GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 2, 2025

Kristine Curtis
Impact Inc.
1001 Military St
Port Huron, MI 48060

RE: License #: AL740092229
Investigation #: 2025A0580030
River Bend #1

Dear Kristine Curtis:

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,

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

License #:	AL740092229
Investigation #:	2025A0580030
Complaint Receipt Date:	04/14/2025
Investigation Initiation Date:	04/17/2025
Report Due Date:	06/13/2025
Licensee Name:	Impact Inc.
Licensee Address:	1001 Military St Port Huron, MI 48060
Licensee Telephone #:	(810) 985-5437
Administrator:	Aaron Foote
Licensee Designee:	Kristine Curtis
Name of Facility:	River Bend #1
Facility Address:	1572 Meisner Rd East China, MI 48054
Facility Telephone #:	(810) 765-1002
Original Issuance Date:	04/03/2001
License Status:	REGULAR
Effective Date:	03/10/2024
Expiration Date:	03/09/2026
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

	AGED

II. ALLEGATION(S)

	Violation Established?
Staff are not feeding Resident A.	No
There is a concern that the staff on the night shift hit Resident A.	No
Staff do not allow Resident A to take a shower.	No
Additional Findings	Yes

III. METHODOLOGY

04/14/2025	Special Investigation Intake 2025A0580030
04/14/2025	APS Referral Denied by APS for investigation.
04/17/2025	Special Investigation Initiated - Telephone Call to the complainant.
04/24/2025	Inspection Completed On-site Unannounced onsite. Contact with Ashley Eldridge, Home Mgr.
04/24/2025	Contact - Face to Face Interview with direct staff, Taylor Workman.
04/24/2025	Contact - Face to Face Interview with direct staff, Erika Barber.
04/24/2025	Contact - Face to Face Interview with direct staff, Tatiana Moralez.
04/24/2025	Contact - Face to Face Interview with Resident A.
04/25/2025	Contact - Document Received Documents received.
06/02/2025	Contact – Telephone call made Call to Relative Guardian A.
06/02/2025	Exit Conference Exit with License Administrator, Aaron Foote.

ALLEGATION:

Staff are not feeding Resident A.

INVESTIGATION:

On 04/14/2025, I received a complaint via LARA-BCHS-Complaints. This complaint was denied by Adult Protective Services (APS) for investigation.

On 04/24/2025, I conducted an unannounced onsite inspection. Contact was made with Ashley Eldridge, Home Manager (HM). HM Eldridge stated that Resident A recently had a psychotic episode for which he was hospitalized. His medication was changed and Resident A appears to be doing well as a result of the change. HM Eldridge denied the allegations, adding that Resident A feeds himself

On 04/24/2025, while onsite I interviewed Taylor Workman, Direct Staff. Staff Workman denied the allegations, indicating that Resident A feeds himself.

On 04/24/2025, while onsite I interviewed Erika Barber, Direct Staff. Staff Barber denied the allegations, indicating that Resident A feeds himself.

On 04/24/2025, while onsite I interviewed Tatiana Moralez, Direct Staff. Staff Moralez denied the allegations, indicating that Resident A's food is pureed and he feeds himself.

On 04/24/2025, while onsite, I interviewed Resident A. Resident A denied the allegations that he is not being fed. Resident A stated that he feeds himself. Resident A responded "yes" when asked if he gets enough food to eat.

While onsite, other residents in the facility were observed in the dining room area as they were finishing up their lunch. Other residents who had already finished were observed in the living room area of the facility. The residents were adequately dressed and groomed. No concerns regarding the care being received were noted.

On 04/25/2025, I received a copy of the documents requested. The Assessment Plan for Resident A was reviewed. The plan does not address whether Resident A requires assistance with eating.

The weight log for Resident A was reviewed. The log indicates that Resident A weighed 178.6 lbs. in April of 2025. Resident A has maintained this weight since last year, having weighed 178.4 lbs. in June of 2024.

On 06/02/2025, I interviewed Relative Guardian A. Relative Guardian A stated that Resident A has been at the facility for quite a while. Relative Guardian A stated that Resident A feeds himself and would tell him if he was not getting enough food to eat. Relative Guardian A has no concerns in this area.

APPLICABLE RULE	
R 400.15303	**Resident care; licensee responsibilities.**
	(2) A licensee shall provide supervision, protection, and personal care as defined in the act and as specified in the resident's written assessment plan.
ANALYSIS:	It was alleged that staff are not feeding Resident A. Home Manager Ashley Eldridge, and direct staff members, Taylor Workman, Erika Barber, and Tatiana Moralez, all denied the allegations. Resident A denied the allegations that he is not being fed, stating that he feeds himself. The Assessment Plan for Resident A does not address whether assistance with eating is required. The weight log reviewed for Resident A indicates no significant weight loss within the past year. Relative Guardian A stated that Resident A would tell him if he was not getting enough food to eat. Relative Guardian A has no concerns. Based upon my investigation, which consisted of interviews with multiple facility staff members, Resident A, and Relative Guardian A, as well as a review of relevant facility documents pertinent to the allegation, there is not enough evidence to substantiate the allegation.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION:

There is a concern that the staff on the night shift hit Resident A.

INVESTIGATION:

On 04/24/2025, HM Eldridge denied the allegations. HM Eldridge stated that Resident A would say something if he were being mistreated by staff.

On 04/24/2025, Staff Workman stated that Resident A has not expressed any mistreatment by staff. Staff Workman denied the allegations.

On 04/24/2025, Staff Barber denied the allegations. Staff Barber has never heard any allegations that Resident A was being hit by staff.

On 04/24/2025, Staff Moralez denied the allegations. Staff Moralez stated that Resident A has never expressed any mistreatment.

On 04/24/2025, Resident A denied the allegations that he is being hit or mistreated by staff in the facility. Resident A did not have any visible marks or bruises. Resident A was observed neat and clean in appearance. Resident A was adequately dressed and groomed. No concerns regarding Resident A's appearance or hygiene were noted.

On 06/02/2025, Relative Guardian A stated that he has no concerns, adding that the staff treat Resident A with a great amount of care and as long as Resident A is happy, he's happy. Relative Guardian A stated that Resident A would tell him if he were being mistreated.

APPLICABLE RULE	
R 400.15308	**Resident behavior interventions prohibitions.**
	(1) A licensee shall not mistreat a resident and shall not permit the administrator, direct care staff, employees, volunteers who are under the direction of the licensee, visitors, or other occupants of the home to mistreat a resident. Mistreatment includes any intentional action or omission which exposes a resident to a serious risk or physical or emotional harm or the deliberate infliction of pain by any means.
ANALYSIS:	It was alleged that staff on the night shift hit Resident A. Home Manager Ashley Eldridge, and direct staff members, Taylor Workman, Erika Barber, and Tatiana Moralez, all denied the allegations. Resident A denied the allegations that he is being hit or mistreated by staff in the facility. Relative Guardian A stated that he has no concerns, adding that the staff treat Resident A with a great amount of care. Based upon my investigation, which consisted of interviews with multiple facility staff members, Resident A, and Relative Guardian A, there is not enough evidence to substantiate the allegation.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION:

Staff do not allow Resident A to take a shower.

INVESTIGATION:

On 04/24/2025, HM Eldridge denied the allegations. HM Eldridge stated that Resident A receives a shower every other day.

On 04/24/2025, while onsite, staff Workman denied the allegations. Staff Workman stated that Resident A's showers are done in the afternoons.

On 04/24/2025, while onsite staff Barber denied the allegations. Staff Barber stated that Resident A receives a shower every other day.

On 04/24/2025, while onsite staff Moralez denied the allegations, stating that Resident A's showers are given in the afternoons. Resident A receives a shower every other day.

On 04/24/2025, while onsite, Resident A stated he gets his showers every other day. Resident A denied the allegations. Resident A was observed neat and clean in appearance. Resident A was adequately dressed and groomed. No concerns regarding his appearance or hygiene were noted.

On 04/25/2025, I reviewed the Assessment Plan for Resident A. The plan indicates that Resident A requires full assistance with showering.

The March 31, 2025- April 20, 2025, shower log for Resident A was reviewed. The log reflects that Resident A has receives a shower every other day.

On 06/02/2025, Relative Guardian A stated that he has no concerns regarding Resident A's hygiene.

APPLICABLE RULE	
R 400.15314	**Resident hygiene.**
	(1) A licensee shall afford a resident the opportunity, and instructions when necessary, for daily bathing and oral and personal hygiene. A licensee shall ensure that a resident bathes at least weekly and more often if necessary.
ANALYSIS:	It was alleged that staff do not allow Resident A to take a shower. Home Manager Ashley Eldridge, and direct staff members, Taylor Workman, Erika Barber, and Tatiana Moralez, all denied the allegations.

	Resident A denied the allegations, stating that he gets his showers every other day. The Assessment Plan for Resident A indicates that Resident A requires full assistance with showering. The March 31, 2025- April 20, 2025, Shower Log for Resident A was reviewed, reflecting that Resident A has received a shower every other day. Relative Guardian A stated that he has no concerns regarding Resident A's hygiene. Based upon my investigation, which consisted of interviews with multiple facility staff members, Resident A, and Relative Guardian A, as well as a review of relevant facility documents pertinent to the allegation, there is not enough evidence to substantiate the allegation.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ADDITIONAL FINDINGS:

INVESTIGATION:

On 04/25/2025, I received a copy of the Assessment Plan for Resident A. The plan does not address whether Resident A requires assistance with eating.

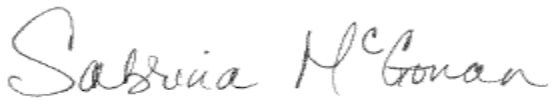
APPLICABLE RULE	
R 400.14301	**Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**
	(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.
ANALYSIS:	The Assessment Plan reviewed for Resident A does not address whether Resident A requires assistance with eating.

	Based upon my review of the assessment plan for Resident A, there is not enough evidence to substantiate the allegation.
CONCLUSION:	**VIOLATION ESTABLISHED**

On 06/02/2025, I conducted an exit conference with the Administrator, Aaron Foote. Administrator Foote was informed of the findings of this investigation.

IV. RECOMMENDATION

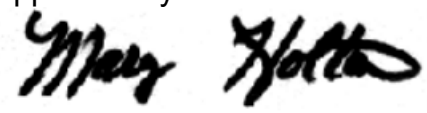
Upon the receipt of an approved corrective action plan, no change to the status of the license is recommended.



June 2, 2025

Sabrina McGowan — Date
Licensing Consultant

Approved By:



June 2, 2025

Mary E. Holton — Date
Area Manager