



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 17, 2025

Kelly Devereaux
Mentors Of Michigan, Inc.
3812 Finch
Troy, MI 48084

RE: License #: AS630315378
Investigation #: 2025A0605007
Woodbank

Dear Kelly Devereaux:

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 (248) 975-5053.

Sincerely,

A handwritten signature in dark ink, reading "Frodet Dawisha". The signature is written in a cursive, flowing style. The word "Frodet" is written in a larger, more prominent script, while "Dawisha" is written in a slightly smaller, more compact script. The signature is positioned above the printed contact information.

Frodet Dawisha, Licensing Consultant
Bureau of Community and Health Systems
3026 W. Grand Blvd.
Cadillac Place, Ste 9-100
Detroit, MI 48202
(248) 303-6348

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS630315378
Investigation #:	2025A0605007
Complaint Receipt Date:	03/04/2025
Investigation Initiation Date:	03/04/2025
Report Due Date:	05/03/2025
Licensee Name:	Mentors Of Michigan, Inc.
Licensee Address:	3812 Finch Troy, MI 48084
Licensee Telephone #:	(248) 632-3534
Administrator/Licensee Designee:	Kelly Devereaux
Name of Facility:	Woodbank
Facility Address:	7024 Woodbank Bloomfield Hills, MI 48301
Facility Telephone #:	(248) 740-0964
Original Issuance Date:	01/26/2012
License Status:	REGULAR
Effective Date:	08/01/2024
Expiration Date:	07/31/2026
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL TRAUMATICALLY BRAIN INJURED

II. ALLEGATION(S)

		Violation Established?
Resident A does not eat pork, and alternatives are not offered. He has lost significant weight.		Yes

III. METHODOLOGY

03/04/2025	Special Investigation Intake 2025A0605007
03/04/2025	Special Investigation Initiated - Letter Email sent to Oakland County Office of Recipient Rights (ORR) Alanna Honkanen
03/05/2025	APS Referral Adult Protective Services (APS) referral made
03/05/2025	Inspection Completed On-site Conducted on-site investigation
03/05/2025	Contact - Face to Face Discussed allegations with Resident A and paternal grandmother (PGM)
03/06/2025	Contact - Telephone call received Discussed allegations with maternal grandmother (MGG)
03/06/2025	Contact - Telephone call made Discussed allegations with licensee designee Kelly Devereaux
03/09/2025	Contact - Document Received Email from Kelly Devereaux
03/14/2025	Contact - Document Received Email from ORR Amanda Clasman
03/25/2025	Contact - Telephone call made Discussed allegations with Resident A's case manager Gregory Delaney with Easterseals, DCS, and left voice mail messages for DCS.

03/25/2025	Contact - Telephone call received Discussed allegations with DCS
03/31/2025	Contact - Telephone call received Call from Kelly Devereaux
03/31/2025	Contact - Telephone call made Left message for MGM
04/07/2025	Contact - Telephone call received Followed up with MGM
04/15/2025	Exit Conference Conducted with licensee designee Kelly Devereaux with my findings

ALLEGATION:

Resident A does not eat pork, and alternatives are not offered. He has lost significant weight.

INVESTIGATION:

On 03/04/2025, intake #204562 was assigned for investigation regarding Resident A does not eat pork and there are no alternatives provided. Resident A lost 50 pounds since his admission to this group home.

On 03/04/2025, I initiated this investigation by making a referral to Adult Protective Services (APS) and to Oakland County Office of Recipient Rights (ORR). APS will not be investigating these allegations.

On 03/05/2025, I conducted an unannounced on-site investigation. Present was the home manager (HM) Krystal Clay and Residents B, C, D, and E. Resident A was picked up by his paternal grandmother (PGM) this morning after an incident. The HM was sitting on the couch in the living room because "she had a headache." Resident A stood at the opening between the living room and kitchen holding a butter knife. He was twirling the knife saying to the HM, "Why aren't you listening to me?" The HM asked him several times to set the knife down. After 10 minutes, he set the knife down on the counter. The HM took all the knives from the kitchen and locked them up. She then called the licensee designee Kelly Devereaux and the PGM. The PGM arrived at the home and picked Resident A up. He will be staying the night at the PGM's home.

I discussed the allegations with the HM. The HM has been working for this corporation since 11/2025. Resident A eats pork and has never told the HM he does not eat pork. One time the HM told Resident A, "I'm making porkchops," and Resident A stated, "I

want two.” The HM said, “If he did does not eat pork, then why does he eat the pepperoni off the pizza and hotdogs.” Resident A picks and chooses what he does not want to eat but again has never expressed to the HM or any other staff that he does not like pork. The home has chicken and turkey to serve to Resident A if he would have told staff he does not like to eat pork. The HM stated that Resident A’s individual plan of service (IPOS) nor his crisis plan has any information regarding Resident A not eating pork for religious reasons or any other reason. Resident A’s support coordinator with Easterseals is Gregory Delaney.

Resident A has lost a significant amount of weight. He stays up all night and sleeps during the day. When breakfast and lunch are served, Resident A is called to come downstairs, but he does not come down. He will miss meals and/or refuse to eat. Whenever he refuses to eat, an incident report (IR) is written. The HM did not have the IR’s as they were sent to the corporate office. Resident A has not been to a medical doctor regarding his weight loss.

I reviewed Resident A’s IPOS and there was no mention of Resident A not eating pork. Note: I observed food in the home; chicken, turkey and hamburger that can be made as an alternative for Resident A.

I interviewed Resident B regarding the allegations. Resident B is his own guardian. The staff serve porkchops about once or twice a week. He has no issues with pork and does not know anything about Resident A not eating pork. Other meats are also made for meals, chicken and hamburger. Resident B had no concerns about this home. I interviewed Resident C regarding the allegations. Staff serve pork and other meats during meals. He stated that if he does not like something, he tells staff and something else is offered. Resident C does not know anything about Resident A not eating pork. He too had no concerns to report.

I interviewed Resident D regarding the allegations. Resident D is his own guardian. He stated that porkchops are served often, but also chicken and spaghetti. However, if what is made is porkchops, then that is what the residents must eat. He does not know anything about Resident A not eating pork.

I interviewed Resident E regarding the allegations. Resident E has been living here for 14 years. There is plenty of food and he also purchases his own food. The only resident he knows that did not like to eat pork was a resident that used to live here but has since moved out. He does not know anything about Resident A not eating pork and stated that alternative foods are made such as chicken and hamburger. He too reported no concerns.

On 03/05/2025, I contacted the PGM via telephone. She agreed to a face-to-face interview with Resident A at her shop located in Pontiac.

On 03/05/2025, I made a face-to-face contact with Resident A and the PGM at her shop in Pontiac, MI. I met Resident A last year during a previous investigation. He has lost

significant weight since last October 2024. Resident A stated he does not eat pork for “religious,” reasons. He denied eating pepperoni or hotdogs and stated, “I don’t eat pork.” Resident A said, “since I’ve lived there, I haven’t eaten pork, so they (staff) know to give me something else.” The PGM stated he has lost about 60 pounds. Meal schedule is a lot stricter at this group home. For example, the PGM stated that Resident A comes downstairs around 11:30AM asking for a snack, but staff tell him he had breakfast, so he must wait for lunch at 12:30PM. Last night, Resident A called the PGM between 9PM-10PM saying, “I’m hungry.” The PGM advised Resident A to go downstairs and eat because he missed dinner. While the PGM was on the phone, Resident A went downstairs and told staff Tiffany “I’m hungry.” The PGM could hear both Resident A and Tiffany going back and forth and then Tiffany said, “The kitchen is closed.” Finally, Tiffany told Resident A he could make him a peanut butter sandwich which Resident A did. Resident A is on different types of psychotropic medication and when he does not eat, and then takes medication on an empty stomach, this may be the reason for the weight loss. Also, staff do not go upstairs to get Resident A during mealtimes. Resident A “freezes up,” and “moves slow,” at times so it may take him some time to come downstairs, but staff do not go up and get him. He has missed many meals. The PGM picked Resident A up today because of an incident at the home with the HM. Resident A froze up holding a butter knife but was not going to hurt the HM or anyone else with it. She picked him up and he will be staying the night at the PGM’s home. The PGM stated while at the home, she saw that the home was going to make porkchops but there was no alternative that was going to be made. I advised her that I did observe chicken and hamburger meat in the home and according to the HM, alternatives are being offered to Resident A, but that Resident A picks and chooses which pork he eats; specifically, he eats pepperoni and hotdogs. The PGM acknowledged. She is concerned about his weight loss and that the group home has not addressed this issue. I advised the PGM that I will follow up with the licensee designee Kelly Devereaux. She acknowledged.

On 03/06/2025, I contacted Resident A’s maternal grandmother (MGM) regarding the allegations. When Resident A moved into this group home in 09/2024, the MGM told the previous HM Angel that Resident A does not eat pork. Lori with Mentors, Inc., told the MGM that if the information is not in Resident A’s IPOS, then the group home cannot follow it. The MGM has not advised Resident A’s case manager that Resident A does not eat pork. The MGM was advised that according to the current HM Krystal Clay, Resident A does eat pork, specifically pepperoni off the pizza and hotdogs even though alternatives are being offered to Resident A.

The MGM is concerned about Resident A’s significant weight loss since moving into this group home. Resident A is on a lot of psychotropic medications and when he does not eat and takes these medications on an empty stomach, there may be side effects. She is concerned that the staff do not go upstairs and call Resident A when breakfast, lunch, and/or dinner is served. The MGM said, “Krystal told me that we (staff) can’t go and get him, and he has to come down himself during meals.” Resident A “freezes up,” and “moves slow,” at times so when he is called down, he may get downstairs after meals are served and then staff tell Resident A, “the kitchen is closed.” Lori told the MGM that

the kitchen is closed for “hot food,” so if Resident A missed a hot meal, then he cannot get one until the next meal is served. I advised the MGM that I will follow up with the licensee designee Ms. Devereaux regarding these concerns.

On 03/06/2025, I contacted licensee designee Kelly Devereaux regarding the allegations. When Resident A moved into this group home in 09/2024, no one informed the group home that Resident A “does not eat pork, specifically for religious reasons.” If that was the case, then the case manager would have put it in his IPOS. Ms. Devereaux was never informed by Resident A, nor by his MGM or PGM that Resident A does not eat or like to eat pork. Ms. Devereaux would have made it clear to the staff at this group home to not serve pork to Resident A. The HM and other staff reported to Ms. Devereaux that Resident A was eating pork, specifically pepperoni off the pizza and hotdogs.

Ms. Devereaux was interviewed regarding Resident A’s weight loss. There were several IRs completed by staff regarding Resident A “refusing meals.” Resident A “freezes up,” and when he is called to meals, he takes his time coming downstairs or does not come downstairs at all, so meals are missed. In addition to missed meals, Resident A has been refusing to eat. He only wants to eat what his grandmother’s purchase him, snacks. The staff are providing meals, but they cannot force Resident A to eat. When he refuses to eat, an IR is written. The HM and staff complete the IRs, then the IRs are submitted to Mentors, Inc., where they are reviewed by management and then filed.

Ms. Devereaux acknowledged that Resident A has lost significant weight since his admission into this group home in June 2024 and acknowledged that staff have not taken Resident A to the medical doctor regarding this weight loss. However, Resident A is seen monthly by the care team with Easterseals who weighs Resident A monthly. The registered nurse Carol weighs him and can provide additional information regarding his weight. Ms. Devereaux stated that staff should never inform/advise Resident A or any other resident that the kitchen is closed. She stated that staff should be allowing Resident A and other residents access to the kitchen for food if/when residents request food. Ms. Devereaux will email me Resident A’s weight records and staff contact list.

On 03/09/2025, I received an email from Kelly Devereaux. Ms. Devereaux sent Resident A’s weight records, staff contact list, March 2025 menu and Resident A’s food log for March 2025. I reviewed the documents. According to the weight records, Resident A weighed 239 pounds when he was admitted on 06/20/2024 and as of 02/2025 he weighed 236 pounds. His weight fluctuated between 241-236 pounds which does not seem accurate since he has had significant weight loss. I reviewed March 2025 menu and there were alternatives to pork: chicken, turkey, meatloaf, ravioli, etc. I also reviewed Resident A’s food logs that documented missed meals but also documentation reflecting the food that Resident A ate during March 2025 that included pork chops.

On 03/14/2025, I received an email from ORR Amanda Clasman. Ms. Clasman will not be investigating these allegations because it was determined there is no rights violation as there is no mention of Resident A's no pork diet in his IPOS/crisis plan.

On 03/25/2025, I interviewed via telephone direct care staff (DCS) Tiffany Wells regarding the allegations. Ms. Wells has been working for this corporation since September 2024. She works midnight shifts and is responsible for preparing breakfast. When she arrives at the home to begin her shift, all the residents including Resident A are in their bedrooms or sleeping. There have been times when Resident A comes downstairs asking for food, but Ms. Wells denied she told Resident A "the kitchen is closed." She stated that Resident A and all other residents have access to food and their snacks. Resident A has a cabinet full of snacks that he has access to, and she has never refused him to get snacks or food. Ms. Wells stated for breakfast she will make sausage and eggs and sometimes Resident A will eat both. Resident A does not like pork chops but will eat pork ribs, sausages and pepperoni. He also has refused meals or does not come downstairs at all after Ms. Wells has called him down several times for breakfast. For example, this morning she called Resident A downstairs to eat turkey sausage and oatmeal, but he refused to eat. Instead, he stood there "starred in space," for about 10 minutes and then told Ms. Wells, "I don't want it. Give it away. I'm not hungry" She works three days a week and during these three days, he refuses meals about once or twice a week. She has observed his weight loss and stated, "he looks like he's slimmed down a lot." When he refuses breakfast, she completes an IR, gives it to the HM who she believes sends it to management but does not know what happens afterwards. She has not taken Resident A nor spoken with any medical professionals regarding his weight loss.

On 03/25/2025, I interviewed DCS Carl Jones via telephone regarding the allegations. Mr. Jones has been working for this corporation for one year. He works part-time, Thursdays, Saturdays and Sundays. Mr. Jones stated, "that just came about now regarding Resident A not eating pork because he eats spareribs." After eating spareribs, Resident A asked Mr. Jones, "was that beef?" Mr. Jones replied, "No, why are you Muslim?" Resident A stated, "No, I'm not." If Mr. Jones was informed by Resident A or anyone else that Resident A did not eat pork, he would offer alternatives as there is chicken, turkey, and beef at the home, but Resident A eats pork, so this was never an issue before. Mr. Jones was informed by the MGM that Resident A was "losing weight." Resident A refuses to eat when he is called down during meals. Sometimes he does not come downstairs during meals and other times he just says, "No, I'm not hungry." Mr. Jones writes down "refused to eat," and then completes an IR. He signs the IR and gives it to the HM who sends it to the corporate office. He is unsure what happens after he submits his IR. Mr. Jones believes that Resident A's weight loss is not a medical issue but "a choice," Resident A is making when he refuses to eat.

On 03/25/2025, I interviewed Easterseals case manager Gregory Delaney regarding the allegations. Mr. Delaney is very familiar with Resident A. He stated that Resident A does not always tell the truth. Resident A "plays one person against another person." Resident A not eating pork is "a new thing." Mr. Delaney has never been informed by

Resident A nor by either of the grandmothers that Resident A does not eat pork for religious reasons. He stated if that was the case, then it would be in Resident A's IPOS/crisis plan, but it is not. Mr. Delaney believes this pork issue is due to Resident A's mother who is in constant conflict with the grandmothers. The staff at this group home informed Mr. Delaney that Resident A eats pepperoni off of pizzas and ribs, so the staff had no idea too. Resident A's weight loss was discussed a couple of weeks ago with the Easterseals care team RN, but he is unsure if the weight loss is due to Resident A not eating or due to something else. The MGM called him yesterday expressing concerns about Resident A's weight loss as the MGM believes he is not fed properly. Mr. Delaney will bring up the weight loss during the next care team review meeting. Resident A told Mr. Delaney he was unhappy at this group home, so Mr. Delaney is looking for alternative placement. He believes that alternative placement for Resident A may be beneficial since Resident A is unhappy.

On 03/25/2025, I interviewed Easterseals RN Carol regarding the allegations. Carol is new to Resident A as his previous RN was Kim O'Neill. Resident A weighed 286 when admitted into this group home in June 2024, not 239 pounds as written on the group homes weight record. In January 2025, Resident A weighed 237 pounds and as of 03/24/2025, Resident A now weighs 230 pounds. Although Resident A needed to lose weight, he has lost significantly since admitted into this home. Resident A is refusing to eat and taking medications that are strong which now his is "freezing up" more and "talking less." He is also having delusions. The group home scheduled an appointment with Resident A's primary care physician (PCP) for 03/31/2025 to determine if the weight loss is medical or behavioral. The RN is also concerned that Resident A was not taken to the PCP regarding his weight loss. She believes the scale used by this group home is wrong and this may be the reason why the group home did not get the correct weights. She recommended to have the group home bring the scale with them to the next appointment so she can compare it to their scale.

On 03/25/2025, I followed up with licensee designee Kelly Devereaux. Ms. Devereaux stated that staff do not accompany Resident A to his doctor's appointment because one of the grandmothers take him and Resident A refuses the staff to go. She will purchase another scale for the home as the weights are significantly different from the weights provided by the RN. She stated that Resident A has a PCP appointment on 03/31/2025 to determine the weight loss. She will update afterwards.

On 03/25/2025, I interviewed DCS Michele Raby via telephone regarding the allegations. She has worked for this corporation for 20 years. She works part-time, only a couple of days a week. She stated, "Resident A eats pork and now all of a sudden he is saying he doesn't eat it." There is always other protein at the home, chicken, turkey, and hamburger so if he did not eat pork, then why did no one inform the group home nor is it in his IPOS/crisis plan. Ms. Raby stated, "I did not notice his weight loss because his clothes are always baggy." He has refused to eat saying, "I'm not hungry," but she does not believe there was an issue with the weight loss. No one told her including any of the grandmothers that Resident A has lost a significant amount of

weight, and she denied seeing him physically smaller than he used to be when he moved into this home.

On 03/31/2025, I received a telephone call from Kelly Devereaux. The MGM arrived at the home and picked up Resident A. The staff handed the PGM the paperwork with the appointment date/time for the PCP which staff assumed that is where the MGM was taking him today. The doctor's office called the home saying that Resident A never showed up to his PCP appointment. Resident A was contacted by staff, and he told staff he was "at the gym." Ms. Devereaux contacted the MGM advising her that she must take Resident A to the PCP to get examined for the weight loss, but the PCP was unable to get them back into that location's office; however, they were referred to the walk-in office at a different location. The MGM agreed to take him to the walk-in office, so Ms. Devereaux will provide an update on that visit.

On 04/07/2025, I followed up with the MGM regarding Resident A's doctor's appointment on 03/31/2025. The MGM stated that it was the PGM that picked Resident A up on 03/31/2025 and not her. She was never provided with any information on Resident A having a PCP appointment nor was she told about the PCP appointment. She stated that if Resident A was at the gym, then the PGM would have been the one to take him there, not her. The MGM believes that Resident A not eating is a form of control that Resident A is trying to get over his life. He was independent, had a job and self-sufficient until 2017 so this may be a way of control. However, she does not know if a medical reason for his weight loss was determined at this time as she is unaware if he made it to the PCP on 03/31/2025.

On 04/15/2025, I conducted exit conference via telephone with licensee designee Kelly Devereaux with my findings. Resident A was taken to the PCP regarding his weight loss and a new scale was purchased. Ms. Devereaux has implemented a protocol on taking Resident A's and all the other residents' weights on the new scale. She agreed to submit a corrective action plan.

APPLICABLE RULE	
R 400.14310	Resident health care.
	(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.
ANALYSIS:	Based on my investigation and information gathered, Resident A's weight records were not completed properly. Resident A's weight was recorded at 239 pounds at admission in September 2024 at this group home by staff. However, according to Easterseals RN, Carol, Resident A's weight was recorded at 286 pounds at the time of admission to this home, not 239 pounds. There was a discrepancy with all the weights taken

	each month of Resident A by staff compared to the monthly weights taken by the RN at Easterseals during Resident A's monthly appointments. Resident A was losing weight and not gaining weight as recorded by the staff at this home.
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.14310	Resident health care.
	(4) In case of an accident or sudden adverse change in a resident's physical condition or adjustment, a group home shall obtain needed care immediately.
ANALYSIS:	Based on my investigation and information gathered, Resident A lost nearly 60 pounds since his admission at this group home in September 2024, but staff did not take Resident A to his primary care physician for care. Resident A had been refusing to eat meals. Staff acknowledged that Resident A had lost significant weight, but stated that whenever Resident A refused to eat, the protocol was to complete an incident report (IR) which they did and to forward the IR to the HM, Krystal Clay. The HM then forwarded the IR to Mentors, Inc., where it was reviewed by management. Although it was acknowledged that Resident A had lost significant weight, no one from the group home obtained immediate care to determine the cause of the rapid weight loss to determine if it was medical or behavioral.
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.14313	Resident nutrition.
	(3) Special diets shall be prescribed only by a physician. A resident who has been prescribed a special diet shall be provided such a diet.
ANALYSIS:	Based on my investigation and information gathered, Resident A was not prescribed a special diet nor was it in his IPOS/crisis plan that he does not eat pork for religious purposes. According to the case manager and staff at the group home, Resident A never informed them that he does not eat pork. Resident A was eating pork, pepperoni off the pizza and ribs. There were

	substitutions in the home for Resident A if he chose not to eat pork. I observed chicken, turkey, and hamburger.
CONCLUSION:	VIOLATION NOT ESTABLISHED

IV. RECOMMENDATION

Contingent upon receiving an acceptable corrective action plan, I recommend no change to the status of the license.

Frodet Dawisha

04/15/2025

Frodet Dawisha
Licensing Consultant

Date

Approved By:

Denise Y. Nunn

04/17/2025

Denise Y. Nunn
Area Manager

Date