



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 14, 2025

Sunil Bhattad
Memory Mission, LLC
415 N Chippewa St.
Shepherd, MI 48883

RE: License #: AL370377901
Investigation #: 2025A0577023
Stone Lodge Supportive Senior Living

Dear Mr. Bhattad:

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) 284-9727.

Sincerely,

Bridget Vermeesch

Bridget Vermeesch, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL370377901
Investigation #:	2025A0577023
Complaint Receipt Date:	03/05/2025
Investigation Initiation Date:	03/07/2025
Report Due Date:	05/04/2025
Licensee Name:	Memory Mission, LLC
Licensee Address:	415 N Chippewa St. Shepherd, MI 48883
Licensee Telephone #:	(989) 828-5683
Administrator/Licensee Designee:	Sunil Bhattad
Name of Facility:	Stone Lodge Supportive Senior Living
Facility Address:	415 N. Chippewa Street Shepherd, MI 48883
Facility Telephone #:	(989) 828-5683
Original Issuance Date:	04/01/2016
License Status:	REGULAR
Effective Date:	10/01/2024
Expiration Date:	09/30/2026
Capacity:	14
Program Type:	AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
The facility was found noncompliant with the Bureau of Fire Services-Fire Marshall Division annual reinspection completed on 02/28/2025 and certification was disapproved.	Yes

III. METHODOLOGY

03/05/2025	Special Investigation Intake- 2025A0577023
03/07/2025	Special Investigation Initiated – Telephone call made. BFS Inspector James Kibart.
03/13/2025	Inspection Completed On-site- review of physical plant.
03/13/2025	Contact - Telephone call made- BFS Inspector James Kibart.
03/13/2025	Inspection Completed-BCAL Sub. Compliance
03/13/2025	Exit Conference with Licensee Designee Sunil Bhattad.

ALLEGATION: The facility was found noncompliant with the Bureau of Fire Services-Fire Marshall Division annual reinspection completed on 02/28/2025 and certification was disapproved.

INVESTIGATION:

On 02/28/2025, LARA/BCHS AFC Licensing received an *Inspection Report* from the Bureau of Fire Services (BFS)-Fire Marshal Division reporting an annual re-check inspection was completed on 02/28/2025 and was disapproved due to the following deficiencies:

- Penetrations for cables, cable trays, conduits, pipes, tubes, combustion vents and exhaust vents, wires, and similar items to accommodate electrical, mechanical, plumbing, and communications systems that pass through a wall, floor, or floor/ceiling assembly constructed as a fire barrier shall be protected by a firestop system or device. 8.3.5.1
 - INSPECTOR COMMENTS:
Furnace room penetrations must be sealed.
12/4/2024: Please provide documentation of sealant used.
1/10/2025: No change. Per our phone conversation on 1-15-25, please remove sealant and replace with an approved sealant.
2/11/2205: Partially addressed. Not all penetrations have sealant applied, and those penetrations where sealant has been applied are not fully sealed.

2/28/2025: Not all penetrations have sealant applied, and those penetrations where sealant has been applied are not fully sealed.

Per the BFS Inspection Reports received the annual inspection was conducted on 10/02/2024, with a re-inspections conducted on the following dates 12/04/2025, 01/10/2025, 02/11/2025 all providing a temporary fire certification until the disapproval certification was issued on 02/28/2025 and a reinspection to be completed by 03/18/2025.

On March 07, 2025 I spoke with James Kibart, BFS Inspector with Department of Licensing and Regulatory Affairs, Bureau of Fire Services, Fire Marshal Division who reported the facility furnace room needs to be 1-hour rated and in order to do so anything going through the walls, such as pipes, duct work, and conduit needs to be sealed at the exit through the ceiling, walls, and floors with an approved fire sealant. Mr. Kibart reported he has spoken with individuals associated with the license and communicated what was required. Mr. Kibart reported facility administration purchased the correct approved sealant and is in the process of sealing the openings around pipes, duct work, and conduit.

On March 13, 2025, I completed an unannounced onsite investigation and spoke with Heather Hamilton, Home Manager, who reported she is new to the facility but is aware the maintenance person is working on sealing the pipes, duct work, and conduit in the furnace room with a sealant. I observed the furnace room and found the pipes, duct works, and conduit are being sealed with a fire barrier sealant in a caulk form made by 3M.

On March 13, 2025, I left a message for James Kibart, BFS Inspector with an update of my onsite investigation and the progress being made to seal the openings around pipes, duct work, and conduit through the walls, ceilings, and flooring.

APPLICABLE RULE	
MCL 400.711	Inspections; visitations; administration and enforcement of rules; reports; final determination as to license; public inspection of reports; biannual inspection report for certain entities.
	(2) The bureau of fire services created in section 1b of the fire prevention code, 1941 PA 207, MCL 29 1b, or local authorities, in carrying out this act, may visit an adult foster care facility more often than annually to advise in matters affecting health or fire protection. Inspections shall be made as permitted by law. (6) Inspection reports required by this section must be furnished to the department and shall be used in the

	evaluation for licensing of an adult foster care facility. The department must consider the reports carefully and may make special consultations if necessary. The department is responsible for the final determination of the issuance, denial, or revocation and the temporary or provisional nature of a license issued to an adult foster care facility. A report of the department's findings must be furnished to the licensee or applicant.
ANALYSIS:	On 10/02/2024 the annual BFS inspection was completed, and a temporary certification was issued due to deficiencies as the furnace room did not meet the 1-hour required rating. BFS completed re-inspections to determine compliance on 12/04/2025, 01/10/2025, 02/11/2025 with final inspection completed on 02/28/2025 resulting in a disapproved certification. Consequently, the facility was in noncompliance with BFS rule requirements.
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.15403	Maintenance of premises.
	(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.
ANALYSIS:	On 02/28/2025, the facility was issued a disapproval certification from BFS due to deficiencies due to the furnace room not meeting the 1-hour required because of unsealed openings around pipes, duct work, and conduit. It has been found the furnace room has not been maintained to provide adequate health, safety, and well-being of the occupants.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Upon the receipt of an acceptable corrective action plan, I recommended that the current status of the license remains unchanged.

Bridget Vermeesch

03/14/2025

Bridget Vermeesch
Licensing Consultant

Date

Approved By:

Dawn Timm

03/14/2025

Dawn N. Timm
Area Manager

Date