



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

April 22, 2025

Keith Marshall  
All Care, Inc.  
PO Box 247  
Hillsdale, MI 49242

RE: License #: AS460338821  
Investigation #: 2025A1032023  
All Care @Life's Junction

Dear Keith Marshall:

Attached is the Special Investigation Report for the above referenced facility. No substantial violations were found.

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) 356-0100.

Sincerely,

A handwritten signature in black ink, appearing to read "Dwight Forde".

Dwight Forde, 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>                     | AS460338821                                    |
| <b>Investigation #:</b>               | 2025A1032023                                   |
| <b>Complaint Receipt Date:</b>        | 03/31/2025                                     |
| <b>Investigation Initiation Date:</b> | 04/09/2025                                     |
| <b>Report Due Date:</b>               | 05/30/2025                                     |
| <b>Licensee Name:</b>                 | All Care, Inc.                                 |
| <b>Licensee Address:</b>              | 113 LaFayette Street<br>Hudson, MI 49247       |
| <b>Licensee Telephone #:</b>          | (517) 306-6187                                 |
| <b>Administrator:</b>                 | Keith Marshall                                 |
| <b>Licensee Designee:</b>             | Keith Marshall                                 |
| <b>Name of Facility:</b>              | All Care @Life's Junction                      |
| <b>Facility Address:</b>              | 113 LaFayette Street<br>Hudson, MI 49247       |
| <b>Facility Telephone #:</b>          | (517) 306-6187                                 |
| <b>Original Issuance Date:</b>        | 05/17/2013                                     |
| <b>License Status:</b>                | REGULAR  |
| <b>Effective Date:</b>                | 11/17/2023                                     |
| <b>Expiration Date:</b>               | 11/16/2025                                     |
| <b>Capacity:</b>                      | 6  |
| <b>Program Type:</b>                  | PHYSICALLY HANDICAPPED<br>MENTALLY ILL<br>AGED |

## II. ALLEGATION(S)

|  | <b>Violation<br/>Established?</b> |
|--|-----------------------------------|
| Resident A did not receive medication while at the facility. | No                                |
| Resident A was not provided three meals.                     | No                                |
| Additional Findings  | No                                |

## III. METHODOLOGY

|            |  |
|------------|--|
| 03/31/2025 | Special Investigation Intake<br>2025A1032023 |
| 04/09/2025 | Special Investigation Initiated - On Site    |
| 04/09/2025 | Contact – Telephone call made                |
| 04/22/2025 | Exit Conference                              |

### **ALLEGATION:**

**Resident A did not receive medication while at the facility.**

### **INVESTIGATION:**

On 4/9/25, I reached out to the complainant for time frames for alleged medication non-compliance. The complainant was unable to provide this information. The complainant indicated that Resident A declined meals at the facility.

On 4/9/25, I interviewed home manager Tonya Bernath in the facility. Ms. Bernath reported that there are no residents in the facility at this time due to Ms. Bernath's mother's recent passing. Ms. Bernath stated that Resident A was living elsewhere. She expressed that Resident A posed some behavioral challenges, describing difficulty obtaining Resident A's cooperation with providing blood sugar levels when

tested. Ms. Bernath denied that Resident A was denied insulin, and provided records for the months of January and February.

I observed the medication administration record specifically for Resident A's insulin. The document records Resident A receiving her insulin. There are notes where Resident A declined to provide her blood sugar level numbers to the recorder but receiving units of insulin anyway.

Due to there being no residents at the facility, there were no medications stocked on site. Resident A was not interviewed due to having moved out prior to the onsite inspection.

| <b>APPLICABLE RULE</b> |   |
|------------------------|---|
| <b>R 400.14312</b>     | <b>Resident medications.</b>  |
|                        | <p><b>(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></p> <p><b>(a) Be trained in the proper handling and administration of medication.</b></p> <p><b>(b) Complete an individual medication log that contains all of the following information:</b></p> <p><b>(i) The medication.</b></p> <p><b>(ii) The dosage.</b></p> <p><b>(iii) Label instructions for use.</b></p> <p><b>(iv) Time to be administered.</b></p> <p><b>(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.</b></p> |
| <b>ANALYSIS:</b>       | I observed Resident A's medication log for the month of February. The document reflects compliance with the rules governing medication administration in facilities. Resident A was given insulin according to the document. Therefore I was unable to establish a violation.   |
| <b>CONCLUSION:</b>     | <b>VIOLATION NOT ESTABLISHED</b>  |

**ALLEGATION:**

**Resident A was not provided three meals.**

**INVESTIGATION:**

On 4/9/25, the complainant advised that Resident A would often not make herself available when residents were called for meals.

On 4/9/25, Ms. Bernath denied that Resident A did not receive the required three meals a day. She explained further that Resident A would sometimes purchase food through Door Dash.

|                        |  |
|------------------------|--|
| <b>APPLICABLE RULE</b> |  |
| <b>R 400.14313</b>     | <b>Resident nutrition.</b>   |
|                        | <b>(1) A licensee shall provide a minimum of 3 regular, nutritious meals daily. Meals shall be of proper form, consistency, and temperature. Not more than 14 hours shall elapse between the evening and morning meal.</b> |
| <b>ANALYSIS:</b>       | Based on my interviews with the complainant and Ms. Bernath, it does not appear that the facility did not make attempts to provide Resident A with meals.  |
| <b>CONCLUSION:</b>     | <b>VIOLATION NOT ESTABLISHED</b>   |

On 4/22/25, I conducted an exit conference with licensee designee Keith Marshall. I shared my findings, and Mr. Marshall agreed with the conclusions reached.

**IV. RECOMMENDATION**

I recommend no change to the status of this license.

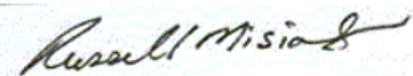


4/22/25

Dwight Forde  
Licensing Consultant

Date

Approved By:



4/24/25

Russell B. Misiak  
Area Manager

Date