



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

August 20, 2026

Stephen Levy  
ARHC ARCLRMI01 TRS, LLC  
5900 Water Tower PL  
Clarkston, MI 48346

RE: License #: AL630365575  
Investigation #: 2026A0605027  
Addington Place of Clarkston 1

Dear Stephen Levy:

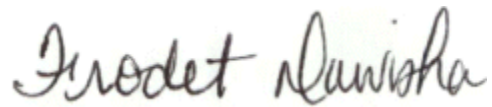
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 (248) 972-9136.

Sincerely,

A handwritten signature in dark ink, reading "Frodet Dawisha". The signature is fluid and cursive, with the first name "Frodet" and last name "Dawisha" clearly distinguishable.

Frodet Dawisha, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place  
3044 W. Grand Blvd  
2<sup>nd</sup> Floor Annex, Ste 2-730  
Detroit, MI 48202  
(248) 303-6348

enclosure

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

**I. IDENTIFYING INFORMATION**

|                                       |                                                        |
|---------------------------------------|--------------------------------------------------------|
| <b>License #:</b>                     | AL630365575                                            |
| <b>Investigation #:</b>               | 2026A0605027                                           |
| <b>Complaint Receipt Date:</b>        | 06/29/2026                                             |
| <b>Investigation Initiation Date:</b> | 06/29/2026                                             |
| <b>Report Due Date:</b>               | 08/28/2026                                             |
| <b>Licensee Name:</b>                 | ARHC ARCLRMI01 TRS, LLC                                |
| <b>Licensee Address:</b>              | 27th Floor<br>540 Madison Ave<br>New York, NY 10022    |
| <b>Licensee Telephone #:</b>          | (248) 625-0500                                         |
| <b>Administrator:</b>                 | Rene Parks                                             |
| <b>Licensee Designee:</b>             | Stephen Levy                                           |
| <b>Name of Facility:</b>              | Addington Place of Clarkston 1                         |
| <b>Facility Address:</b>              | 5900 Water Tower Pl<br>Clarkston, MI 48346             |
| <b>Facility Telephone #:</b>          | (248) 625-0500                                         |
| <b>Original Issuance Date:</b>        | 06/19/2015                                             |
| <b>License Status:</b>                | 1ST PROVISIONAL                                        |
| <b>Effective Date:</b>                | 05/19/2026                                             |
| <b>Expiration Date:</b>               | 11/18/2026                                             |
| <b>Capacity:</b>                      | 20                                                     |
| <b>Program Type:</b>                  | PHYSICALLY HANDICAPPED/MENTALLY ILL<br>AGED/ALZHEIMERS |

## II. ALLEGATION(S)

|                                                                                                                                                                     | Violation Established? |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| Resident B was reportedly exposed to marijuana smoke near oxygen equipment by direct care staff (DCS) Kimberly Conigliaro.                                          | No                     |
| There is a roach and bug infestation. A roach was found in food.                                                                                                    | No                     |
| Resident B has bowel movements problem, so staff leave her in bed and she misses meals; at least three times a week. Residents are soiled and wearing same clothes. | No                     |
| Dishwasher not working properly. Staff use hand soap instead of dish soap to wash dishes.                                                                           | Yes                    |
| Staff sleeping during their shifts.                                                                                                                                 | Yes                    |

## III. METHODOLOGY

|            |                                                                                                          |
|------------|----------------------------------------------------------------------------------------------------------|
| 06/29/2026 | Special Investigation Intake<br>2026A0605027                                                             |
| 06/29/2026 | APS Referral<br>Adult Protective Services (APS) made referral and assigned APS worker is Angelique Evans |
| 06/29/2026 | Special Investigation Initiated - Letter<br>Email to APS worker Angelique Evans                          |
| 07/01/2026 | Inspection Completed On-site<br>Conducted unannounced on-site investigation                              |
| 07/29/2026 | Contact - Face to Face<br>Another unannounced on-site visit was conducted to discuss new allegations     |
| 08/17/2026 | Contact - Telephone call made<br>Discussed allegations with DCS                                          |
| 08/19/2026 | Contact - Telephone call made<br>Followed up with the administrator Rene Parks                           |
| 08/19/2026 | Contact - Document Received<br>Email from Rene Parks                                                     |

|            |                                                                                                                       |
|------------|-----------------------------------------------------------------------------------------------------------------------|
| 08/20/2026 | Contact - Document Received<br>Email from Rene Parks                                                                  |
| 08/20/2026 | Exit Conference<br>Left messages for licensee designee Stephen Levy and the administrator Rene Parks with my findings |

## **ALLEGATION:**

**Resident B was reportedly exposed to marijuana smoke near oxygen equipment by direct care staff (DCS) Kimberly Conigliaro.**

## **INVESTIGATION:**

On 06/29/2026, intake #211274 was referred to by Adult Protective Services (APS). APS worker Angelique Evans was assigned to investigate these allegations. On 05/19/2026, this facility was put on a 1<sup>st</sup> provisional due to SIR #2026A0605017.

On 07/01/2026, I conducted an unannounced on-site investigation. I interviewed Resident B regarding the allegations. Resident B was lying in bed in her bedroom. Due to Resident B's dementia, she was having difficulty responding to questions; however, she denied any staff smoking and/or vaping in her bedroom. There is no smoking sign on Resident B's bedroom door due to Resident B using oxygen.

On 07/01/2026, I interviewed direct care staff (DCS) Alexandria Davis (who goes by Mo) regarding the allegations. Mo has seen DCS Kimberly Conigliaro using her vape pen in the facility but not necessarily in Resident B's bedroom. Mo was extremely guarded/hesitant to provide any further information and laughed stating, "I plead the fifth." She then stated, "it's not my business."

On 07/01/2026, I interviewed DCS/medication technician Andrea Whitaker regarding the allegations. Andrea has been working for this corporation for about one in a half year. She denied seeing DCS Kimberly using a vape pen in Resident B's bedroom or anywhere in this facility. She has not heard any staff or residents complain about Kimberly using her vape pen. She had no other information to provide.

On 07/01/2026, I interviewed DCS Zamaria McClendon regarding the allegations. Zamaria has been working for this corporation for about four months. She has never seen Kimberly with a vape pen. She has not heard any staff or residents talking about Kimberly using a vape pen in Resident B's bedroom or within the facility.

On 07/01/2026, during my onsite visit, I was greeted by Rene Parks. She identified herself as the new administrator of this facility as Maggie Canny is no longer with this corporation. Ms. Parks began with this corporation on 06/29/2026. The allegations were discussed with Ms. Parks. There is a policy in place that states "no vaping," in the

facility that all DCS have been provided with. On 06/26/2026, Kimberly was asked about vaping in Resident B's bedroom and facility. Kimberly denied bringing/smoking a vape pen or cigarettes into this facility and stated she has been trying to quit, so she puts a spoon in her mouth to stop the urges of vaping. A copy of Kimberly's signed coaching/policy statement was provided. Ms. Parks reported that there is staff conflict between Kimberly and DCS Teriana Chapman. Teriana wrote a statement stating that she observed Kimberly smoking a marijuana vape pen in Resident B's bedroom and the facility; however, no other staff has reported these allegations. If they had, Ms. Parks would have addressed it immediately. A statement was provided written by Teriana.

On 07/01/2026, I interviewed DCS/medication technician Kimberly Conigliaro in building 2 regarding the allegations. Kimberly has worked for this corporation for about four years. She works 6AM-2:30PM. There have been ongoing issues between her and Teriana because according to Kimberly, "Teriana does not like to take authority from white people." Kimberly asked Teriana to get off the phone and to go check on the residents and then the next day, these allegations came about. She has a vape pen in her vehicle but stated that she has never brought the vape pen into any facility. She chews on a baby spoon to help her with the urges but denied using the vape pen in Resident B's bedroom or anywhere else.

On 08/17/2026, I interviewed DCS Teriana Chapman regarding the allegations. She has been with this corporation for about three years. Teriana works first shift, 6AM-2:30PM. She observed Kimberly smoking her vape pen in Resident B's bedroom on 06/12/2026. Prior to this, she observed her smoking the vape pen in the facility, but on this day, she was responsible for Resident B and heard Resident B coughing. She went into the bedroom and saw Kimberly smoking her vape pen and trying to blow the smoke away. Resident B uses oxygen and cannot be around anyone smoking. Teriana told DCS/medication technician Andrea that she saw Kimberly smoking a vape pen in Resident B's bedroom and that is when Andrea told Teriana that "Kimberly doesn't smoke a vape pen, but instead it's a weed pen she smokes." Teriana brought these concerns to the attention of Human Resources (HR) on 06/12/2026 who informed Teriana that "HR cannot do anything about it," so Teriana requested the contact number to the State of MI so she can report these concerns, which she did.

| <b>APPLICABLE RULE</b> |                                                                                                                                                                                                                                       |
|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>R 400.629</b>       | <b>Direct care staff; qualifications and training.</b>                                                                                                                                                                                |
|                        | <b>(4) Direct care staff shall possess all of the following qualifications before working independently:</b><br><b>(a) Be capable of meeting the physical, emotional, intellectual, and social needs of each resident.</b>            |
| <b>ANALYSIS:</b>       | Based on my investigation and information gathered, DCS Kimberly Conigliaro did not smoke a marijuana vape pen in Resident B's bedroom. Resident B denied any DCS smoking inside her bedroom. Kimberly denied smoking inside Resident |

|                    |                                                                                                                                                           |
|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
|                    | B's bedroom or anywhere in the building; therefore, Kimberly is capable of meeting the physical, emotional, intellectual, and social needs of Resident B. |
| <b>CONCLUSION:</b> | <b>VIOLATION NOT ESTABLISHED</b>                                                                                                                          |

## **ALLEGATION:**

**There is a roach and bug infestation. A roach was found in food.**

## **INVESTIGATION:**

On 07/29/2026, I interviewed DCS Katie Vanhecke regarding the allegations. Katie has seen ants on the floors in the kitchen, but she has not seen a roach in this building or a roach in food. She heard from a past staff member that that staff member saw a roach in this building about eight months ago. The pest control company Rose has been out bi-weekly and set traps which help with getting rid of the ants.

On 07/29/2026, I interviewed DCS/medication technician Alicia Adams regarding the allegations. Alicia has not seen a roach in this building but has seen ants. She has seen Rose, the pest control company, come out and set traps for the ants. Alicia has not received any complaints from residents or families about roaches found in this building or in the food.

On 07/29/2026, I interviewed DCS Cyonah Pruitt regarding the allegations. She has never seen any ants or roaches in this building or in the food. She reports anything she sees to maintenance and maintenance calls pest control to come out to set traps. No one has reported any roaches found in food.

On 07/29/2026, I interviewed LPN Jasmine White regarding the allegations. Jasmine has not seen any roaches or ants in this building or in the food. If she or staff see any ants/roaches, they contact maintenance who then calls pest control to come out and set traps. There have not been any complaints from residents or families.

On 07/29/2026, I interviewed the administrator Rene Parks regarding the allegations. Ms. Parks stated that there have not been any roaches found in this building, only in building 2. Rose Pest Solutions come out to both buildings with biweekly sprays and set traps. Roaches have never been found in food. The last pest control visit at this building was on 07/13/2026. Ms. Parks emailed me with the pest control visit invoice. The invoice showed that traps were set on 07/13/2026 in this building by Rose Pest Solutions. Ms. Parks also emailed me about their pest control policy where it states that the buildings are treated by pest control monthly against insect and rodent infestation.

**Note:** I did not observe any ants/roaches during this visit to this building or in the food.

On 08/17/2026, I interviewed DCS Teriana Chapman regarding the allegations. She saw a roach last month. Pest control came out and asked if anyone had seen any roaches, so she told him yes, but he responded saying it is because the facility is near the forest/woods. She saw an earwig on a pie in the kitchen. She took a picture of it and sent it to me via text message. I reviewed the picture and there is an earwig on the crust of a pie/quiche that was taken on 01/18/2026. She also sent a picture of a roach on the wood floor. This picture was taken on 06/04/2026.

On 08/19/2026, I followed up with the administrator Rene Parks. Ms. Parks received the pictures of the earwig and roach in this facility. She stated she immediately contacted Rose Pest Solutions who came out and checked the entire facility. Ms. Parks was informed that the insects were not roaches but insects coming into the facility because this building is in a wooded area. However, she was informed that there is no infestation and that Rose Pest Solutions will continue to monitor the building and set traps if necessary.

On 08/19/2026, I received an email from the administrator Rene Parks with Rose Pest Solutions invoice dated 08/10/2026. This building was inspected and no insects/roaches were found.

On 08/20/2026, I received a return call from the administrator Rene Parks regarding the picture of the insect on the pie/quiche that does not have anything in the picture taken to identify it was taken at this building. Ms. Parks stated that the picture could be taken anywhere and with artificial intelligence (AI), any DCS could have used AI and submitted this picture to licensing.

| <b>APPLICABLE RULE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>R 400.645</b>       | <b>Environmental health.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                        | <b>(6) An insect, rodent, or pest control program must be maintained and carried out in a manner that continually protects the health of residents.</b>                                                                                                                                                                                                                                                                                                                                                                          |
| <b>ANALYSIS:</b>       | Based on my investigation and information gathered, this facility has been addressing any/all insect concerns by utilizing Rose Pest Solutions. Although, I was provided with a picture of an insect on a pie/quiche, there is nothing in the picture to identify it was taken as this facility 01/18/2026. Rose Pest Solutions have been coming out to the buildings biweekly setting traps and conducting walkthroughs. I conducted an onsite at this building on 07/01/2026 and on 07/29/2026 and never observed any insects. |
| <b>CONCLUSION:</b>     | <b>VIOLATION NOT ESTABLISHED</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

## **ALLEGATION:**

**Resident B has bowel movements problem, so staff leave her in bed and she misses meals; at least three times a week. Residents are soiled and wearing same clothes.**

## **INVESTIGATION:**

On 07/01/2026, I attempted to interview Resident B regarding the allegations, but she was not responding to the questions. She did state that she needs help eating. She appeared to have good hygiene and there was no odor coming from Resident B or her bedroom.

I interviewed DCS Alexandria Davis (Mo) regarding the allegations. Residents are changed/checked every two hours or more if needed. She has never observed Resident B sitting in bed soiled. She stated, "most people on my shift make sure Resident B is changed because her bowel movements (BM) are bad." However, DCS during second shift have left Resident B in bed from what she has heard from other staff. Second shift staff are not getting Resident B up for her meals. There have been a lot of staff complaining about it. When Resident B is up and sitting at the dining room table, she usually feeds herself but has sometimes asked Mo to help feed her, which Mo stated she always does. Mo is unsure if staff take Resident B's meals to her bedroom or if she has missed any meals. She denied that Resident B has ever missed a meal during her shift, which is first shift from 6AM-2PM.

I interviewed DCS Andrea Whitaker regarding the allegations. Resident B often has BMs and when she does, Resident B has no problem letting staff know she had a BM. Resident B yelled loudly at staff to come and change her, which staff do. Residents including Resident B are checked/changed every two hours or more often if needed. She has never found Resident B soiled nor any other resident when she began her shift. Andrea stated that Kara Fraser, the memory care director has reiterated to staff to get Resident B up out of bed to the dining room for all her meals and when Resident B refuses to eat her meal in the dining room, then staff must document her refusal. Resident B has never missed a meal during Andrea's shift which is from 6AM-2:30PM. She has not heard that Resident B has missed any meals during other shifts.

I interviewed DCS Zamaria McClendon regarding the allegations. Residents are checked/changed every two hours or more often as needed. Zamaria has also heard that staff during second shift leave Resident B in her bed where she has her meals. She is unsure if Resident B requests to have meals in her bedroom, or if staff are leaving her in bed. She has not observed Resident B or any other resident soiled when she has begun her shift.

I interviewed the administrator Rene Parks regarding the allegations. Resident B has not been observed to be soiled and has not had any new skin breakdowns. There have not been any complaints by her family who visit with her that she has been observed

soiled. Kara Fraser has advised staff to bring Resident B down to the dining room for meals and if Resident B refuses, then staff must document her refusals. Ms. Parks provided an in-service provided to all staff with staff signatures by Ms. Fraser advising staff that Resident B will need to be given an opportunity to come to the dining room for meals and if she refused, to document her refusal.

I interviewed DCS Kimberly Conigliaro regarding the allegations. Residents are checked/changed every two hours or more often as needed. Resident B drinks lots of fluids so she is changed more often than other residents. When she arrived for her shift, she found Resident B in her bed but had not found her soiled. During her shift, Resident B is always brought to the dining room for meals. Kimberly helps feed Resident B when Resident B asks for help. In the past about two-three months ago, second shift was not getting Resident B up out of bed during meals as staff were finding food in Resident B's bed. However, after Kara Fraser conducted an in-service, all staff must ask Resident B if she wants to eat in the dining room and if she refuses, then staff must document the refusal. There have not been any complaints about Resident B being soiled or not eating her meals.

On 07/29/2026, I conducted another unannounced on-site investigation due to receiving additional allegations. There were 10 residents eating lunch in the dining room including Resident B. The residents were eating ravioli, vegetables, soup, rice and cake for dessert. All the residents appeared to be clean, dressed appropriately for the day with clean clothes and no one had any odors or appeared to be soiled.

I interviewed DCS Katie Vanhecke regarding the allegations. Katie works first shift from 6:15AM-2:30PM. She has not arrived and found residents soiled or sitting in feces. Sometimes residents refuse to change their shirts/clothes such as Resident D. Resident D is combative so extra time is taken with her to change her, but they cannot force her to change her clothes. Resident D and all the other residents have clean clothes to change into as laundry is always done by staff.

I interviewed DCS/medication technician Alicia Adams regarding the allegations. Alicia works both first and second shifts. When she arrives at her shifts, she has never observed any resident soiled or in the same clothes. Laundry is done during each residents' shower days or when their laundry basket is full or clothes are soiled. There have not been any complaints made by families regarding residents found to be soiled. I interviewed DCS Cyonah Pruitt regarding the allegations. Cyonah works first shift but picks up other shifts if needed. She has not observed residents soiled in a long time. It was when she arrived at first shift, she found residents were soiled, but it has been more than a month since it happened. She stated, "third shift is getting better changing the residents." Residents are not in the same clothes unless they choose to be and refuse to change their clothes. Laundry is always done during residents' showers or when their clothes are soiled.

I interviewed licensed practical nurse (LPN) Jasmine White regarding the allegations. Jasmine works Monday-Thursday 10AM-6PM. She has not observed any residents to

be soiled or sitting in their feces. Laundry is done during the residents' shower day and when their clothes are soiled. There are heavy wetter's, so those residents' clothes are laundered more often than other residents. Jasmine stated there are residents that do not like to change out of their clothes; however, staff encourage them to do so, but they do not wear the same clothes for more than a day. There have not been concerns reported to her regarding residents being soiled.

I interviewed the administrator Rene Parks regarding the allegations. She has not observed any resident soil and when she is at this facility, she sees laundry being done by staff. She has placed Kara Fraser and Jasmine White, one in each building to oversee the staff and to focus on any concerns that arise. There have not been any complaints about residents in the same clothes, laundry not done, or residents soiled.

On 08/17/2026, I interviewed DCS Teriana Chapman regarding the allegations. She has witnessed Resident B soiled because third shift has not changed her. These issues have been reported to management, but management does not do much until licensing or APS is involved. She has also seen all the residents sleep because first shift has put everyone to bed and when second shift arrives, they do not get any of the residents up for meals. Teriana stated that Kara Fraser was yelling at her and Cyonah on 07/30/2026 at "the state lady," coming to the facility with additional allegations. Teriana stated she informed Kara she was not working on 07/29/2026, but Kara told her and Cyonah that if the "state lady," comes out again, not to allow them into the facility without management being contacted. Teriana stated that staff are getting into trouble when staff report concerns about the facility.

| <b>APPLICABLE RULE</b> |                                                                                                                                                                                                                                                                                             |
|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>R 400.663</b>       | <b>Nutrition; adoption by reference.</b>                                                                                                                                                                                                                                                    |
|                        | <b>(1) A licensee shall provide daily a minimum of 3 nutritious meals to residents.</b>                                                                                                                                                                                                     |
| <b>ANALYSIS:</b>       | Based on my investigation and information gathered, Resident B does not miss meals. Resident B is given the option to sit at the dining room table for meals and if she refuses, DCS are to document her refusals, which they do. If Resident B refuses, she gets her meals in her bedroom. |
| <b>CONCLUSION:</b>     | <b>VIOLATION NOT ESTABLISHED</b>                                                                                                                                                                                                                                                            |

| <b>APPLICABLE RULE</b> |                                                                                                                                                                                       |
|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>R 400.671</b>       | <b>Resident care.</b>                                                                                                                                                                 |
|                        | <b>(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</b> |

|                    |                                                                                                                                                                                                                                                                                                                                                                                                               |
|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                    | <b>other advance directive must be included as an addendum to the resident assessment and maintained with the assessment plan in the resident's record.</b>                                                                                                                                                                                                                                                   |
| <b>ANALYSIS:</b>   | Based on my investigation and information gathered, Resident B and all residents are changed/checked every two hours and more often if needed. Resident B and the other residents were observed during unannounced visits to this building on 07/01/2026 and 07/29/2026 to be clean and dressed appropriately for the day. Therefore, DCS are providing personal care as specified in their assessment plans. |
| <b>CONCLUSION:</b> | VIOLATION NOT ESTABLISHED                                                                                                                                                                                                                                                                                                                                                                                     |

### **ALLEGATION:**

**Dishwasher not working properly. Staff use hand soap instead of dish soap to wash dishes.**

### **INVESTIGATION:**

On 07/29/2026, I interviewed DCS Katie Vanhecke regarding the allegations. This building does not have a dishwasher, but instead they have a dish sanitizer. Staff must wash the dishes with dish soap and then place the dishes into the dish sanitizer, but about 70% of the time, this building runs out of dish soap, so staff must use hand soap. Katie stated that the dish sanitizer is leaving a "film," on the dishes so it is unclear if the dishes are clean or not. Kara Fraser has been working to make sure there is dish soap, but it is unclear who is responsible for providing and ensuring there is dish soap in this building.

On 07/29/2026, I interviewed DCS/medication technician Alicia Adams regarding the allegations. This building does not have a dishwasher, just a dish sanitizer. Staff must wash the dishes/utensils first with dish soap which runs out quickly and if they run out, they use hand soap. After washing the dishes/utensils, they put them in the dish sanitizer to ensure they are clean, but she is unsure if the dish sanitizer is working properly because there is a film left. Alicia stated that the company hired a new maintenance manager, Brandon, so now they have dish soap.

On 07/29/2026, I interviewed DCS Cyonah Pruitt regarding the allegations. This building does not have a dishwasher, but a dish sanitizer that works. She does not know anything about it leaving a film but stated that when they run out of dish soap, which is often, management will buy it and ensure they have it.

On 07/29/2026, I interviewed LPN Jasmine White regarding the allegations. Jasmine stated from her understanding, the dish sanitizer is working properly and there is always dish soap for staff at this building. She recalls the dish sanitizer company was at this building this week for the dish sanitizer but is unsure what was done.

On 07/29/2026, I interviewed the administrator Rene Parks regarding the allegations. Ms. Parks was unaware that the dish sanitizer was not working properly because no one had brought this to her attention. She is also unaware that there is no dish soap. She escorted me to the kitchen and there was dish soap sitting on the counter near the sink. Ms. Parks stated that staff must wash the dishes/utensils with dish soap and then put them into the dish sanitizer to ensure they are clean. I advised her that staff reported film on the dishes after putting them in the dish sanitizer. She stated that the dish sanitizer manufacturer Ecolab will be contacted by the maintenance personnel, Mike.

On 07/29/2026, I met with the Regional Director of Operations Shari Lefevre. Ms. Lefevre stated she is working closely with Rene Parks to address issues that arise. She and Ms. Parks will be implementing procedures regarding dish soap when it runs out and other procedures, they can implement to help staff and to ensure residents' safety and wellbeing.

On 08/17/2026, I interviewed DCS Teriana Chapman regarding the allegations. The dish sanitizer works in this facility, but it does not work as a dishwasher, just a sanitizer. Most of the time there is no dish soap so staff must use hand soap to wash dishes. As of yesterday, the facility ran out of dish soap, so they had to use hand soap. The dishes are not getting clean because there is no dish soap or dishwasher.

On 08/20/2026, I received an email from Rene Parks with a service visit report completed by Ecolab today regarding the dish sanitizer. The dish sanitizer is not working properly, there is evidence of severe limescale buildup, impacting wash quality, heating capacity and causing leaks. The leak was located and the technician was able to correct it; dish sanitizer will last until new units arrive.

| <b>APPLICABLE RULE</b> |                                                                                                                                                                                                                      |
|------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>R 400.665</b>       | <b>Food service.</b>                                                                                                                                                                                                 |
|                        | <b>(8) Kitchen appliances must be properly installed and maintained according to the manufacturer's instructions.</b>                                                                                                |
| <b>ANALYSIS:</b>       | Based on my investigation and information gathered, the dish sanitizer was not working properly; impacting wash quality. The dish sanitizer was repaired; however, will need to be replaced. A new unit was ordered. |
| <b>CONCLUSION:</b>     | <b>VIOLATION ESTABLISHED BUT CORRECTED</b>                                                                                                                                                                           |

#### **ALLEGATION:**

**Staff sleeping during their shifts.**

## **INVESTIGATION:**

On 07/29/2026, I interviewed DCS Katie Vanhecke regarding the allegations. Katie denied sleeping during her shifts and stated that “recently,” no staff have been sleeping but she had witnessed around three-four months ago in both buildings 1 and 2 a “nest,” created on chairs when she arrived on first shift. She stated it was third shift she believes were sleeping even though she has never witnessed any staff asleep.

On 07/29/2026, I interviewed DCS/medication technician Alicia Adams regarding the allegations. Alicia denied sleeping during her shifts and stated she has not seen or heard of any staff sleeping during any shift. She stated, “we have a policy of no sleeping during shifts.”

On 07/29/2026, I interviewed DCS Cyonah Pruitt regarding the allegations. Cyonah denied sleeping during her shifts. She has observed “multiple,” staff sleep during first shift, but those staff members were terminated. However, this corporation has been utilizing a private staffing agency through their CARE app that she has observed sleeping during the first shift. The most recent staff was a female named Kristy (last name unknown) who was sleeping on 07/25/2026 on the chair. Alicia, the medication technician, woke Kristy up and told her to take a break.

On 07/29/2026, I interviewed LPN Jasmine White regarding the allegations. Jasmine has not seen any staff sleep during the time she works between 10AM-6PM Monday-Thursday. She does not know what happens after she leaves her shift, but it was reported that a staff member was sleeping in the other building, but not at this building. There is no sleeping policy and if any staff member is found sleeping, they are terminated. The corporation uses an outside staffing agency who are certified nursing assistants (CNA) that she believes were trained on the no sleeping policy, but she was not the individual that trained them so she cannot confirm. There have not been any reports made to her regarding staff sleeping during their shifts.

On 07/29/2026, I interviewed the administrator Rene Parks regarding the allegations. The first week she began with this corporation, she terminated two staff members for sleeping during third shift. All staff members know there is a “no sleeping,” policy and when she is made aware of any staff member sleeping, it is addressed immediately. She has not recently received any complaints about staff sleeping during shifts. There have been issues between staff members that are tattling each other. Ms. Parks emailed me with policy of no sleeping during shifts that are provided to all staff.

08/17/2026, I interviewed DCS Teriana Chapman regarding the allegations. Teriana denied sleeping during her shift but reported that DCS Cyonah Pruitt has been observed asleep during her shift. Teriana sent a video she took of Cyonah sleeping during her shift. I reviewed the video and Cyonah is sitting sideways on a couch near the window sleeping. Teriana stated she took the video on 08/02/2026 at 8AM.

On 08/19/2026, I followed up with the administrator Rene Parks regarding the video of DCS Cyonah Pruitt sleeping. Ms. Parks was never provided with this video at the time it was taken on 08/02/2026. She was recently provided with it by DCS Teriana Chapman and once she saw the video, she suspended Cyonah pending investigation. Cyonah denied sleeping and stated she had a headache and was sitting with her head down. There were no concerns and/or incidents that occurred when Cyonah was allegedly sleeping. There was a DCS, Teriana on shift during this time. Ms. Parks has been conducting random pop-ups between her, Kara Fraser, and registered nurse (RN) Brittany Goodling. Ms. Parks denied that staff, including Teriana, were scolded for reporting any concerns about the facility to management. She stated that RN Brittany talked to Teriana firmly about an incident that occurred with Teriana. Teriana punched in and instead of working, she fed her infant in the vehicle in the parking log before having the infant leave with the grandmother. Teriana was also found sleeping by another staff member. Ms. Parks stated she has been dealing with staff members not getting along with each other, tattling on each other and because of these issues, she and administration have been popping up unannounced during all shifts.

On 08/19/2026, I received an email from the administrator Rene Parks with the corrective action notice pertaining to Cyonah Pruitt sleeping during her shift. Cyonah was suspended pending investigation after Ms. Parks viewed the video of her sleeping during her shift. Ms. Parks also emailed the "care staff education," regarding their no sleeping policy. Ms. Parks also created a communication/concern form for staff to submit any concern they have that can also be submitted anonymously. She wants to ensure that staff are comfortable in reporting issues to management to ensure that residents are safe and cared for properly.

On 08/20/2026, Rene Parks emailed the in-service completed with all DCS regarding all the allegations pertaining to this investigation.

On 08/20/2026, for the exit conference, I left messages for licensee designee Stephen Levy and the administrator Rene Parks with my findings.

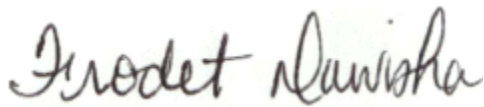
On 08/20/2026, Rene Parks returned my call and acknowledged my findings and recommendations.

| <b>APPLICABLE RULE</b> |                                                                                                                                                               |
|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>R 400.671</b>       | <b>Resident care.</b>                                                                                                                                         |
|                        | <b>(1) Staffing shall be sufficient to meet the needs of the residents in accordance with each resident's assessment plan and individual plan of service.</b> |

|                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>ANALYSIS:</b>   | Based on my investigation and information gathered, there was insufficient staff to meet the needs of the residents. I reviewed a video taken by a staff member on 08/02/2026 at 8AM showing DCS Cyonah Pruitt sitting sideways on the couch asleep. Although Cyonah was sleeping during her shift, there was no incident that placed any residents at risk of harm and there was another DCS on shift during this time. However, the administrator Rene Parks suspended Cyonah pending an investigation. In addition, Ms. Parks completed an in-service with all DCS regarding their non-sleeping policy during their shifts. |
| <b>CONCLUSION:</b> | <b>REPEAT VIOLATION ESTABLISHED</b><br><b>SIR# 2026A0605015, date 05/05/2026, CAP date 05/19/2026</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

#### IV. RECOMMENDATION

Contingent upon receiving an acceptable corrective action plan, I recommend continuation of the 1<sup>st</sup> provisional license.

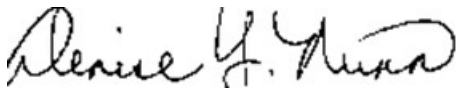


08/20/2026

Frodet Dawisha  
Licensing Consultant

Date

Approved By:



08/20/2026

Denise Y. Nunn  
Area Manager

Date