



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

December 18, 2024

Wendy Demarest  
4790 Scottdale Road  
St Joseph, MI 49085

RE: License #: AS110075130  
Investigation #: 2025A0790002  
Gilead Home

Dear Wendy Demarest:

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. If I am not available and you need to speak to someone immediately, please contact the local office at (616) 356-0183.

Sincerely,

A handwritten signature in cursive script that reads "Rodney Gill". The signature is written in dark ink on a light background.

Rodney Gill, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS110075130
<b>Investigation #:</b>	2025A0790002
<b>Complaint Receipt Date:</b>	11/07/2024
<b>Investigation Initiation Date:</b>	11/08/2024
<b>Report Due Date:</b>	01/06/2025
<b>Licensee Name:</b>	Wendy Demarest
<b>Licensee Address:</b>	4790 Scottdale Road St Joseph, MI 49085
<b>Licensee Telephone #:</b>	(269) 429-0097
<b>Administrator:</b>	Wendy Demarest
<b>Licensee:</b>	Wendy Demarest
<b>Name of Facility:</b>	Gilead Home
<b>Facility Address:</b>	4790 Scottdale Road Saint Joseph, MI 49085
<b>Facility Telephone #:</b>	(269) 428-2238
<b>Original Issuance Date:</b>	05/14/1997
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	10/18/2023
<b>Expiration Date:</b>	10/17/2025
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL ALZHEIMERS AGED TRAUMATICALLY BRAIN INJURED

## II. ALLEGATION(S)

	Violation Established?
Staff do not have required background screening documentation in their <i>Employee Records</i> .	Yes
The facility is missing required documentation per licensing rules.	Yes
Resident records are not up to date.	Yes
Residents are neglected.	No
The facility is unsanitary.	No

## III. METHODOLOGY

11/07/2024	Special Investigation Intake 2025A0790002
11/08/2024	Special Investigation Initiated - Telephone  Interviewed Complainant. I confirmed the allegations are accurate and comprehensive.
11/12/2024	Inspection Completed On-site  Interviewed direct care staff member (DCSM) Brenda Shelton, Licensee Wendy Demarest, and inspected the facility.
12/10/2024	Contact - Face to Face at the facility.  Interviewed DCSM Lydia Kaunda and licensee Wendy Demarest.
12/10/2024	Exit Conference with licensee Wendy Demarest.
12/11/2024	Inspection Completed-BCAL Sub. Compliance
12/11/2024	Corrective Action Plan Requested and Due on 12/26/2024

### ALLEGATION:

**Staff do not have required background screening documentation in their *Employee Records*.**

## INVESTIGATION:

The complainants email indicated DCSMs do not have required documentation in their *Employee Records* such as applications, references, background checks, education, driver's licenses, Social Security cards, training documentation, etc.

On 12/10/24, during an unannounced onsite visit, I reviewed *Employee Records*. I specifically reviewed DCSM Charvat Chonella's *Employee Records*. I did not find proof of good moral character in Ms. Chonella's *Employee Records*. There was no Michigan Workforce Background check completed.

On 12/10/24, I interviewed licensee Wendy Demarest. Ms. Demarest indicated she was never informed and unaware she had to conduct a Michigan Workforce Background Check on herself and all direct care staff members (DCSM) working at the facility prior to DCSMs working alone with residents.

I found all required documentation per licensing rules other than Ms. Chonella's Michigan Workforce Background check.

I provided Ms. Demarest with consultation and technical assistance regarding how to complete Michigan Workforce Background checks.

APPLICABLE RULE	
MCL 400.734b	conditional employment.
	<p><b>(6) If an adult foster care facility determines it necessary to employ or independently contract with an individual before receiving the results of the individual's criminal history check or criminal history record information required under this section, the adult foster care facility may conditionally employ the individual if all of the following apply:</b></p> <p><b>(c) Except as otherwise provided in this subdivision, the adult foster care facility does not permit the individual to have regular direct access to or provide direct services to residents in the adult foster care facility without supervision until the criminal history check or criminal history record information is obtained and the individual is eligible for that employment. If required under this subdivision, the adult foster care facility shall provide on-site supervision of an individual in the facility on a conditional basis under this subsection by an individual who has undergone a criminal history check conducted in compliance with this section. An</b></p>

	<p>adult foster care facility may permit an individual in the facility on a conditional basis under this subsection to have regular direct access to or provide direct services to residents in the adult foster care facility without supervision if all of the following conditions are met:</p> <p>(i) The adult foster care facility, at its own expense and before the individual has direct access to or provides direct services to residents of the facility, conducts a search of public records on that individual through the internet criminal history access tool maintained by the department of state police and the results of that search do not uncover any information that would indicate that the individual is not eligible to have regular direct access to or provide direct services to residents under this section.</p> <p>(ii) Before the individual has direct access to or provides direct services to residents of the adult foster care facility, the individual signs a statement in writing that he or she has resided in this state without interruption for at least the immediately preceding 12-month period.</p> <p>(iii) If applicable, the individual provides to the department of state police a set of fingerprints on or before the expiration of 10 business days following the date the individual was conditionally employed under this subsection.</p>
<b>ANALYSIS:</b>	Ms. Demarest admitted no Michigan Workforce Background check was completed for Ms. Chanella or other DCSMs working at the facility.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

<b>APPLICABLE RULE</b>	
<b>R 400.14208</b>	<b>Direct care staff and employee records.</b>
	<p><b>Rule 208. (1) A licensee shall maintain a record for each employee. The record shall contain all the following employee information:</b></p> <p><b>(f) Verification of reference checks.</b></p>

<b>ANALYSIS:</b>	DCSM Charvat Chanella did not have proof of good moral character review in her Employee Records.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**ALLEGATION:**

**The facility is missing required documentation per licensing rules.**

**INVESTIGATION:**

The complainants email indicated the facility does not have all documentation required by licensing to be kept at a facility. Specifically, personnel policies, organizational charts, job descriptions, current and updated license agreement, financial statements, budget (forecast/contingency plan), floor plan, or articles of incorporation LLC.

On 11/12/24, I reviewed facility records. I was not able to locate fire drills. DCSM Brenda Shelton and licensee Wendy Demarest admitted DCSMs have not been conducting monthly fire drills because of the residents' physical limitations. I provided consultation and technical assistance regarding options for conducting monthly fire drills given the residents' physical limitations.

I was able to locate and review the following facility records: personnel policies, organizational chart, job descriptions, current and updated license agreement, financial statement, budget (forecast/contingency plan), floor plan, and articles of incorporation LLC.

<b>APPLICABLE RULE</b>	
<b>R 400.14209</b>	<b>Home records generally.</b>
	<b>(1) A licensee shall keep, maintain, and make available for department review, all the following home records:</b>  <b>(k) Fire drill records.</b>
<b>ANALYSIS:</b>	I was not able to locate fire drills. DCSM Ms. Shelton and licensee Ms. Demarest admitted DCSMs have not been conducting monthly fire drills because of the residents' physical limitations.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**ALLEGATION:**

**Resident records are not up to date.**

**INVESTIGATION:**

On 11/12/24, Resident C did not have an updated *Assessment Plan for AFC Residents*. The assessment plans had not been updated since 2022 and should be updated annually.

<b>APPLICABLE RULE</b>	
<b>R 400.14301</b>	<b>Resident assessment plan.</b>
	<b>(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.</b>
<b>ANALYSIS:</b>	Based on the information gathered during this Special Investigation through review of documentation and interviews with DCSM Ms. Shelton and licensee Ms. Demarest there was evidence found indicating <i>Resident Records</i> are not up to date.  Resident C's <i>Assessment Plan for AFC Residents</i> was not updated.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

The complainants email indicated the facility does not have all the required *Resident Records* on hand per licensing rules.

On 11/12/24, I reviewed Resident B & C's records and found they each did not have an updated *Resident Care Agreement*.

On 11/12/24, I interviewed direct care staff member (DCSM) Brenda Shelton who was responsible for ensuring all required documentation is completed per licensing rules. Ms. Shelton admitted she had been struggling with keeping up with all the required documentation for the facility.

<b>APPLICABLE RULE</b>	
<b>R 400.14301</b>	<b>Resident care agreement.</b>
	<p><b>(6) At the time of a resident's admission, a licensee shall complete a written resident care agreement. A resident care agreement is the document which is established between the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee and which specifies the responsibilities of each party. A resident care agreement shall include all of the following:</b></p> <ul style="list-style-type: none"> <li><b>(a) An agreement to provide care, supervision, and protection, and to assure transportation services to the resident as indicated in the resident's written assessment plan and health care appraisal.</b></li> <li><b>(b) A description of services to be provided and the fee for the service.</b></li> <li><b>(c) A description of additional costs in addition to the basic fee that is charged.</b></li> <li><b>(d) A description of the transportation services that are provided for the basic fee that is charged and the transportation services that are provided at an extra cost.</b></li> <li><b>(e) An agreement by the resident or the resident's designated representative or responsible agency to provide necessary intake information to the licensee, including health-related information at the time of admission.</b></li> <li><b>(f) An agreement by the resident or the resident's designated representative to provide a current health care appraisal as required by subrule (10) of this rule.</b></li> <li><b>(g) An agreement by the resident to follow the house rules that are provided to him or her.</b></li> <li><b>(h) An agreement by the licensee to respect and safeguard the resident's rights and to provide a written copy of these rights to the resident.</b></li> <li><b>(i) An agreement between the licensee and the resident or the resident's designated representative to follow the home's discharge policy and procedures.</b></li> <li><b>(j) A statement of the home's refund policy. The home's refund policy shall meet the requirements of R 400.14315.</b></li> </ul>

	<p><b>(k) A description of how a resident's funds and valuables will be handled and how the incidental needs of the resident will be met.</b></p> <p><b>(l) A statement by the licensee that the home is licensed by the department to provide foster care to adults.</b></p>
<b>ANALYSIS:</b>	Resident B and Resident C had no updated <i>Resident Care Agreement</i> .
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

On 11/12/24, I discovered DCSMs had not been recording residents' weights.

Ms. Shelton disclosed most of the residents currently living at the facility suffer from physical disabilities making it impossible for DCSMs to obtain their weights monthly. I provided consultation and technical assistance regarding how to obtain monthly weights on all their residents regardless of their physical disabilities.

<b>APPLICABLE RULE</b>	
<b>R 400.14310</b>	<b>Resident health care.</b>
	<b>(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.</b>
<b>ANALYSIS:</b>	Weight records for Resident A, Resident B, Resident C, Resident D, Resident E, or Resident F were not completed as required.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

On 11/12/24, Resident B and Resident C had no *Fund II* forms in their *Resident Records*.

On 11/12/24, I interviewed licensee Wendy Demarest. I informed Ms. Demarest I was unable to locate *Funds II* forms for Resident B or Resident C when reviewing *Resident Records*. Ms. Demarest admitted they have not been completing *Funds II* forms for room and board and have never been informed they had to do so.

<b>APPLICABLE RULE</b>	
<b>R 400.14315</b>	<b>Handling of resident funds and valuables.</b>
	<b>(13) A licensee shall provide a complete accounting, on an annual basis and upon request, of all resident funds and valuables which are held in trust and in bank accounts or which are paid to the home, to the resident, or to his or her designated representative. The accounting of a resident's funds and valuables which are held in trust, or which are paid to the home shall also be provided, upon the resident's or designated representative's request, not more than 5 banking days after the request and at the time of the resident's discharge from the home.</b>
<b>ANALYSIS:</b>	Resident B and Resident C had no <i>Funds II</i> forms in their Resident Records.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

#### **ALLEGATION:**

**Residents are neglected.**

#### **INVESTIGATION:**

The email indicated Resident A previously needed elbow protectors because he suffers from Huntington's Disease which causes him to jerk and flop around in his bed and injure his upper arms and elbows on his bedrails.

The complainant provided pictures allegedly of some superficial wounds located on Resident A's right elbow and right side of his arm he previously received from hitting it on the siderails that are attached to his bed. The Complainant also provided texts between DCSMs indicating they were aware of the superficial wounds and taking steps to treat the wounds and ensure Resident A does not continue to injure himself.

On 11/12/24, during an unannounced onsite investigation, I observed all six Residents currently living at the facility, and they all appeared clean, well groomed, calm, and content. It appeared that all the residents' needs were being met.

On 12/10/24, during an unannounced onsite visit, I observed all the residents living at the facility. The residents all appeared clean, well groomed, calm, and content. Again, it appeared that all the residents' needs were being met.

I observed Resident A during both unannounced onsite visits. Resident A had no marks, bruises, or wounds on any of his extremities. Resident A was

receiving direct care when I entered his bedroom on 11/12/24. All of Resident A's needs appeared to be met.

I was unable to interview the residents because of cognitive deficits but all appeared to be well cared for and had pleasant affects.

<b>APPLICABLE RULE</b>	
<b>R 400.14303</b>	<b>Resident care; licensee responsibilities.</b>
	<b>Rule 303. (1) Care and services that are provided to a resident by the home shall be designed to maintain and improve a resident's physical and intellectual functioning and independence. A licensee shall ensure that all interactions with residents promote and encourage cooperation, self-esteem, self-direction, independence, and normalization.</b>
<b>ANALYSIS:</b>	Based on the information gathered during this investigation through two unannounced onsite inspections there was no evidence found indicating residents' physical needs are being neglected.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION:**

**The facility is unsanitary.**

## INVESTIGATION:

On 11/7/24, I reviewed an email from an anonymous Complainant. The email indicated smeared blood, and poop has been observed along the side of the wall in Resident A's bedroom. The email indicated the television room reeks of urine

On 11/8/24, I called the complainant and confirmed the allegations are accurate and comprehensive.

I conducted an unannounced onsite investigation on 11/12/24. I inspected the entire facility. The facility was tastefully decorated and well maintained. The entire facility was clean and well organized.

Resident A's bedroom was clean and organized. There was no evidence of smeared blood, feces, or any other substances on any of the walls.

On 12/10/24, I conducted an unannounced onsite visit. The entire facility was again observed to be clean and organized. I had no concerns regarding cleanliness or organization of the facility.

<b>APPLICABLE RULE</b>	
<b>R 400.14403</b>	<b>Maintenance of premises.</b>
	<b>(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.</b>
<b>ANALYSIS:</b>	The facility was clean, organized, and in good repair during both onsite visits.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

On 12/10/24, I conducted an exit conference with licensee Demarest. Ms. Demarest did not dispute the findings of this special investigation, agreed to comply with all recommendations made, and to complete and implement a corrective action plan within the requested timeframe.

#### IV. RECOMMENDATION

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



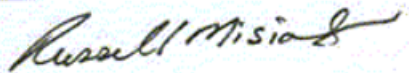
12/12/24

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Rodney Gill  
Licensing Consultant

Date

Approved By:



12/19/24

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Russell B. Misiak  
Area Manager

Date