GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 15, 2026

Lynn MacKenzie
Meadows On McCarty LLC
3520 Davenport Avenue
Saginaw, MI 48602

RE: License #: AL730419737
Investigation #: 2026A0576062
Meadows On McCarty MC

Dear Lynn MacKenzie:

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.
- 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. 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) 643-7960.

Sincerely,



Christina Garza, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(810) 240-2478

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL730419737
Investigation #:	2026A0576062
Complaint Receipt Date:	09/11/2026
Investigation Initiation Date:	09/11/2026
Report Due Date:	11/10/2026
Licensee Name:	Meadows On McCarty LLC
Licensee Address:	3520 Davenport Avenue, Saginaw, MI 48602
Licensee Telephone #:	(989) 293-4621
Administrator:	Lynn MacKenzie
Licensee Designee:	Lynn MacKenzie
Name of Facility:	Meadows On McCarty MC
Facility Address:	2445 McCarty Road, Saginaw, MI 48603
Facility Telephone #:	(989) 293-4621
Original Issuance Date:	04/08/2026
License Status:	REGULAR
Effective Date:	04/08/2026
Expiration Date:	10/07/2026
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED, ALZHEIMERS, AGED,

II. ALLEGATION(S)

	Violation Established?
The facility received a disapproval rating from Bureau of Fire Services (BFS).	Yes

III. METHODOLOGY

09/11/2026	Special Investigation Intake 2026A0576062
09/11/2026	Special Investigation Initiated - Letter Reviewed BFS report
10/09/2026	Inspection Completed On-site Interviewed Licensee Designee Lynn MacKenzie and Regional Maintenance Technician Nick Kubczak
10/09/2026	Exit Conference
10/15/2026	APS Referral Made Adult Protective Services (APS) referral

ALLEGATION:

The facility received a disapproval rating from Bureau of Fire Services (BFS).

INVESTIGATION:

On September 11, 2026, I received an email from Cory Irvin, State Fire Marshall Inspector with the Bureau of Fire Services (BFS) regarding Meadows on McCarty MC. Fire Marshall Irvin reported he was concerned about the door locking situation at the facility. The BFS report for Meadows on McCarty MC was reviewed. The report was authored by Fire Marshall Irwin and dated August 25, 2026. The report indicated a disapproved fire safety certification.

On October 9, 2026, I conducted an inspection at Meadows on McCarty MC and interviewed Licensee Designee Lynn MacKenzie. Licensee Designee MacKenzie was aware of the disapproval rating from BFS. Licensee Designee MacKenzie reported that quotes were obtained for the 2 front doors with crash bars and delayed egress. The quotes will be submitted, and installation will be scheduled soon.

On October 9, 2026, I interviewed Nick Kubczak Regional Maintenance Technician regarding the allegations. Technician Kubczak reported he was aware of a failed BFS rating. Both front doors were not releasing within 15 seconds, and the facility did not have required annual testing completed. BFS has not been back out to the facility.

APPLICABLE RULE	
R 400.647	**Safety and maintenance of premises.**
	(1) A facility must be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.
ANALYSIS:	It was alleged that the facility was not maintained to provide adequate safety for the residents of the home due to noncompliance with fire safety rules set by the Bureau of Fire Services. Upon conclusion of an on-site inspection, investigative interviews, and a review of documentation there is a preponderance of evidence to conclude a rule violation. Cory Irwin State Fire Marshall Inspector provided his inspection report dated August 25, 2026. The inspection report indicated a disapproved fire safety certification. There is a preponderance of evidence to conclude the facility was not constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants given the disapproved fire safety certification.
CONCLUSION:	**VIOLATION ESTABLISHED**

On October 9, 2026, I conducted an exit conference with Licensee Designee Lynn MacKenzie. I advised Licensee Designee MacKenzie of the findings of my investigation and that I would be requesting a corrective action plan for the cited rule violation.

IV. RECOMMENDATION

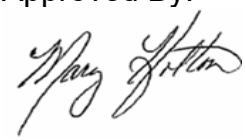
Contingent upon receipt of an acceptable corrective action plan no change in the license status was recommended.



10/15/2026

Christina Garza — Date
Licensing Consultant

Approved By:



10/15/2026

Mary E. Holton — Date
Area Manager