



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 18, 2025

Cavel Young
Comfort Living Home L.L.C.#3
2111 North Drake
Kalamazoo, MI 49006

RE: License #: AM140409800
Investigation #: 2025A1030027
Comfort Living Home L.L.C. #3

Dear Ms. Young:

Attached is the Special Investigation Report for the above referenced facility. Due to the severity of the violations, disciplinary action against your license is recommended. You will be notified in writing of the department's action and your options for resolution of this matter.

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 black ink that reads "Nile Khabeiry, LMSW".

Nile Khabeiry, 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

License #:	AM140409800
Investigation #:	2025A1030027
Complaint Receipt Date:	03/06/2025
Investigation Initiation Date:	03/06/2025
Report Due Date:	05/05/2025
Licensee Name:	Comfort Living Home L.L.C.#3
Licensee Address:	2111 North Drake Kalamazoo, MI 49006
Licensee Telephone #:	(269) 760-1182
Administrator:	Cavel Young
Licensee Designee:	Cavel Young
Name of Facility:	Comfort Living Home L.L.C. #3
Facility Address:	50253 M-51 N Dowagiac, MI 49047
Facility Telephone #:	(269) 760-1182
Original Issuance Date:	02/02/2022
License Status:	1ST PROVISIONAL
Effective Date:	10/30/2024
Expiration Date:	04/29/2025
Capacity:	10
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
The facility was not safeguarding or administering resident medications.	Yes
Additional Findings	Yes

III. METHODOLOGY

03/06/2025	Special Investigation Intake 2025A1030027
03/06/2025	Contact - Document Received Received and reviewed email from Tasha Stewart
03/06/2025	Special Investigation Initiated - On Site Interview with Cavel Young
03/06/2025	Contact - Face to Face Interview with Eric Nelson
03/06/2025	Contact - Document Received Received and reviewed Invoices from Kalamazoo Long-term Care Pharmacy
03/07/2025	Contact - Telephone call made Interview with Deborah Genero
03/10/2025	APS Referral APS made
03/10/2025	Contact - Telephone call made Interview with Eulalee James
03/10/2025	Contact - Telephone call made Interview with Wykena Swift
03/10/2025	Contact - Document Received Received email from K. Adam Krajniak Jr.
03/11/2025	Inspection Completed On-site Reviewed MAR on-site

03/11/2025	Contact - Document Received Received and reviewed Wykenna Swift's employee file
03/12/2025	Contact - Document Received Received and reviewed Eulalee James' employee file
03/12/2025	Contact - Document Received Received and reviewed Deborah Genero's employe file
03/13/2025	Exit Conference Exit conference by phone

ALLEGATION:

The facility is not safeguarding or administering resident medications appropriately.

INVESTIGATION:

On 3/5/24, I received an email from Riverwood Community Mental Health recipient rights officer Tasha Stewart regarding concerns about the facility's medication administration process and procedures. Ms. Stewart reported that she requested Ms. Young demonstrate how she administered medications to the residents. Ms. Stewart reported the medication cart was unlocked and that she began popping the medication out of the bubble pack for Resident A. Ms. Stewart noted Ms. Young did not reference Resident A's medication administration record (MAR) or any other documentation related to his medication instructions or needs. Ms. Stewart reported she reviewed the MARs for the seven residents in care and only Resident A's MARs were filled out for March 2025, which made it appear as though no medications had been administered in March 2025 or at a minimum no record keeping had been done for any of the other residents. Ms. Stewart reported Ms. Young informed her that the pharmacy did not send the MARs to her because she was transitioning to an electric system called "THERAP" and therefore she did not receive the paper MAR's as usual on 3/4/25. Ms. Stewart also noted that there were three bottles of prescription medication on the dining room table that were labeled as Ms. Young's children's medications. Ms. Stewart stated she informed Ms. Young that readily accessible and non-secured prescription medication posed a significant safety concern and poisoning risk to residents.

On 3/6/25, I conducted an on-site investigation at the facility. Cavel Young was the only staff member working. Upon entering the facility, I went into the dining room and noted there was a cardboard box under the dining room table with several bubble pack medication cards for Resident B and Resident C that had medications

contained within. I also noted the medication cart was unlocked and there were two bottles of (Resident D's Haloperidol and Seroquel) medication on top of the medication cart. In addition, there was a 30-day bubble pack from January 2025 containing one of Resident D's unadministered Pantoprazole tablets haphazardly left on the dining room table where it could have been easily lost or taken by another resident. Given the lack of organization and safety concerns I witnessed; I requested Ms. Young explain what her procedure for medication safekeeping was. Ms. Young reported the policy, and procedure was to store medications in the locked medication cart and in the secured medication room located near the kitchen. We walked to the medication room, and I noted a large bag filled with resident medications on the floor within the medication room. I also noted the door to the room was wide open and accessible to anyone in the facility and had been open roughly fifteen minutes while Ms. Young and I were speaking at the dining room table.

I expressed concern to Ms. Young about the medications left accessible in a common area of the home and the medication room unsecured. Ms. Young reported she was working on the medications when I arrived and questioned out loud how else, by herself, she could manage the medications and resident care needs. I provided consultation to Ms. Young about adequate staffing of the facility as one direct care staff member is not enough to provide adequate personal care while organizing the resident medications. Ms. Young replied to my consultation with a similar response about not knowing what to do when she is working alone but then agreed with my consultation about staffing.

I reviewed the resident MARs for March 2025 and noted the MARs were blank for Resident B, D, E and F and were completed for Residents A, C and G. Ms. Young reported the MARs were delivered to the facility yesterday as the pharmacy did not deliver them earlier because she stated "they thought" she was using the "THERAP" electronic medication system. Ms. Young stated Kalamazoo Long Term Care Pharmacy was the supplier of medications to the facility. Ms. Young reported she administered the residents their medications during the time she did not have the paper MAR's and was planning to complete them fully now that she has the MAR's.

On 3/6/25, I interviewed the owner of Kalamazoo Long Term Care Pharmacy, Eric Nelson at the pharmacy. Mr. Nelson confirmed that they supply medication to the facility. Mr. Nelson reported they may ship the medications, and the MAR separately but always send the MAR prior to the first day of the month as the facilities must begin documentation on the first day of the month. Mr. Nelson was able to provide documentation that the March MARs were delivered to the facility on 2/24/25 and provided me with a copy of the invoice signed and dated 2/24/25 by facility employee Deborah Genero. Mr. Nelson confirmed it was the long-term goal of the facility to switch to an electronic MAR (E-MAR) system. However, as of this day the facility was using a paper MAR system.

On 3/7/25, I interviewed direct care staff member (DCSM) Deborah Genero by phone. Ms. Genero reported she currently works 7:00am to 8:00pm five days per week. Ms. Genero confirmed that she received and signed for the paper MAR on 2/24/25. Ms. Genero reported she administers medications during her shifts and documents the administration in a “medication book” but not in the actual MAR. Ms. Genero reported Ms. Young completed the MAR for each resident later.

On 3/10/25, I interviewed DCSM Eulalee James by phone. Ms. James reported she has worked at the home for two weeks and currently was in training. Ms. James reported she was specifically training to pass medications. Ms. James reported she has worked at other facilities in other states and currently cooks, cleans, provided personal care and transportation of residents. Ms. James reported she took a resident, by herself and unsupervised, to a medical appointment on 3/6/25.

On 3/10/25, I interviewed DCSM Wykena Swift by phone. Ms. Swift reported she has been working at the facility for one week but has worked at other facilities. Ms. Swift reported she was in training and had not passed medications. Ms. Swift reported she provided personal care to the residents as well as prepare meals and clean the facility.

APPLICABLE RULE	
R 400.312	Resident medications.
	(6) A licensee shall take reasonable precautions to ensure that prescription medication is not used by a person other than the resident for whom the medication was prescribed.
ANALYSIS:	Based on interviews and review of documentation this violation will be established. During an on-site investigation I observed resident medications in multiple locations in the facility that were unsecured and accessible to the residents including under the dining room table on the dining room table, on top of the medication cart, in the unlocked medication cart and in the unsecured medication room. In addition, it was also discovered that the residents were administered medications during March 2025 and their MARs were not completed. While Ms. Young misrepresented that she had not received the paper MARs from the pharmacy, I was able to ascertain through documentation and interview that the MAR’s were present and available for use in the facility.
CONCLUSION:	VIOLATION ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION:

On 3/10/25, I received an email information from the manager of the Workforce Background Check (WFBC) section, K. Adam Krajniak. Mr. Krajniak reported employees Eulalee James and Wykena Swift had not been inputted into or cleared through the facility’s WFBC account. Furthermore, it was determined that Ms. Genero was wrongly cleared through the separate account of another licensed facility owned by Ms. Young and not separately associated/affiliated though the facility account where she was currently employed.

On 3/11/25, I conducted an on-site at the facility. I noted Ms. Young was not there and DCSM Eulalee James was providing care for the residents. I called Ms. Young to inform her of my visit and asked to review the employee files. Ms. Young reported employee-documents were in her office at the facility, but the door was locked, Ms. James did not have a key, and she would not be back until later. Ms. Young was asked to send me the employee files by midnight.

On 3/11/25, I received and reviewed Wykenna Swift employee file from Ms. Young via email. I noted Ms. James’ file did not contain WFBC employability notice indicating she was eligible to work in the facility. The email did not contain her completed WFBC employee *Consent and Disclosure Form*.

On 3/12/25, I received and reviewed Eulaee James and Deborah Genero’s employee files. I noted Ms. James’s file did not contain an employability notice indicating she was eligible to work at the facility. I also noted Ms. Genero’s file contained an employability notice from another facility and not this facility where Ms. Genero was currently employed. The email did not contain Ms. Genero’s completed WFBC employee *Consent and Disclosure Form*.

APPLICABLE RULE	
MCL 400.734b	Employing or contracting with certain individuals providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; determination of existence of national criminal history;
	(2) Except as otherwise provided in this subsection or subsection (6), an adult foster care facility shall not employ or independently contract with an individual who has direct access to residents until the adult foster care facility or staffing agency has conducted a criminal history check in compliance with this section or has received criminal

	<p>history record information in compliance with subsections (3) and (11). This subsection and subsection (1) do not apply to an individual who is employed by or under contract to an adult foster care facility before April 1, 2006. On or before April 1, 2011, an individual who is exempt under this subsection and who has not been the subject of a criminal history check conducted in compliance with this section shall provide the department of state police a set of fingerprints and the department of state police shall input those fingerprints into the automated fingerprint identification system database established under subsection (14). An individual who is exempt under this subsection is not limited to working within the adult foster care facility with which he or she is employed by or under independent contract with on April 1, 2006 but may</p> <p>Rendered Wednesday, March 9, 2022 Page 25 Michigan Compiled Laws Complete Through PA 18 of 2022 <input type="checkbox"/></p> <p>Courtesy of www.legislature.mi.gov transfer to another adult foster care facility, mental health facility, or covered health facility. If an individual who is exempt under this subsection is subsequently convicted of a crime or offense described under subsection (1)(a) to (g) or found to be the subject of a substantiated finding described under subsection (1)(i) or an order or disposition described under subsection (1)(h), or is found to have been convicted of a relevant crime described under 42 USC 1320a-7(a), he or she is no longer exempt and shall be terminated from employment or denied employment.</p>
<p>ANALYSIS:</p>	<p>Ms. James and Swift did not have WFBC clearances completed despite Ms. Young employing them.</p> <p>Ms. Young did not ensure the completion of employees Genero, James, and Swift <i>WFBC Consent and Disclosure</i> forms that by signature authorized her to complete a background check and explained the terms of a conditional offer of employment.</p> <p>Ms. Young allowed Ms. James on 3/6/25 to transport a resident unsupervised to a medical appointment.</p>
<p>CONCLUSION:</p>	<p>REPEAT VIOLATION ESTABLISHED</p> <p>Licensing study report (LSR) dated 7/12/22 corrective action plan (CAP) dated 8/5/22, special investigation report (SIR) # 2023A1030025 dated 3/1/23 CAP dated 3/15/23, and LSR dated 10/23/24 CAP dated 10/25/24</p>

INVESTIGATION:

Ms. Genero's employee file did not contain a physical health examination. Ms. Genero has been employed by the facility since December 2024.

APPLICABLE RULE	
R 400.14205	Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.
	(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the physician's knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.
ANALYSIS:	Ms. Genero did not have a health statement documented in her employee file.
CONCLUSION:	REPEAT VIOLATION ESTABLISHED LSR dated 7/12/22 CAP dated 8/5/22 and LSR dated 10/23/24 CAP dated 10/25/24

INVESTIGATION:

Ms. Genero, Ms. James and Ms. Swift's employee files did not contain verification of a negative TB tests.

APPLICABLE RULE	
R 400.14205	Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.
	(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent

	testing shall be verified every 3 years thereafter or more frequently if necessary.
ANALYSIS:	Ms. Young did not ensure her employees were screened for TB consistent with this rule.
CONCLUSION:	REPEAT VIOLATION ESTABLISHED LSR dated 7/12/22 CAP dated 8/5/22 and LSR dated 10/23/24 CAP dated 10/25/24

INVESTIGATION:

I reviewed Resident G's MAR which noted his Olanzapine medication was not at the facility. According to MayoClinic.org, Olanzapine is used to treat Schizophrenia. Resident G's MAR indicated this medication was an "as needed" medication and was last administered on 3/7/25. According to the MAR, Resident G was administered this medication twice per day despite this being an "as needed" medication. Ms. Young reported she contacted the pharmacy to reorder the medication and thought it would be delivered some time later today 3/11/25. Ms. Young was unable to explain why she did not reorder the medication prior to 3/7/25 as the medication was being administered twice per day.

APPLICABLE RULE	
R 400.14312	Resident medications.
	(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being S333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.
ANALYSIS:	Resident G's as needed schizophrenia medication was not available for administration at the facility.
CONCLUSION:	REPEAT VIOLATION ESTABLISHED LSR dated 10/23/24 CAP dated 10/25/24

INVESTIGATION:

While reviewing Resident E’s MAR I noted that Resident E was administered her Benztropine medication as it was in the bubble pack for the morning but was not initialed by an employee on her MAR. I noted all other morning medications were documented as administered and initialed by Ms. Young on the MAR.

APPLICABLE RULE	
R 400.14312	Resident medications.
	(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions: (b) Complete an individual medication log that contains all of the following information: (v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.
ANALYSIS:	Staff did not initial the administration of Resident E’s Benztropine medication on the morning of 3/11.
CONCLUSION:	VIOLATION ESTABLISHED

INVESTIGATION:

I reviewed the licensing file for this facility. The facility, with Ms. Young as licensee designee and administrator, has been licensed since 2/2/22. The licensee file contained historical record of inspection reports and documented the following.

Licensing study report dated 7/12/22 identified citation of MCL 400.734 (2) [criminal background checks of employees], R 400.14204 (1) [determining suitability of staff], R 400.14204 (3) [qualifications of staff], R 400.14205 (3) [health statement of licensee and staff], R 400.14205 (5) [evidence of TB screening of staff], and R 400.14208 (3) [work schedules] as all citations due to Ms. Young not complying with the maintenance of administrative rule required records. On 8/8/22, I approved your 8/5/22 submitted corrective action plan.

Special investigation # 2023A1030025 dated 3/1/23 cited MCL 400.734 (2) [employee did not have employability notice nor had fingerprinting completed]. On 3/20/23, I accepted your 3/15/23 submitted corrective action plan.

Special investigation # 2024A1030034 dated 6/27/24 cited R 400.14310 (1) [resident missed 11 radiation treatments and two chemotherapy appointments]. On 7/15/24, I accepted your 7/12/24 submitted corrective action plan.

Licensing study report dated 10/23/24 cited repeat violation of MCL 400.734 (2) [criminal background check of an employee not completed, two other employees clearances were for another facility], R 400.14201 (2) [licensee unable to provide employee files upon request], R 400.14204 (2) [licensee could not provide verification of staff training], R 400.14205 (3) [employees lacked health statements], R 400.14205 (5) [two employees lacked TB screenings], R 400.14301 (4) [a resident assessment plan was not signed], R 400.14301 (10) [a resident did not have a health care appraisal], and R 400.14312 (1) [staff were unable to locate a residents medication upon request]. On 10/30/24, I accepted your 10/25/24 submitted corrective action plan.

APPLICABLE RULE	
R 400.14201	Qualifications of administrator, licensee,
	(2) A licensee shall have the financial and administrative capability to operate a home to provide the level of care and program stipulated in the application.
ANALYSIS:	Administrator/ licensee designee Cavel Young has operated the facility since February of 2022. Ms. Young has repeatedly demonstrated inability to ensure employees are screened through the WFBC system and employable based on state law. Ms. Young has repeatedly demonstrated an inability to ensure completion of required WFBC, employee health, and resident health documents. Ms. Young has repeatedly not been able to maintain compliance with her submitted corrective action plans. Ms. Young has not demonstrated capability to assure program planning and development as this rule intends.
CONCLUSION:	REPEAT VIOLATION ESTABLISHED LSR dated 10/23/24 CAP dated 10/25/24

On 3/18/25, I shared the findings of my investigation with licensee designee Cavel Young by phone. Ms. Young disagreed with the violations related to medications. Ms. Young indicated all three employees have a WFBC for the correct facility and have TB tests and physicals. However, later stated that she was going to send them to be fingerprinted, have physicals and complete the TB screenings. Ms. Young also disagreed with the findings that she does not have the capability to operate the program.

IV. RECOMMENDATION

I recommend revocation of the license.

Nile Khabeiry, LMSW

3/18/25

Nile Khabeiry
Licensing Consultant

Date

Approved By:

Russell Misiak

3/18/25

Russell B. Misiak
Area Manager

Date