GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

August 13, 2026

Lamont Jones
Hidden Harbors Center, LLC
11800 E. Nine Mile Road
Warren, MI 48089

RE: License #: AL500415483
Investigation #: 2026A0617023
Hidden Harbors Center

Dear Lamont Jones:

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 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 (248) 972-9136.

Sincerely,

Eric Johnson, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3044 West Grand Boulevard
2nd Floor Annex, Suite 2-730
Detroit, MI 48202

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL500415483
Investigation #:	2026A0617023
Complaint Receipt Date:	06/22/2026
Investigation Initiation Date:	06/22/2026
Report Due Date:	08/21/2026
Licensee Name:	Hidden Harbors Center, LLC
Licensee Address:	11800 E. Nine Mile Road Warren, MI 48089
Licensee Telephone #:	(248) 289-0803
Licensee Designee/ Administrator:	Lamont Jones
Name of Facility:	Hidden Harbors Center
Facility Address:	31601 Harper Avenue Saint Clair Shores, MI 48082
Facility Telephone #:	(586) 859-7556
Original Issuance Date:	03/11/2024
License Status:	REGULAR
Effective Date:	09/11/2024
Expiration Date:	09/10/2026
Capacity:	18
Program Type:	ALZHEIMERS AGED

II. ALLEGATION(S)

	Violation Established?
The facility does not follow menus for the residents' meals.	Yes
A staff member alleged inadequate training for a resident with a feeding tube.	Yes

III. METHODOLOGY

06/22/2026	Special Investigation Intake 2026A0617023
06/22/2026	Special Investigation Initiated - Letter Email to Complainant
06/22/2026	APS Referral APS Referral received- Assigned worker Grace Horton
06/25/2026	Inspection Completed On-site I completed an unannounced onsite investigation at the Hidden Harbor facility. I interviewed the administrator, Alana Ratcliff, staff Brenen Cooper and Yuvone Martin. I also interviewed Resident A and Resident B.
08/13/2026	Exit Conference I contacted the licensee designee, Lamont Jones, to conduct an exit conference- left message

ALLEGATION:

The facility does not follow menus for the residents' meals.

INVESTIGATION:

On 06/22/26, I received a complaint about the Hidden Harbor facility. The complaint stated that the home does not have a system for making menus. The staff make the same meals for all residents, although there may be some residents who have high blood pressure, or need a specific meal plan. There was a resident recently who was on a feeding tube and got his medication via tubes. Many staff members are not

trained to care for residents with feeding tubes. The training the staff received on that was a video. When one staff member expressed that they were uncomfortable with doing those duties, because they were not properly trained, the home said they would be taking her off of the schedule. The administrator and the owner ended up firing that staff member.

On 06/25/26, I completed an unannounced onsite investigation at the Hidden Harbor facility. I interviewed the administrator, Alana Ratcliff, and staff Brenen Cooper and Yuvone Martin. I also interviewed Resident A and Resident B.

According to the administrator, Ms. Alana Ratcliff, she was unaware of where the menus were for the facility. Ms. Ratcliff stated that she thought they were maybe somewhere in the kitchen. Ms. Ratcliff stated that she had not created menus in a while and she allows the staff to make meals that they see fit.

According to staff Brenen Cooper, she is unaware of the menus or kitchen duties because she only provides direct care and housekeeping. Ms. Cooper stated that residents get three meals a day.

According to Ms. Yuvone Martin, she is the primary cook for the facility. Ms. Martin stated that she makes the meals based on what food is available in the facility. Ms. Martin stated that she does not follow a menu and does not know where one is. Ms. Martin stated there are no residents currently who require special diets.

During the onsite investigation, I reviewed all resident files and there are no residents who currently require special diets. Also, after an extensive search of the kitchen, I was unable to find any current menus. The menus that were available were from 2024. I observed the refrigerator, freezer, and pantry, there was enough food to meet the needs of the residents.

According to Resident A, things are going good, she gets enough food to eat, and she has no concerns to report.

According to Resident B, she has no concerns report. Resident B stated that she gets enough food to eat.

APPLICABLE RULE	
R 400.663	**Nutrition; adoption by reference.**
	(6) Menus, excluding special diets, must be written at least 1 week in advance and posted. Any change or substitution must be documented.

ANALYSIS:	Based on the information gathered through my investigation, there is sufficient evidence to support that menus are not written in advance and posted in the facility. The primary cook for the facility, Ms. Martin, stated that she makes meals based on what food is available in the facility. She does not follow a menu and did not know where to locate a menu. Ms. Martin stated there are no residents currently who require special diets. During the onsite inspection, I was unable to locate any current menus. The menus that were available were from 2024. There were no current menus posted in the facility.
CONCLUSION:	**VIOLATION ESTABLISHED**

APPLICABLE RULE	
R 400.663	**Nutrition; adoption by reference.**
	(7) A licensee shall keep records of menus, including special diets, for 90 days.
ANALYSIS:	Based on the information gathered through my investigation, there is sufficient information to conclude that menus are not being kept for 90 days, as the primary cook, Ms. Martin stated that she makes the meals based on what food is available in the facility and is not following a menu. During my onsite inspection, I was unable to locate any current menus or menus from the previous 90 days. The menus that were available were from 2024.
CONCLUSION:	**VIOLATION ESTABLISHED**

ALLEGATION:

A staff member alleged inadequate training for a resident with a feeding tube.

INVESTIGATION:

On 06/25/26, I completed an unannounced onsite investigation at the Hidden Harbor facility. I interviewed the administrator, Alana Ratcliff. According to Ms. Ratcliff, there was a resident who resided at the facility for less than one week. While at the facility, he required a feeding tube. Ms. Ratcliff stated that she sent a text message to staff with a training video on how to properly use the feeding tube. Ms. Ratcliff stated that there was one staff person who stated that she was uncomfortable and refused to work with the resident. Ms. Ratcliff stated that the staff was taken off the schedule

and then fired for being unable to complete the required task. Ms. Ratcliff stated that she had no documentation to support that the staff received the video and watched it. Nor was there any documentation on if the staff possessed the ability to properly perform the task associated with the feeding tube. Ms. Ratcliff stated that she could not verify that staff actually watched the video.

On 08/13/26, I attempted to contact the licensee designee, Lamont Jones, to conduct an exit conference. He was not available, so I left a voicemail message.

APPLICABLE RULE	
R 400.629	**Direct care staff; qualifications and training**
	(5) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be trained and competent in all of the following areas before performing assigned tasks independently. **(d) Personal care, supervision, and protection.** **(i) Nutrition and special diets.**
ANALYSIS:	Based on the information gathered through my investigation, there is sufficient information to conclude that staff were not trained and competent in providing personal care and meeting the special dietary needs for the resident who had a feeding tube. While the administrator, Ms. Ratcliff, stated that she sent a video to staff, she could not provide any documentation to support that the staff received the training video and watched it. Nor was there any documentation on whether the staff possessed the ability to properly perform the tasks associated with the feeding tube. Ms. Ratcliff stated that she could not verify that staff actually watched the video.
CONCLUSION:	**VIOLATION ESTABLISHED**

APPLICABLE RULE	
R 400.629	**Direct care staff; qualifications and training**
	(7) Documentation of training must be maintained in the staff's record to determine that the training has been completed and is current.
ANALYSIS:	During the onsite inspection, the administrator, Ms. Ratcliff, could not provide any documentation to support that staff received the feeding tube training video and watched it. There

	was no documentation on file to show that staff possessed the ability to properly perform the tasks associated with the feeding tube. Ms. Ratcliff stated that she could not verify that staff actually watched the video.
CONCLUSION:	**VIOLATION ESTABLISHED**

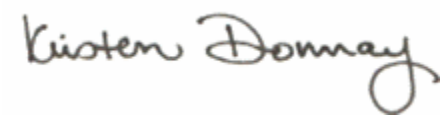
IV. RECOMMENDATION

Contingent upon the receipt of an acceptable corrective action plan, I recommend no change to the status of the license.

08/13/26

Eric Johnson Date
Licensing Consultant

Approved By:



WOC Area Manager for 08/13/2026

Denise Y. Nunn Date
Area Manager