2026	Contact - Telephone call made Interviewed Employee B at the facility via telephone.
03/26/2026	Contact - Document Received Received the requested documentation from the executive director at the facility.

This investigation will only address allegations pertaining to potential violations of the rules and regulations for Homes for the Aged (HFA). Please note the allegation about *'They have multiple rooms on the first floor [sic] and 2nd floor they keep getting infested with bed* $bugs$ *even AFTER they have been heat treated. There are currently two rooms with active bed bugs with a possible 3rd on the 2nd floor'* will not be addressed in this special investigation. However, while onsite for this special

investigation, the pest control records were reviewed and verified that the facility demonstrates compliance with the prior corrective action plan submitted for special investigation 2023A1021024.

The allegation that [staff] '*are supposed to wear gloves while passing meds and none of the care staff do or are trained to'* will not be addressed because this is not an HFA rules or regulations violation. Facility staff are to comply with the medication administration policies, procedures, and training requirements as provided by the facility.

ALLEGATION:

Staff smoke marijuana and smell like it when working at the facility.

INVESTIGATION:

On 3/19/2026, the Bureau received the allegations through the online complaint system.

On 3/26/2026, I interviewed the facility executive director who reported there have been some residents who smoked marijuana, but it was prescribed for medical purposes, and there was a physician order on file for it. If residents had smoked the physician ordered marijuana, it was smoked in the designated area on the facility campus and not in the facility. The facility director reported no knowledge of current residents or staff smoking marijuana or smelling like marijuana. The facility executive director reported that if staff were suspected of this, the facility would investigate immediately and take appropriate action to ensure the health and safety of residents. The facility executive director reported that staff are trained at orientation that smoking marijuana or recreational drug usage is not tolerated at the facility. Staff also receive drug testing at orientation and throughout the year as appropriate.

On 3/26/2026, I interviewed Employee A at the facility whose statement was consistent with the facility executive director's statement.

On 3/26/2026, I interviewed Employee B at the facility whose statement was consistent with the facility executive director's statement and Employee A's statement.

APPLICABLE RULE	
R 325.1921	**Governing bodies, administrators, and supervisors.**
	(1) The owner, operator, and governing body of a home shall do all of the following: **(b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.**
ANALYSIS:	It was alleged that staff smoke marijuana and smell like it when working at the facility. Interviews and onsite investigation revealed there is no evidence to support this allegation. No violation found.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION:

Staff working third shift leave residents sitting in urine saturated or soiled briefs.

INVESTIGATION:

On 3/26/2026, the facility executive director reported that it was discovered at the beginning of March 2026 that some third shift staff were not completing safety or toileting checks as required. The facility executive director reported that first shift staff reported the incidents to management, but there were never any complaints from residents or residents' families about this. The facility executive director reported that even though no complaints were received from residents or [their] families, the facility took immediate action to investigate the allegation. The facility added additional training, re-trained all staff, added additional documentation tasks in the electronic record as well as alerts to complete checks on residents, and hired a professional trainer to educate all staff. The facility executive director reported that not providing care in accordance with any resident service plan will not be tolerated at the facility and staff will be reprimanded appropriately if staff are found to be in non-compliance with completing care tasks. The facility director also reported that the staff members who did not complete care tasks received either verbal or written corrective action(s), and one staff member was terminated. The facility executive director provided me with the requested documentation for my review.

On 3/26/2026, Employee A's statement was consistent with the facility executive director's statement.

On 3/26/2026, Employee B confirmed that facility management had implemented additional training and re-training for all staff, added additional documentation tasks in the electronic medical record (EMAR) and hired a professional trainer to educate all staff as well. Employee B reported that training and re-training is ongoing, and staff have demonstrated compliance with resident check and toileting tasks since it was discovered that some third-shift staff members were not completing care tasks as assigned. Employee B reported that to [their] knowledge those staff members received either verbal or written corrective action or were terminated.

On 3/26/2026, I completed an inspection of the facility due to this special investigation and detected no smell of urine or feces. Housekeeping staff were observed cleaning appropriately.

On 3/26/2026, I reviewed the requested documentation which included the most recent training records and care task documentation. No concerns were found during the review.

APPLICABLE RULE	
R 325.1931	**Employees; general provisions.**
	(2) A home shall treat a resident with dignity and his or her personal needs, including protection and safety, shall be attended to consistent with the resident's service plan.
ANALYSIS:	It was alleged that staff working third shift leave residents sitting in urine saturated or soiled briefs. Interviews, onsite investigation, and review of documentation revealed that once this was brought to the attention of facility management, immediate and appropriate action was taken to add and implement additional training, documentation tasks with EMAR alerts, along with hiring a professional trainer to maintain staff competency and compliance. Due to the facility's swift action to address the allegation(s) and to adhere to compliance with facility policy and procedures and Homes for the Aged rules and regulations, no violation is found.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION:

The common area bathrooms do not have hand soap supplies and other supplies, so hand washing procedures are not being completed.

INVESTIGATION:

On 3/26/2026, the facility executive director reported the facility bathrooms have an appropriate stock of hand soap, disposable hand towels, cleaning supplies, and that personal protection equipment (PPE) such as gloves and masks are on auto-fulfillment. The facility executive director reported the facility just got in a shipment of supplies and that the facility always has supplies available for residents and staff. The facility executive director reported to [their] knowledge all staff are compliant with hand washing procedures.

On 3/26/2026, Employee A's statement was consistent with the facility executive director's statement.

On 3/26/2026, Employee B confirmed that staff are compliant with hand washing procedures and that the facility has an adequate supply of disposable hand towels, hand soap, cleaning supplies, and PPE.

On 3/26/2026, I completed an inspection of the bathrooms and supply closets due to this special investigation and observed an adequate supply of hand soap, disposable hand towels, cleaning supplies, and PPE. I also observed 2 different staff members completing appropriate hand washing procedures prior to completing care tasks.

APPLICABLE RULE	
R 325.1980	**Soap and towels.**
	Soap and single use towels shall be available for the use of employees and visitors. Use of the common towel is prohibited.
ANALYSIS:	It was alleged the common area bathrooms do not have hand soap supplies and other supplies, so hand washing procedures are not being completed. Interviews and onsite investigation revealed there is no evidence to support this allegation. The facility demonstrated an adequate supply of hand soap and cleaning supplies. Staff interviewed also demonstrated appropriate competency of handwashing procedures. No violation found.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ADDITIONAL FINDINGS:

INVESTIGATION:

On 3/26/2026, during the inspection medications were observed on a medication cart located on the second floor of the facility in the common area room. There were several residents seated in the common area watching television and two of the residents vocalized [they] were waiting on staff to return to administer [their] medications. No staff were present in the common area room at this time, and the medications were easily accessible to anyone in the facility.

APPLICABLE RULE	
325.1932	**Resident's medications.**
	(2) Prescribed medication managed by the home must be given, taken, or applied pursuant to labeling instructions, orders and by the prescribing licensed healthcare professional.
ANALYSIS:	During the facility inspection, medications were observed unattended on a medication cart in the common area room on the second floor. The medications were easily accessible to anyone in the facility, and this presents a potential risk of ingestion, harm and/or injury to residents in the home with impaired cognition and/or function.
CONCLUSION:	**VIOLATION ESTABLISHED**

ADDITIONAL FINDINGS:

INVESTIGATION:

On 3/26/2026, during the facility inspection of the bathrooms, several containers of cleaning supplies and soaps were found under the sink in an unsecured cabinet on the first and second floors of the facility.

APPLICABLE RULE	
325.1979	**General maintenance and storage.**
	(3) Hazardous and toxic materials shall be stored in a safe manner.

ANALYSIS:	Inspection revealed hazardous and toxic chemicals in an unlocked lower cabinet in the unlocked bathroom(s) on the first floor and second floor of the facility. The items were easily accessible to anyone in the facility, and this presents a potential risk of ingestion, harm and/or injury to residents in the home with impaired cognition and/or function.
CONCLUSION:	**VIOLATION ESTABLISHED**

IV. RECOMMENDATION

Contingent upon receipt of an approved corrective action plan, I recommend the status of this license remains the same.

Julie Viviano

4/23/2026

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Julie Viviano Date
Licensing Staff

Approved By:

Andrea L. Moore

06/30/2026

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Andrea L. Moore, Manager Date
Long-Term-Care State Licensing Section