



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

December 16, 2024

Daniela Popaj  
Serene Gardens of Clarkston  
5850 White Lake Rd  
Clarkston, MI 48346

RE: License #: AH630396381  
Investigation #: 2025A1035003  
Serene Gardens of Clarkston

Dear Ms. Popaj:

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 (517) 284-9730.

Sincerely,

A handwritten signature in blue ink, appearing to read "Jennifer Heim".

Jennifer Heim, Licensing Staff  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(313) 410-3226  
enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH630396381
<b>Investigation #:</b>	2025A1035003
<b>Complaint Receipt Date:</b>	10/04/2024
<b>Investigation Initiation Date:</b>	10/07/2024
<b>Report Due Date:</b>	12/03/2024
<b>Licensee Name:</b>	Clarkston Comfort Care, LLC
<b>Licensee Address:</b>	4180 Tittabawassee Rd Saginaw, MI 48604
<b>Licensee Telephone #:</b>	(989) 607-0001
<b>Administrator:</b>	Jessica Butler
<b>Authorized Representative/</b>	Daniela Popaj
<b>Name of Facility:</b>	Serene Gardens of Clarkston
<b>Facility Address:</b>	5850 White Lake Rd Clarkston, MI 48346
<b>Facility Telephone #:</b>	(248) 418-4503
<b>Original Issuance Date:</b>	10/21/2021
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	08/01/2024
<b>Expiration Date:</b>	07/31/2025
<b>Capacity:</b>	58
<b>Program Type:</b>	AGED ALZHEIMERS

**II. ALLEGATION(S)**

	<b>Violation Established?</b>
Resident A was neglected.	No
Poor staffing levels.	No
Facility is dirty.	Yes
Additional Findings	No

The complainant identified some concerns that were not related to licensing rules and statues for a home for the aged. Therefore, only specific items pertaining to homes of the aged provisions of care were considered for investigation. The following items were that that could be considered under the scope of licensing.

**III. METHODOLOGY**

10/04/2024	Special Investigation Intake 2025A1035003
10/07/2024	Special Investigation Initiated - Letter
11/13/2024	Contact - Face to Face
12/05/2024	Inspection Complete. BCAL Sub Compliant.
12/16/2024	Exit Conference.

**ALLEGATION:**

Resident A was neglected.

**INVESTIGATION:**

On October 4, 2024, the department received a complaint through the online complaint system which read: "Resident A passed away on 10/02/2024 due to medical neglect over the course of 1 week. Resident passed away drowning in her own body fluids. Facility is understaffed and management refuses to work. Hospice care is not being given. Facility is unclean."

On October 07, 2024, an email was sent to Daniel Popaj Authorized Representative requesting service plan, progress notes, and medication administration record (MAR) for Resident A.

On October 08, 2024, requested information received. Documents received stated Resident A was signed on to hospice care through Heart-to-Heart Hospice. MAR provided which indicted medication had been administered as ordered.

<b>APPLICABLE RULE</b>	
<b>R 325.1921</b>	<b>Governing bodies, administrators, and supervisors.</b>
	<p><b>(1) The owner, operator, and governing body of a home shall do all of the following:</b></p> <p><b>(b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.</b></p>
<b>ANALYSIS:</b>	<p>Through record review Resident A advanced directive indicated Do Not Resuscitate DNR.</p> <p>Hospice progress notes indicate a natural progression through life with services increasing to daily nurse visits on October 1, 2024, related to a change in condition. Daily medications discontinued October 1, 2024, related to Resident A's inability to swallow.</p> <p>Based on information obtained this allegation has not been substantiated.</p>
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION:**

Poor staffing

**INVESTIGATION:**

On October 4, 2024, the department received a complaint through the online complaint system which read: "Facility is understaffed and management refuses to work."

On October 18, 2024, the department received an additional complaint which read: "The facility is understaffed and are now moving in 16 new patients."

On October 8, 2024, the facility provided staffing schedule for September 15, 2024, through October 5, 2024.

On November 13, 2024, an onsite investigation was conducted. While onsite, I interviewed Jessica Butler Administrator who states the facility is staff according to resident census and acuity. Facility staffing goals currently is five care staff on days and afternoons and four care staff on midnights for the average daily census of 42 residents 9 of which reside on the memory care unit.

While onsite, I interviewed Staff Person (SP)1 who states, “someone calls off every shift or doesn’t come in and often no one comes in for coverage therefore the team must work hard to meet the needs of the residents.”

While onsite, I interviewed SP2 states “staffing is okay, the scheduler doesn’t schedule right.”

While onsite, I interviewed SP3 who states she loves the residents, the environment is decent, and staffing is up and down. SP3 continues to state staff members have poor work ethic, the scheduler often schedules the on-call staff member on their on-call day therefore shorting the team.”

Approximately ten residents observed all dressed appropriately, well groomed, and engaged in conversation in common areas.

<b>APPLICABLE RULE</b>	
<b>R 325.1931</b>	<b>Employees; general provisions.</b>
	<b>(5) The home shall have adequate and sufficient staff on duty at all times who are awake, fully dressed, and capable of providing for resident needs consistent with the resident service plans.</b>
<b>ANALYSIS:</b>	Through interview with the Administrator, staffing goals have been increased to five care staff on days and afternoons decreasing to four care staff on midnights with an average daily census of 42 residents. Through record review, the schedule provided meets the stated staffing goals.  Based on information gathered this allegation has not been substantiated.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION:**

Facility is dirty.

**INVESTIGATION:**

On October 4, 2024, the department received a complaint through the online complaint system which read: "Facility is unclean"

On October 18, 2024, the department received an additional complaint which read: "There is mold all over the kitchen staff isn't doing diet restriction."

On November 13, 2024, an onsite investigation was conducted. While onsite I interviewed SP4 who states the kitchen has been dirty for some time with "no action behind anything." SP4 toured kitchen with writer pointing out areas of concern stating attempts to address this concern have been made without follow through.

While onsite I interviewed SP5 who states the kitchen is cleaned daily. While touring kitchen with SP5, areas of concern observed inclusive of excessive food and grease build up noted on grill, by stove pilots and oven, copious amounts of sustances noted on walls, refrigerators, shelving in refrigerator, dry storage room, floors, and freezer. SP5 stated she had been on vacation for a week and thing must have been overlooked.

<b>APPLICABLE RULE</b>	
<b>R 325.1979</b>	<b>General maintenance and storage.</b>
	<b>(1) The building, equipment, and furniture shall be kept clean and in good repair.</b> <b>(2) A room shall be provided in the home or on the premises for equipment and furniture maintenance and repair and storage of maintenance equipment and supplies.</b> <b>(3) Hazardous and toxic materials shall be stored in a safe manner.</b>

<b>ANALYSIS:</b>	<p>Through direct observation copious amounts of food and grease buildup noted on grill, cooktop element, drip pans, and oven. Spillage noted on walls, inside mini refrigerator and floors. Food particles and dust noted on kitchen shelves. Dishwasher and sink area observed with white film on walls and floor. Dry storage noted with candy bag open, disorganized food products, debris noted on shelves and floor. Large refrigerator noted with food improperly stored, food not labeled, food not dated, spillage on floor and shelves, several expired items. Freezer noted with spillage, debris on floor and shelves, and open non dated items. Juice machine noted with buildup.</p> <p>Based on observation this allegation has been substantiated.</p>
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**IV. RECOMMENDATION**

Contingent upon receipt of an acceptable corrective action plan, I recommend the status of this license remain unchanged.



12/3/2024

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Jennifer Heim, Health Care Surveyor      Date  
 Long-Term-Care State Licensing Section

Approved By:



12/05/2024

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