GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 6, 2025

Zad White
Blithesome Home Inc.
P.O.Box 2409
Southfield, MI 48037

RE: License #: AG820000046
Investigation #: 2025A0101020
Hillcrest Residence

Dear Mr. White:

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 (313) 456-0439.

Sincerely,

Edith Richardson, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 919-1934

enclosure

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

## I. IDENTIFYING INFORMATION

| | |
|---|---|
| **License #:** | AG820000046 |
| | |
| **Investigation #:** | 2025A0101020 |
| | |
| **Complaint Receipt Date:** | 03/25/2025 |
| | |
| **Investigation Initiation Date:** | 03/27/2025 |
| | |
| **Report Due Date:** | 04/24/2025 |
| | |
| **Licensee Name:** | Blithesome Home Inc. |
| | |
| **Licensee Address:** | P.O.Box 2409<br>Southfield, MI 48037 |
| | |
| **Licensee Telephone #:** | (248) 670-9787 |
| | |
| **Administrator:** | Zad White |
| | |
| **Licensee Designee:** | Zad White |
| | |
| **Name of Facility:** | Hillcrest Residence |
| | |
| **Facility Address:** | 2008 W. Grand Boulevard<br>Detroit, MI 48208 |
| | |
| **Facility Telephone #:** | (313) 898-3928 |
| | |
| **Original Issuance Date:** | N/A |
| | |
| **License Status:** | REGULAR |
| | |
| **Effective Date:** | 04/02/2024 |
| | |
| **Expiration Date:** | 04/01/2026 |
| | |
| **Capacity:** | 35 |
| | |
| **Program Type:** | PHYSICALLY HANDICAPPED<br>DEVELOPMENTALLY DISABLED<br>MENTALLY ILL<br>AGED |

## II. ALLEGATION(S)

| | **Violation Established**? |
|---|---|
| Resident A, Resident B and Resident C require one-on-one staffing and there are only two staff working. | No |
| Staff Mario Kenyen, Lorenzo Young, Tamika Johnson and Vanessa Campell are verbally abusive to the residents. | Yes |
| Residents are served expire food. | No |
| Additional Finding | Yes |

| | |
|---|---|
| 03/25/2025 | Special Investigation Intake<br>2025A0101020 |
| 03/25/2025 | Referral received from Adult Protective Services |
| 03/27/2025 | Special Investigation Initiated - Telephone<br>Office of Recipient Rights Investigator Ronald Griffin |
| 04/10/2025 | Inspection Completed On-site<br>Interviewed the licensee designee Zad White, assistant administrator, Vanessa Campbell<br>Resident A, B, and C<br>Obtained copies of Resident A's, B's and C's assessment plan and staff schedules<br>Reviewed direct care staff Lorenzo Young and Mario Kenyen employee record |
| 05/02/2025 | Inspection Completed On-site<br>Interviewed DCS Tamika Johnson & Dawn Hall |
| 05/21/2025 | Inspection Completed On-site<br>Inspected food supply<br>Interviewed Resident D, E, F, and G<br>Obtain Resident A's, B's and C's treatment plan |
| 05/21/2025 | Contact – Telephone call made Resident A's guardian.<br>Guardian Care Inc., Shavon Rippy |
| 05/21/2025 | Contact – Telephone call made<br>Resident A's caseworker Regina Hodge |
| 05/21/2025 | Contact - Telephone call made |

| | |
|---|---|
| | Resident B's caseworker supervisor Sara Bookin Lincoln Behavioral |
| 05/29/2025 | Contact – Telephone call made<br>Resident C's caseworker Ms. Denisia Morton MiSide |
| 05/29/2025 | Contact – Telephone call made<br>Direct care staff Lorenzo Young, left message<br>Mario Kenyen, non-working number |
| 05/30/2025 | Contact – Telephone call made<br>Ms. Morton |
| 05/30/2025 | Exit conference with Zad White |

**ALLEGATION: Resident A, Resident B and Resident C require one-on-one staffing and there are only two staff working.**

**INVESTIGATION:** On 04/10/2025, I interviewed licensee designee Zad White and assistant administrator Vanessa Campell. They stated that Residents A, B and C require one-on-one staffing and a total of 30 residents are residing in the home. Ms. Campbell acknowledged it has been difficult scheduling sufficient staffing because two staff were recently terminated.

On 05/21/2025, I reviewed Resident A's, B's and C's treatment plan. Resident A's treatment plan dated 09/13/2024, states "two on one staffing for 90 days - one-on-one staffing in the community." Resident B's treatment plan dated 09/24/2024, states he requires 24 hours community living services. Resident C's treatment plan dated 10/07/2024, states he requires one-on-one staffing.

On 05/21/2025, I spoke with Resident A's public guardian. Ms. Rippy stated Resident A requires two on one staffing and should be within arm length at all times.

On 05/21/2025, I spoke with Resident A's caseworker Regina Hodge. Ms. Hodge stated Resident A only requires one-on-one staffing while in the community.

On 05/21/2025, I spoke with Resident B's caseworker supervisor, Sara Bookin. Ms. Bookin stated Resident B does not have one-on-one staffing.

On 05/30/2025, I spoke with Resident C's caseworker Denisia Morton. Ms. Morton stated Resident C requires one-on-one supervision.

On 05/30/2025, I spoke with Mr. White. Mr. White stated Residents A, B, and C have always required one-on-one supervision. Mr. White stated he has not received payment for providing Resident B with one-on-one supervision. Mr. White further

stated last week Resident B attempted to stab another resident with a fork. I suggested that he inquire about Resident B's one-on-one supervision before stopping it.

| APPLICABLE RULE | |
|---|---|
| **R 400.2407** | **Staffing.** |
| | **(1) The ratio of staff to residents shall be adequate to carry out responsibilities defined in the act and in these rules and staff ratios shall conform with requirements set by the department following study by the department and advice from the council.** |
| **ANALYSIS:** | Based upon the preponderance of evidence the ratio of staff was adequate to carry out the responsibilities defined in the act and in these rules. According to Resident A's and Resident B's treatment plan and caseworker they do not require one-on-one staffing. |
| **CONCLUSION:** | **VIOLATION NOT ESTABLISHED** |

**ALLEGATION: Staff Mario Kenyen, Lorenzo Young, Tamika Johnson and Vanessa Campell are verbally abusive to the residents.**

**INVESTIGATION:** On 04/10/2025, I interviewed Resident A and Resident C who both stated staff are not verbally abusive. I attempted to interview Resident B however he is not competent. Resident B was rambling, and I was unable to understand what he was saying.

On 04/10/2025, I interviewed the assistant administrator, Vanessa Campell. Ms. Campell denied the allegation that she is verbally abusive to the residents. Ms. Campell further stated that on 03/31/2025, staff members Mario Kenyen and Lorenzo Young were terminated for being verbally abusive to the residents. Ms. Campell gave me a copy of the termination letter which stated both staff were terminated for verbally abusing and threatening the residents.

On 04/10/2025, I reviewed Mr. Kenyen and Mr. Young employee records. Mr. Kenyen and Mr. Young employee record was in compliance with the required hiring practices.

On 05/02/2025, I interviewed direct care staff Tamika Johnson and Dawn Hall. They denied the allegation that they are verbally abusive to the residents. They further stated the staff that were verbally abusive with the residents are no longer working at the group home. Ms. Johnson and Ms. Hall both stated they witnessed Mr. Kenyen and Mr. Young being verbally abusive to the residents and they reported it to

management.

On 05/21/2025, I interviewed Residents D, E, F and G. They all stated that the current staff treat them with dignity and respect.

On 05/29/2025, I called Mr. Kenyen and Mr. Young. Mr. Kenyen's phone number is a non-working number. On 05/29/2025, I called Mr. Young. Mr. Young did not answer his phone. I left a message asking Mr. Young to return my call. Mr. Young did not return my call.

On 05/30/2025, I conducted an exit conference with Mr. White. Mr. White agreed with my finding.

| **APPLICABLE RULE** | |
|---|---|
| **R 400.2412** | **Care of residents.** |
| | **(4) A resident shall be treated with dignity, and his personal needs, including protection and safety shall be attended to at all times.** |
| **ANALYSIS:** | Based upon the preponderance of evidence the residents at the Hillcrest Home were not treated with dignity. According to Ms. Campbell, Mr. Kenyen and Mr. Young were terminated for threatening the residents and being verbally abusive to the residents. According to the termination letters that were given to Mr. Kenyen and Mr. Young they were terminated for threatening the residents and being verbally abusive to the residents. Ms. Johnson and Ms. Hall stated they witnessed Mr. Kenyen and Mr. Young being verbally abusive to the residents. |
| **CONCLUSION:** | **VIOLATION ESTABLISHED** |

**ALLEGATION: Residents are served expired food.**

**INVESTIGATION:** On 05/21/2025, I inspected the refrigerators, freezers and food pantry. All of the food was dated, and I did not observe any expired food.

| **APPLICABLE RULE** | |
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| **R 400.2472** | **Quality of meals.** |
| | **(2) All foods while being stored, prepared, or served shall be protected against contamination and be safe for human consumption.** |

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|---|---|
| **ANALYSIS:** | All foods while being stored, prepared or served was protected against contamination and was safe for human consumption. I inspected the food supply, and I did not observe any expired food. |
| **CONCLUSION:** | **VIOLATION NOT ESTABLISHED** |

**ADDITIONAL FINDING:**

I**NVESTIGATION:** On 04/10/2025, I informed Ms. Campbell that I needed to interview Resident C. Ms. Campbell informed me that Resident C went to the store. When Resident C returned to the home, I noticed that a staff person was not with him. I asked Resident C did his one-on-one staff go with him to the store. Resident C responded, “no, do you need a one-on-one staff to go to the store with you?”

On 05/21/2025, I reviewed Resident C’s treatment plan dated 10/07/2024. Resident C’s treatment plan states he requires one-on-one supervision. On 05/30/2025, I spoke with Resident C’s caseworker Denisia Morton. Ms. Morton stated Resident C requires one-on-one supervision.

On 05/30/2025, I conducted an exit conference with Mr. White. Mr. White agreed with my finding.

| **APPLICABLE RULE** | |
|---|---|
| **R 400.2413** | **Staffing.** |
| | **(1) A congregate facility shall provide care and maintenance to its residents including either or both personal care and supervision as appropriate.** |
| **ANALYSIS:** | Based upon the preponderance of evidence Mr. White did not provide the appropriate supervision that Resident C requires. On 04/10/2025 Resident C went to the store without his one-on-one staff. According to Resident C’s caseworker and treatment plan dated 10/07/2024, he requires one-on-one staffing. |
| **CONCLUSION:** | **VIOLATION ESTABLISHED** |

## III. RECOMMENDATION

Upon submission of an acceptable corrective action plan, I recommend the status of the license remains unchanged

Edith Richardson
Licensing Consultant

05/30/2025
Date

Approved By:

06/06/2025

Dawn Timm
Area Manager

Date