



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

April 25, 2025

William Gross  
Haven Adult Foster Care Limited  
73600 Church Road  
Armada, MI 48005

RE: License #: AS740248863  
Investigation #: 2025A0580025  
Gates AFC

Dear William Gross:

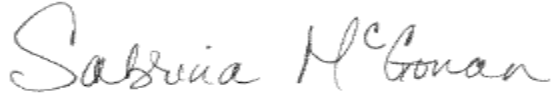
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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) 643-7960.

Sincerely,

A handwritten signature in cursive script that reads "Sabrina McGowan". The ink is dark and the signature is fluid.

Sabrina McGowan, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(810) 835-1019

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS740248863
<b>Investigation #:</b>	2025A0580025
<b>Complaint Receipt Date:</b>	03/04/2025
<b>Investigation Initiation Date:</b>	03/06/2025
<b>Report Due Date:</b>	05/03/2025
<b>Licensee Name:</b>	Haven Adult Foster Care Limited
<b>Licensee Address:</b>	73600 Church Road Armada, MI 48005
<b>Licensee Telephone #:</b>	(586) 784-8890
<b>Administrator:</b>	William Gross
<b>Licensee Designee:</b>	William Gross
<b>Name of Facility:</b>	Gates AFC
<b>Facility Address:</b>	400 Burns Road Kimball, MI 48074
<b>Facility Telephone #:</b>	(810) 367-8079
<b>Original Issuance Date:</b>	06/28/2002
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	04/02/2023
<b>Expiration Date:</b>	04/01/2025
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

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## II. ALLEGATION(S)

	Violation Established?
Staff, Jody Ripkey, allowed a non-resident to reside in the home.	No
Staff abuse meth and prescription medication.	No
Resident A eloped in Feb 2025.	No
Medication in the home is not locked.	Yes
Staff does not have medical training.	No
The home is not being kept clean.	No

## III. METHODOLOGY

03/04/2025	Special Investigation Intake 2025A0580025
03/04/2025	APS Referral Denied by APS.
03/06/2025	Special Investigation Initiated - Letter Referred to Law Enforcement.
03/13/2025	Inspection Completed On-site Onsite inspection.
03/13/2025	Contact - Face to Face Interview with staff, Jody Ripkey.
03/24/2025	Contact - Telephone call made Call to staff, Dakota Kellar.
03/24/2025	Contact - Telephone call made Call to staff, Penny Lovett.
03/24/2025	Contact - Telephone call made Call to staff, Cynthia Tyler.
04/03/2025	Inspection Completed On-site Unannounced onsite. Contact with HM Ripkey and Staff Lovett.
04/03/2025	Contact - Face to Face Interview with Residents A-C.

04/23/2025	Contact - Document Received Email from Licensee Gross.
04/23/2025	Contact - Telephone call made Call to Relative A.
04/24/2025	Contact - Telephone call received Call from staff, Camila Campo.
04/24/2025	Contact - Telephone call made Call to LD Gross.
04/25/2025	Exit Conference Exit with licensee, William Gross.

#### **ALLEGATION:**

**Staff, Jody Ripkey allowed a non-resident to reside in the home.**

#### **INVESTIGATION:**

On 03/04/2025, I received a complaint via LARA-BCHS-Complaints. This complaint was denied by Adult Protective Services (APS) for investigation.

On 03/13/2025, I conducted an onsite inspection, having previously scheduled the renewal inspection at Gates AFC on this date. Contact was made with Licensee, William Gross, who was then informed of the allegations.

On 03/13/2025, while onsite, I interviewed Home Manager (HM) Jody Ripkey. HM Ripkey denied that her sister lives or has ever spent the night at the AFC home. HM Ripkey said that her sister has come there to drop something off to her, however, she denied the allegations.

On 03/24/2025, I spoke with direct staff Dakota Kellar. Dakota Kellar denied ever witnessing anyone reside at the facility other than the residents.

On 03/24/2025, I placed a call to Cynthia Tyler. A voice mail message was left requesting a return call.

On 03/24/2025, I interviewed staff, Penny Lovett. Penny Lovett denied anyone living at the home other than the AFC residents.

On 04/23/2025, I conducted an unannounced onsite inspection at Gates AFC. While onsite I interviewed, Residents A-C regarding the allegations. All three residents stated that only residents live in the home.

On 04/23/2025, I received an email from Licensee Designee Gross confirming that staff Cynthia Tyler quit during this investigation.

On 04/24/2025, I interviewed staff, Camila Campo. Staff Campo denied the allegations that anyone other than the residents live in the facility.

<b>APPLICABLE RULE</b>	
<b>R 400.14201</b>	<b>Qualifications of administrator, direct care staff, licensee, and members of household; provision of names of employee, volunteer, or member of household on parole or probation or convicted of felony; food service staff.</b>
	<b>(10) All members of the household, employees, and those volunteers who are under the direction of the licensee shall be suitable to assure the welfare of residents.</b>
<b>ANALYSIS:</b>	<p>It was alleged that Staff, Jody Ripkey, allowed a non-resident to reside in the home.</p> <p>Staff members Jody Ripkey, Dakota Kellar, Penny Lovett, Camila Campo and Residents A-C denied the allegations that anyone other than residents reside in the home.</p> <p>Based upon my investigation, which consisted of interviews with multiple facility staff members and residents, there is not enough evidence to substantiate the allegation.</p>
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION:**

**Staff abuse meth and prescription medication.**

**INVESTIGATION:**

On 03/06/2025, I made a referral to Law Enforcement sharing the allegations.

On 03/13/2025, while onsite, Licensee Designee Gross denied the allegations that the staff use methamphetamines as alleged. Licensee Designee Gross stated that the home has a zero-tolerance policy on drug usage. Licensee Designee (LD) Gross stated

that he has no cause for concern that his staff uses drugs. LD Gross stated that he believes he would be able to tell if his staff were using drugs.

On 03/13/2025, while onsite, HM Jody Ripkey was interviewed. HM Ripkey denied the allegations that she abuses drugs.

On 03/24/2025, staff Dakota Kellar was interviewed. Staff Kellar denied the allegations that she abuses methamphetamine as alleged.

On 03/24/2025, staff, Penny Lovett, was interviewed. Staff Lovett denied the allegations that she abuses methamphetamine as alleged. Staff Lovett stated that she has never done drugs in her life.

On 03/24/2025, I placed a call to Cynthia Tyler. A voice mail message was left requesting a return call.

On 04/03/2025, while onsite, Residents A, B and C were all interviewed. The residents did not express any concerns regarding the care being received in the home. None of the residents have witnessed staff abusing drugs.

On 04/23/2025, I received an email from Licensee Gross. LD Gross confirmed that staff Cynthia Tyler quit during this investigation.

On 04/23/2025, I interviewed direct staff, Camila Campo. Staff Campo denied the allegation that she uses any drugs.

<b>APPLICABLE RULE</b>	
<b>R 400.14204</b>	<b>Direct care staff; qualifications and training.</b>
	<b>(2) Direct care staff shall possess all of the following qualifications:</b> <b>(a) Be suitable to meet the physical, emotional, intellectual, and social needs of each resident.</b>
<b>ANALYSIS:</b>	It was alleged that staff abuse meth and prescription medication.  On 03/13/2025, while onsite, LD Gross denied the allegations that the staff use methamphetamines as alleged. LD Gross stated that the home has a zero-tolerance policy on drug usage. Admin Gross stated that he has no cause for concern that his staff uses drugs. LD Gross stated that he believes he would be able to tell if his staff were using drugs.

	Staff members, Jody Ripkey, Dakota Kellar, Penny Lovett, and Camila Campo all denied the allegations.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

### **ALLEGATION:**

**Resident A eloped in Feb 2025.**

### **INVESTIGATION:**

On 03/13/2025, while onsite, Staff Ripkey denied that Resident A eloped from the facility as alleged. Staff Ripkey stated that there was an incident where Resident A tried to walk away, however, Resident A only got to the end of the driveway. Staff Ripkey claimed that she was able to guide Resident A back in the home. No incident report was written. Staff Ripkey stated she had eyes on Resident A during the entire time Resident A was walking away from the driveway of the facility.

On 03/13/2025, while onsite, I interviewed the AFC Assessment Plan for Resident A. The plan indicates that Resident A is diagnosed with dementia and is not allowed in the community without supervision.

On 03/24/2025, Staff Kellar was interviewed. Staff Kellar stated that she was not working on the day that Resident A attempted to elope from the facility. Staff Kellar stated that she was made aware of what occurred because the staff all communicate in a group chat. It is her understanding that Resident A got down Burns Road.

On 03/24/2025, Staff Lovett was interviewed. Staff Lovett stated that although she was not working, she was made aware that Resident A attempted to elope so that staff on duty need to supervise Resident A more closely.

On 03/24/2025, I placed a call to Cynthia Tyler. A voice mail message was left requesting a return call.

On 04/03/2025, while onsite, I spoke with Resident A. Resident A stated that Resident A had gotten down the road when she tried to leave the home. Resident A stated that HM Jody Ripkey convinced Resident A to return to the home.

On 04/23/2025, I placed a call to Relative A who stated that she has been made aware of Resident A's attempt to leave the facility, which occurred end of January 2025. Resident A is allowed to sit on the porch to smoke, however, she cannot go out in the community by herself. Relative A added that she knows the staff keep an eye on Resident A and she hopes it does not happen again. Relative A has no overall concerns



regarding the care Resident A is receiving in the home. Relative A stated that she does address any problems or concerns with the owner as they arise.

On 04/24/2025, staff, Camila Campo was interviewed. Staff Campo stated that she had not been made aware of any elopement attempts by Resident A. Staff Campo stated that she works 12am-8am and has not had an issue with Resident A attempting to elope on her shift.

On 04/25/2025, I spoke with LD Gross. LD Gross stated that the problem began when Resident A began leaving the facility, being picked up by her friends. Measures taken to ensure that eloping does not reoccur included speaking to the family. LD Gross stated that Resident A does not have a history of elopement. LD Gross stated that the facility did not update Resident A's assessment plan but will do so. LD Gross also stated that there are door alarms at the facility that had been turned off. LD Gross agrees to turn the door alarms back on so that they chirp when opening.

<b>APPLICABLE RULE</b>	
<b>R 400.14305</b>	<b>Resident protection.</b> <b>(3) A resident shall be treated with dignity and his or her personal needs, including protection and safety, shall be attended to at all times in accordance with the provisions of the act.</b>
<b>ANALYSIS:</b>	<p>It was alleged that a female resident eloped in Feb 2025.</p> <p>Staff Ripkey denied that Resident A eloped from the facility as alleged, indicating that Resident A only got to the end of the driveway. Staff Ripkey reported she had eyes on Resident A the entire time.</p> <p>Staff Kellar stated that it is her understanding that Resident A got down the road. Staff Lovett stated that she was made aware that Resident A attempted to elope so that staff on duty can supervise Resident A more closely.</p> <p>LD Gross stated that Resident A does not have a history of elopement. LD Gross stated that the facility did not update Resident A's assessment plan but will do so. LD Gross also stated that there are door alarms at the facility that had been turned off. LD Gross agrees to turn the door alarms back on so that they chirp when opening.</p> <p>Staff Campo stated that she had not been made aware of any elopement attempts by Resident A.</p> <p>Resident A and Relative A were interviewed. Both reported Resident A attempted to elope however Staff Ripley convinced</p>

	<p>Resident A to return to the facility. The AFC Assessment Plan for Resident A indicates that Resident A is diagnosed with dementia and is not allowed in the community without supervision.</p> <p>Based upon my investigation, which consisted of interviews with staff members, LD Gross Residents A, and Relative A, and a review of the AFC Assessment Plan, there is not enough evidence to substantiate the allegation.</p>
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

### **ALLEGATION:**

**Medications in the home are not locked.**

### **INVESTIGATION:**

On 03/20/2025, I received an additional complaint alleging medication is being stored in an unlocked China cabinet, located in the living room area of the home.

On 04/03/2025, I made an unannounced onsite inspection at Gates AFC. Contact was made with staff Penny Lovett. Staff Lovett was preparing to depart for the day. Staff Lovett stated that she was called in to assist with the morning shift due to staff Cynthia Tyler recently quitting and HM Ripkey being sick. Staff Lovett denied the allegation.

On 04/03/2025, while onsite, HM Ripkey was interviewed. HM Ripkey stated that she was scheduled to work, however, after coming in, she did not feel well enough to work, requesting staff Lovett to cover her shift. Upon informing HM Ripkey of the allegations, I requested that HM Ripkey open the unlocked china cabinet, where the complainant had reported that unlocked medication is allegedly being stored. Upon opening the cabinet, I observed Sudafed Sinus pills, lubricant eyedrops, throat lozenges, laxatives, Omeprazole, 20mg, prescribed for Resident A, over the counter Tylenol arthritis medication, and Clobetasol Propionate 0.05% cream (used to treat eczema and psoriasis). The medications being stored in the China cabinet were not locked as required.

On 04/24/2025, I spoke with Licensee Designee (LD) Gross. LD Gross stated that he did not know that medications were being stored in an unlocked area.

<b>APPLICABLE RULE</b>	
<b>R 400.14312</b>	<b>Resident medications.</b>
	<b>(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.</b>
<b>ANALYSIS:</b>	<p>It was alleged that medications in the home are not locked.</p> <p>On 04/03/2025, I observed both resident and over the counter medication being stored in an unlocked China Cabinet, located in the 2<sup>nd</sup> living room in the home.</p> <p>Based on my observation of unlocked medication, there is enough evidence to support the allegation.</p>
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

#### **ALLEGATION:**

**Staff does not have medical training.**

#### **INVESTIGATION:**

On 03/13/2025, I interviewed Licensee Gross. Licensee Gross denied the allegations.

On 03/13/2025, while onsite, I reviewed the employee files for staff members, Jody Ripkey, Cynthia Tyler, Dakota Kellar and Penny Lovett, all of whom received medication administration training upon being hired.

On 03/13/2025, while onsite Ripkey was interviewed. Staff Ripkey denied the allegations that she has not been trained to pass medication.

On 03/24/2025, Staff Kellar was interviewed. Staff Kellar stated that she received medication passing training from HM Ripkey, shadowing her as well.

On 03/24/2025, Staff Lovett was interviewed. Staff Lovett stated that she has medication passing experience, however, she received medication passing training from HM Ripkey and shadowed her during her first week of work.

On 04/25/2025, I interviewed staff, Camila Campo. Staff Campo denied that she has not been trained to pass medication, stating that she was trained by HM Ripkey upon being hired in November 2024.

<b>APPLICABLE RULE</b>	
<b>R 400.14312</b>	<b>Resident medications.</b>
	<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> <b>(a) Be trained in the proper handling and administration of medication.</b>
<b>ANALYSIS:</b>	It was alleged that staff does not have medical training.  Licensee Gross denied the allegations. Staff members, Jody Ripkey, Dakota Kellar Penny Lovett, and Camila Campo deny the allegations. Staff files reviewed reflect that each staff received medication administration training upon being hired. Based on the interviews conducted and my observation of staff files, there is not enough evidence to support the allegation.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

#### **ALLEGATION:**

**The home is not being kept clean.**

#### **INVESTIGATION:**

On 03/13/2025, I conducted an onsite inspection, having previously scheduled the renewal inspection at Gates AFC on this date. The bedrooms as well as the remainder of the home were observed as being adequately cleaned. No concerns regarding the maintaining of the premises were noted.


On 04/03/2025, I conducted an unannounced onsite inspection at Gates AFC. The bedrooms as well as the remainder of home was observed as being adequately clean. No concerns regarding the maintaining of the premises were noted.

<b>APPLICABLE RULE</b>	
<b>R 400.14403</b>	<b>Maintenance of premises.</b>
	<b>(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.</b>
<b>ANALYSIS:</b>	It was alleged that the home is only presentable when having visitors. During both the 03/13/2025 announced and the 04/03/2025 unannounced onsite inspections, no concerns regarding the maintaining of the premises were noted. Based on my observation of the facility, there is not enough evidence to support the allegation.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

On 04/25/2025, I conducted an exit conference with Licensee Gross. Licensee Gross was informed of the findings of this investigation.

#### **IV. RECOMMENDATION**

Upon the receipt of an approved corrective action plan, no change to the status of the license is recommended.

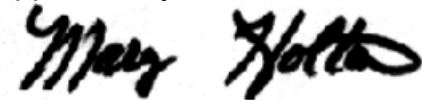


April 25, 2025

Sabrina McGowan  
Licensing Consultant

Date

Approved By:



April 25, 2025

Mary E. Holton  
Area Manager

Date