



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

November 26, 2024

Miranda Labarge
1357 Terrace St
Muskegon, MI 49442

RE: License #: AS610407159
Investigation #: 2025A0009003
Cottage House Retreat

Dear Mrs. Labarge:

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 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 (231) 922-5309.

Sincerely,

A handwritten signature in cursive script that reads "Adam Robarge".

Adam Robarge, Licensing Consultant
Bureau of Community and Health Systems
701 S. Elmwood, Suite 11
Traverse City, MI 49684
(231) 350-0939

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS610407159
Investigation #:	2025A0009003
Complaint Receipt Date:	11/06/2024
Investigation Initiation Date:	11/07/2024
Report Due Date:	12/06/2024
Licensee Name:	Miranda Labarge
Licensee Address:	1357 Terrace St 2171 Monte Dr MUSKEGON, MI 49442
Licensee Telephone #:	(231) 375-0060
Administrator:	Miranda Labarge
Name of Facility:	Cottage House Retreat
Facility Address:	2171 Monte Dr. Fruitport, MI 49442
Facility Telephone #:	(231) 375-0060
Original Issuance Date:	05/24/2021
License Status:	REGULAR
Effective Date:	11/24/2023
Expiration Date:	11/23/2025
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL & AGED

II. ALLEGATION(S)

	Violation Established?
Residents are not allowed to be home during the day.	Yes
Residents are limited in drinking water.	Yes

III. METHODOLOGY

11/06/2024	Special Investigation Intake 2025A0009003
11/06/2024	APS Referral
11/07/2024	Inspection Completed On-site Interview with licensee Miranda Labarge, Resident A and Resident B
11/21/2024	Contact - Telephone call made to Community Mental Health (CMH) supervisor Samantha Cummins
11/21/2024	Contact - Telephone call made to CMH caseworker Rebecca Burgess
11/21/2024	Contact - Telephone call made to CMH Clubhouse staff Amber Pickard
11/22/2024	Contact – Telephone call made to licensee Miranda Labarge
11/25/2024	Exit conference with licensee Miranda Labarge

ALLEGATION: Residents are not allowed to be home during the day.

INVESTIGATION: I conducted an unannounced site visit at the Cottage House Retreat adult foster care home on November 7, 2024. It took several attempts to get an answer at the door of the residence. I finally spoke with someone from a monitoring/communication device near the entrance. After I identified myself, someone came to the door who identified herself as licensee Miranda Labarge. She said that she had been sleeping. I told her that I had received a complaint and the nature of the complaint. Ms. Labarge stated that she requires residents and/or their responsible person to agree that the resident will attend a day program five days a week. These day programs typically last from 8:00 a.m. to 3:00 p.m. All five of her current residents are enrolled in a day program, five days a week. She also lets the Community Mental Health (CMH) caseworkers know that this is a requirement for

anyone to live there. I told Ms. Labarge that attendance at any day program is voluntary and that each day a resident should be free to make a choice on whether or not they want to attend. Ms. Labarge stated that all her residents like going to their respective day programs and that it is not a problem. She said that she does not force them to go but that it is an "expectation". She said that each resident and/or their responsible person has agreed in writing that they will attend a day program. I asked what would happen if a resident just didn't feel like attending on a particular day. Ms. Labarge stated that they are allowed to stay home if they are sick. She said that at one day program, Life Circles, there are medical staff there who will treat them on-site. I pressed Ms. Labarge further on whether a resident would be allowed to stay home if they just didn't want to participate in their day program on a particular day. She replied that they wouldn't have to go but that she would call the resident's guardian and expect them to "work with" the resident to get them to attend their day program. Ms. Labarge said that she hadn't had that problem with anyone. I asked Ms. Labarge if I could see the written agreement she has with the resident and/or the resident's responsible person regarding attendance in a day program. She provided me with a document titled Cottage House Retreat Guidelines. The guidelines indicate that, "*All residents MUST attend a day program, 8 am – 3 pm, Monday through Friday. Sick days must be pre-approved by CHR management and limited to once a month unless you have a doctor's order.*"

Resident A and Resident B arrived home from their day program while I was present at the home. I identified myself to them and asked if they would like to speak with me. I spoke to Resident A initially. She said that she likes it at the home and likes going to her day program, the Club House. She said that she has friends there and likes that she knows what she is supposed to do while she is there. I asked her if she likes going every day of the week, Monday through Friday. She said that she does like going every day since she gets to do things and see her boyfriend. I asked her if she has go to her day program each day. Resident A replied that she does have to go to the day program each day, as it is one of the rules. I asked her why she thought it is one of the rules. Resident A said that it is one of the rules because Miranda (Labarge) goes and runs errands while they are at their day programs. I asked her if she had ever wanted to stay home from her day program. She said that one time she had a "dizzying spell" and asked Miranda if she could stay home that day. Miranda said yes. She said that otherwise they have to go each day. That was the only day she had ever stayed home from her day program.

I then spoke to Resident B. I asked her about her day program. Resident B said that she goes to the Club House every day, Monday through Friday. She said that she did like going to Club House. I asked if she wanted to go to Club House or if she had to go to Club House each day. She said that she had to, that Miranda "makes them" go. Resident B denied that she had ever stayed home from her day program because she didn't think she was allowed to ever stay home. Resident B went on to say that the day before, the lights went out at the Club House. The staff at the Club House tried to bring her and Resident A back home but there was no one there. The staff tried to call Miranda many times but she never answered them.

Since no one answered the door at their home and they could not get a hold of Miranda, the staff took her and Resident A to CMH and they stayed there for two hours.

I attempted to contact Resident A's CMH caseworker on November 21, 2024. His extended absence message asked that any necessary inquiries be directed to his supervisor. I spoke with Resident A's CMH caseworker's supervisor, Samantha Cummins, on November 21, 2024. She said that she was aware of Resident A's living situation and is concerned that she and the other residents are not allowed to go home during the day. She said that she knew that there is supposedly an agreement between them and the licensee that the residents attend a day program. Ms. Cummins stated that they are aware that Resident A has no key for the home and is not able to get into the home during daytime hours. The door is locked and apparently no one is home at that time. The licensee does not answer her phone during daytime hours. A couple of weeks ago, there was a power outage at the Club House and they tried to take Resident A and Resident B home. The door was locked, it did not seem as if anyone was home and the licensee would not answer her phone. Resident A and Resident B had to spend over two hours at the CMH main office and they had to provide supervision for them. Ms. Cummins said that she did want me to know that the home has been good for Resident A. She is doing well there and her "self-care" has improved.

I also spoke with Resident B's CMH caseworker, Rebecca Burgess, by telephone on November 21, 2024. I asked her about the requirement at the Cottage House Retreat adult foster care home that all residents attend a day program every day of the week. Ms. Burgess said that Resident B attending the Club House has been very beneficial to her. She said that her only concern about the requirement is that the residents cannot chose to stay home if they like. Not only that, they are locked out of the home with no key during the day. The licensee will not answer her phone during those hours so there is no way for the residents to enter the home. She also spoke of the incident a couple of weeks before when Resident A and Resident B were brought to the house during a power outage to find the doors locked and no one home. Ms. Labarge was not able to be contacted at that time. Ms. Burgess said that she called both the home's main number, which sounded as if it had been disconnected, and the licensee's cell phone several times. There is nothing in any of Resident B's CMH plans that require her to attend a day program.

I then spoke with Amber Pickard who works at the CMH Club House. She said that she is aware that both Resident A and Resident B are required to attend their day program every day of the week. She believes that both Ms. Labarge and her husband turn off their phones during this time. Ms. Pickard said that she has tried to call them on several occasions during the day and it always goes straight to voicemail. She never receives a call back. It has been an ongoing issue with them. It is her impression that the residents are not allowed to remain home from their day program even if they want to on any given day. Ms. Pickard was the one who transported Resident A and Resident B two weeks ago when the Club House lost

electricity. No one would answer the door of the residence when they arrived and she was unable to reach anyone by phone. The doors were locked and neither Resident A nor Resident B have a key to the home.

APPLICABLE RULE	
R 400.14304	Resident rights; licensee responsibilities.
	<p>(1) Upon a resident's admission to the home, a licensee shall inform a resident or the resident's designated representative of, explain to the resident or the resident's designated representative, and provide to the resident or the resident's designated representative, a copy of all of the following resident rights:</p> <p>(p) The right of access to his or her room at his or her own discretion.</p> <p>(2) A licensee shall respect and safeguard the resident's rights specified in subrule (1) of this rule.</p>
ANALYSIS:	<p>The resident and/or their representative are required to sign an agreement that each resident will attend a day program five days a week. The agreement indicates that they are only allowed one "sick day" a month unless by doctor's order. Resident A and Resident B both believe that they "have to" attend the day program and are not allowed to stay home. Resident A was allowed to stay home once due to a "dizzying spell". There does not seem to be an option for them to stay home if they do not feel like attending their day program on any given day. The licensee stated that she would not force a resident to go to their day program but would call their guardian to have them "work with" the resident to get them to their program.</p> <p>In the beginning of November of 2024, the Club House day program experienced an electrical outage. Resident A and Resident B were transported home but no one was present. The home was locked and neither resident has a key. The licensee was unavailable and the residents were required to spend over two hours at the CMH main office as a result. CMH caseworkers have reported that the licensee is always unavailable during daytime hours and the residents do not have access to the home.</p> <p>In consideration of the above information, it is determined that the residents do not have free access to their rooms or the home if they wish to stay home for any reason or in the case of an unforeseen event.</p>

CONCLUSION:	VIOLATION ESTABLISHED
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ALLEGATION: Residents are limited in drinking water.

INVESTIGATION: During my home visit on November 7, 2024, I asked licensee Miranda Labarge about the complaint that she is limiting residents' intake of water. She said that she expects food and drinks be consumed in the dining room. She showed me another rule contained in the Cottage House Retreat Guidelines stating, *"No eating in the bedrooms or food of any kind in the bedroom (bugs and rodents)."* I asked her about drinking water in the bedrooms. She said that no cups are allowed in the bedrooms. I asked her why cups are not allowed in bedrooms since this is a different issue than the bugs and rodents. Ms. Labarge replied that it is because of incontinence, some can have liquid and some cannot. If she allows some to have liquids in their rooms, then the other ones want it too. She also pointed out that there is only one bathroom available to residents and them having more water can lead to "increased accidents". I said that it sounded as if she was restricting the residents' access to water. She replied that was not because she has a designated eating and drinking area, the dining room, where they are allowed to drink liquids.

I asked Resident A regarding the house rule about drinking liquids in their room. She said that they could not have liquids in their room because "it might bring critters." I asked her what she does if she gets thirsty. Resident A replied that they are told there is water in the bathroom if they get thirsty. She said that she can take her water bottle to the Club House but has to put it on the table when she gets home. There are glasses on the table and they are allowed to fill up a glass with water from the bathroom if they want to. Resident A said that she can drink whenever she wants.

I asked Resident B about the rule regarding drinking liquids in their rooms. Resident B replied that Miranda took all the cups out of the rooms and they are not allowed to have cups in their rooms. She said they get drinks at breakfast, lunch, dinner or with their medication. That is the only time they can have drinks. They are allowed to drink at the Club House. When they get home, they are supposed to give their water bottles to Miranda. I asked her if she is allowed to drink from the bathroom. Resident B replied that she cannot drink from the bathroom because there are no cups in the bathroom to use. I told Resident B that I saw some cups on the dining room table. She said that they are only able to use those during meals and when taking their medication. Resident B said they are not allowed to take them out of the dining room. I told her that Resident A told me they could fill their cups up in the bathroom. Resident B said that Resident A lied because she is worried that she will get in trouble with Miranda if she tells the truth.

I observed the resident bathroom after my interviews with Resident A and Resident B. I did not observe any cups in the bathroom for resident use at that time.

I spoke with Resident A's CMH caseworker's supervisor, Samantha Cummins, on November 21, 2024. I asked her about the report of the residents' drinking consumption being limited in the home. She said that she had not heard that but knew that Resident A did have an issue with food and not picking up after herself. She had previously lived in filthy conditions and had needed an adult foster care placement because of that.

I also spoke with Resident B's CMH caseworker, Rebecca Burgess, by telephone on November 21, 2024. I asked her about the reported restriction on drinking in the home. She said that Resident B is on medication which makes her thirsty. Resident B told her how much water Ms. Labarge gives her three times a day during meals. Ms. Burgess said that she believes it is eight ounces. Ms. Labarge gives her a smaller amount in which to take her medication. Resident B has complained to her that she always feels thirsty. Resident B said that she likes to go to church on Sunday because they give her a bottle of Gatoraid and she is able to drink the whole bottle. I asked Ms. Burgess about the report that Resident B is able to get water from the bathroom. Ms. Burgess agreed that this might be possible but since there are no cups in there, Resident B would need to drink out of her hands "like a dog". She also reported that there is nothing in Resident B's CMH plans or any medical requirement that her liquid intake be restricted. Ms. Burgess denied that Resident B is incontinent in any way. She said that she is "100% sure" of that. Resident B has complained to her that her mattress smells of urine so believes that the previous resident in that room was incontinent.

I spoke with CMH Club House worker Amber Pickard by telephone on November 21, 2024. She said that Resident B has complained of being thirsty. Both Resident A and Resident B told her that Ms. Labarge took all the cups away. They both said that sometimes there are cups on the table but not always. When Ms. Labarge does fill the cups for meals, the cups are only a quarter-filled. Resident B has told her that it is about "two gulps of water". Resident B has also complained that she often feels like her pills are stuck in her throat because she does not have sufficient water in which to swallow them all the way.

APPLICABLE RULE	
R 400.14305	Resident protection.
	(3) A resident shall be treated with dignity and his or her personal needs, including protection and safety, shall be attended to at all times in accordance with the provisions of the act.
ANALYSIS:	The residents have been told that they are not allowed to drink liquids in their rooms. They are not allowed to have cups or water bottles in their rooms. They are allowed to drink water from the bathroom sink but there are no cups. One resident stated that she can take her cup or water bottle from the dining

	<p>room table and fill it in the bathroom. The other resident stated that the cups and water bottles are not always on the table. They are only supposed to drink at meal-times and when taking their medication. Ms. Labarge initially stated that the residents are not allowed to have food and drinks in their rooms because of vermin. She then stated that they are not allowed to have water in their rooms because some of the residents are incontinent. She feared that this might lead to “increased accidents”.</p> <p>Resident A and Resident B have both stated to CMH caseworkers that cups were taken out of the residents’ rooms and that their cups and/or water bottles are only on the table sometimes. Resident B has complained of being thirsty at the home and that it feels like her pills are stuck in her throat.</p> <p>It was confirmed through this investigation, that water intake is restricted in the home or residents believe that they are not allowed to have water when they wish.</p>
CONCLUSION:	VIOLATION ESTABLISHED

I conducted an exit conference with licensee Miranda Labarge by telephone on November 25, 2024. I told her of the findings of my investigation and gave her the opportunity to ask questions.

IV. RECOMMENDATION

Upon receipt of an acceptable corrective action plan, I recommend no change in the license status.



11/25/2024

Adam Robarge
Licensing Consultant

Date

Approved By:



11/26/2024

Jerry Hendrick
Area Manager

Date

