



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 5, 2025

Sheana Waldburg
Heavenly Comfort LLC
19103 Woodmont
Harper Woods, MI 48225

RE: License #: AS820379793
Investigation #: 2025A0121022
Heavenly Comfort Too AFC

Dear Mrs. Waldburg:

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,

A handwritten signature in blue ink that reads "K. Robinson". The signature is written in a cursive, flowing style.

K. Robinson, MSW, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 919-0574

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
SPECIAL INVESTIGATION REPORT
THIS REPORT CONTAINS QUOTED PROFANITY**

I. IDENTIFYING INFORMATION

License #:	AS820379793
Investigation #:	2025A0121022
Complaint Receipt Date:	03/24/2025
Investigation Initiation Date:	03/24/2025
Report Due Date:	05/23/2025
Licensee Name:	Heavenly Comfort LLC
Licensee Address:	19230 Silvercrest Drive, Southfield, MI 48075
Licensee Telephone #:	(313) 307-0002
Administrator:	Sheana Waldburg
Licensee Designee:	Sheana Waldburg
Name of Facility:	Heavenly Comfort Too AFC
Facility Address:	15255 Collingham Drive, Detroit, MI 48205
Facility Telephone #:	(313) 434-5810
Original Issuance Date:	09/19/2016
License Status:	REGULAR
Effective Date:	11/17/2023
Expiration Date:	11/16/2025
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. ALLEGATION(S)

	Violation Established?
Residents are kept hostage and can't leave the facility.	Yes
Direct care staff, Cecilia treats the residents terrible.	Yes
There is barely any food at the facility.	No
Non-working light in the bathroom.	Yes
Facility has holes in the walls.	Yes
<i>Note: The allegation that "there's a huge med error" was not investigated due to a lack of identifying information. This allegation is too vague. The referral source could not be reached for additional info.</i>	
Additional Findings	Yes

III. METHODOLOGY

03/24/2025	Special Investigation Intake 2025A0121022
03/24/2025	Special Investigation Initiated - Letter Email to complainant at the address listed; no response.
03/27/2025	Contact - Document Sent Letter to complainant; no response.
04/02/2025	Inspection Completed-BCAL Sub. Compliance Interviewed Resident A-D, direct care staff, Dontae Fielder and Mercedes Brown.
04/21/2025	Contact - Telephone call made Left message for DCS, Cecelia Cobb
04/21/2025	Contact - Document Sent Email to licensee, Mrs. Waldburg
04/23/2025	Contact - Telephone call made Left message for Mrs. Waldburg

04/25/2025	Contact - Telephone call received Return call from Ms. Cobb
04/29/2025	Contact - Telephone call made Follow up call to Mrs. Waldburg
05/16/2025	Exit Conference Mrs. Waldburg
05/19/2025	Referral - Recipient Rights
05/23/2025	APS Referral

ALLEGATION: Residents are kept hostage and can't leave the facility.

INVESTIGATION: On 4/2/25, I conducted an onsite inspection at the facility. I interviewed Resident A-C, observed Resident D, and interviewed direct care staff, Dontae Fielder and Mercedes Brown. Resident A and C reported that residents cannot come and go as they please. According to Resident A and C they can only leave the premises with staff. Staff are required to supervise residents at all times. Resident A stated, "they don't allow it ... we can't leave the property ever!" Resident C confirmed this finding when he stated residents are only allowed to leave the home with staff or family members. However, higher functioning residents can leave the premises if they go as a group. No one resident is allowed to leave on his own as explained by Resident C. On 4/25/25, I interviewed direct care staff, Cecilia Cobb by phone. Ms. Cobb indicated residents are free to leave the facility on their own if they do not have 1:1 staffing assignments. To date, Ms. Cobb stated there are 2 residents in care with staffing assignments. Those residents are Resident D and E. Ms. Cobb reported staff do discourage residents from repeatedly entering and exiting the home, but to rather go out and stay out for a reasonable period of time.

Upon request, I received copies of Resident A-F's Individual Plan of Service (IPOS) on 4/30/25. Resident D's IPOS dated 12/9/24 – 12/8/25 states on page 4 that "Member resides at Heavenly Comfort AFC with 2:1 supports in place." Resident E's IPOS dated 1/10/25 – 1/9/26 quotes him on page 4 stating one of his treatment plan goals is to "Get off this 1:1" which suggests Resident E at least believes he must have constant supervision. There is nothing written in Resident A or C's plans that restricts their movement in the community.

On 5/16/25, I completed an exit conference with Mrs. Waldburg. Mrs. Waldburg reported none of the residents have a 1:1 staffing assignment. This is contrary to what was reported by Ms. Cobb as well as what's identified in their respective

treatment plans. Mrs. Waldburg also stated that residents can come and go as they please. Mrs. Waldburg repeated, "The door is open."

APPLICABLE RULE	
R 400.14304	Resident rights; licensee responsibilities.
	(1) Upon a resident's admission to the home, a licensee shall inform a resident or the resident's designated representative of, explain to the resident or the resident's designated representative, and provide to the resident or the resident's designated representative, a copy of all of the following resident rights: (b) The right to exercise his or her constitutional rights, including the right to vote, the right to practice religion of his or her choice, the right to freedom of movement, and the right of freedom of association.
ANALYSIS:	Because there is nothing written in Resident A, B, C, and F's treatment plans that restricts their movement outside of the home, the staff violated the resident's right to freedom of movement by arbitrarily not allowing them to go out without staff supervision.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION: Direct care staff, Cecilia treats the residents terrible.

INVESTIGATION: On 4/2/25, Resident B reported witnessing direct care staff, Cecilia Cobb “get all up in {Resident A’s} face” fussing about him wearing sunglasses indoors. Resident A confirmed this finding and admitted he is “a little afraid” of Ms. Cobb. Resident A reported Ms. Cobb intimidates him by “acting like she’s going to hit me.” Resident A recalled Ms. Cobb saying, “she’ll take them and throw them away”, referring to his sunglasses because he refused to take them off along with a hat. According to Resident A, Ms. Cobb did take his hat, and she tried to physically remove the glasses from his face, but she was unsuccessful. Resident B also reported Ms. Cobb yells at residents a lot. Resident C corroborated Resident B’s statement that Ms. Cobb yells at residents; he said he’s even witnessed Ms. Cobb curse at Resident A. Resident C explained Ms. Cobb gets mad when Resident A repeatedly goes in and out of the house. As a result, Resident C stated he heard Ms. Cobb tell Resident A to “Sit your ass down” or she would “knock” him out with her fist balled in a threatening gesture.

On 4/25/25, I interviewed Ms. Cobb by phone. Ms. Cobb said she’s been in the direct care business for the past 20 years with 10 years of employment at Heavenly Comfort. I asked Ms. Cobb if she’s been involved in any complaint investigations in the past and she acknowledged that she had, but they were all “lies put against me.” Ms. Cobb described herself as a “very no nonsense person.” Ms. Cobb denied hitting, threatening or mistreating the residents. According to Ms. Cobb she simply writes them up if they misbehave. However, Ms. Cobb said she will “get in their face to break them up from fighting ... yea, I will stand between them.”

On 5/16/25, I completed an exit conference with Mrs. Waldburg. Mrs. Waldburg stated that none of the residents or staff have complained to her about Ms. Cobb being abusive. Mrs. Waldburg described Ms. Cobb as the staff who’s “most by the book”, meaning Ms. Cobb enforces the house rules and keeps order within the facility.

APPLICABLE RULE	
R 400.14308	Resident behavior interventions prohibitions.
	<p>(2) A licensee, direct care staff, the administrator, members of the household, volunteers who are under the direction of the licensee, employees, or any person who lives in the home shall not do any of the following:</p> <p style="padding-left: 40px;">(f) Subject a resident to any of the following:</p> <p style="padding-left: 80px;">(i) Mental or emotional cruelty.</p> <p style="padding-left: 80px;">(ii) Verbal abuse.</p> <p style="padding-left: 80px;">(iii) Derogatory remarks about the resident or members of his or her family.</p> <p style="padding-left: 80px;">(iv) Threats.</p>

ANALYSIS:	Resident A-C provided statements that direct care staff, Cecilia Cobb does subject the residents to mental and emotional cruelty, verbal abuse, and threats. Resident A-C presented as credible as they provided detailed statements in a way that was honest and truthful.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION: There is barely any food at the facility.

INVESTIGATION: On 4/2/25, I completed an unannounced onsite inspection at the facility. The facility was stocked with ample food supply in the refrigerator and freezer. However, I observed 1 of 2 cabinets used to store dry goods was almost bare. Direct care staff, Mercedes Brown indicated more food was available in the basement to restock the shelves. Resident B and C reported that meals are satisfactory; they had no complaints or concerns about the food. Resident B and C stated they receive 3 meals per day, plus snacks. Direct care staff, Cecilia Cobb also verified the home maintains an adequate supply of food. Ms. Cobb stated, “we have ample food.” Per Ms. Cobb, the licensee goes grocery shopping for the home every week. Ms. Cobb insists the residents are fed “so good” they gain weight. Ms. Cobb seemed adamant about meals, stating, “I make sure they’re full.”

Upon request on 4/8/25, Mrs. Waldburg forwarded me copies of the grocery receipts for the past 2 months (February and March 2025). The receipts verify the licensee spent over one thousand dollars in food purchases for the home. Per Mrs. Waldburg she purchases food for the home weekly via Instacart (a popular food delivery service) and she buys meat as needed in bulk every 2-3 months from the Eastern Market in midtown Detroit. I completed an exit conference with Mrs. Waldburg on 5/16/25. Mrs. Waldburg maintains the home is always stocked with food. Mrs. Waldburg said she purchases food to fulfill the items on the menu. Mrs. Waldburg also explained she shops weekly for fresh food items, like fruit, bread, eggs, and milk to offer the residents quality meals. Mrs. Waldburg indicated the allegation is bogus and likely initiated by a disgruntled staff.

APPLICABLE RULE	
R 400.14313	Resident nutrition.
	(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.

ANALYSIS:	There is insufficient evidence the home lacks adequate food to provide the residents with a minimum of 3 regular, nutritious meals daily.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: Non-working light in the bathroom.

INVESTIGATION: On 4/2/25, I observed the light in the downstairs bathroom is not working. Resident C reported the light has been nonworking since he was placed there last Fall. Resident C stated he must leave the light on in the hallway and “crack the door” when using the bathroom at night. I asked the staff on duty how long the bathroom light has been nonworking. Direct care staff, Mercedes Brown stated the light has “been broke so long” that she doesn’t remember when it happened. Dontae Fielder indicated she recently transferred to work at this facility, so she was unaware when the light broke. Ms. Brown explained maintenance came out to the home on 4/1/25 to fix the light, but to date, it remains out of order.

On 5/16/25, I completed an exit conference with Mrs. Waldburg. Mrs. Waldburg acknowledged the bathroom light had been broken for “quite some time”, but she said it was only for 1 to 1.5 month. Per Mrs. Waldburg, the bathroom light was fixed last week, and it is now fully functional.

APPLICABLE RULE	
R 400.14403	Maintenance of premises.
	(3) All living, sleeping, hallway, storage, bathroom, and kitchen areas shall be well lighted and ventilated.
ANALYSIS:	Based on my own observation, witness statements from Resident B and C and Ms. Brown, and Mrs. Waldburg’s acknowledgement, it is true that 1 of 2 bathrooms was not well lighted as the light was broken for an extended period.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION: Facility has holes in the walls.

INVESTIGATION: On 4/2/25, I inspected the walls throughout the facility. I observed several holes in the wall in the dining room, hallways, and Resident D’s bedroom. Ms. Brown explained Resident D causes holes in the walls when he’s having a behavior. On 5/16/25, Mrs. Waldburg confirmed Resident D is destructive.

According to Mrs. Waldburg, Resident D suffers from seizure attacks 1-2 times per week. Mrs. Waldburg explained Resident D will destroy the home when he's on the cusp of a seizure. Mrs. Waldburg expressed frustration but understanding that the walls are in constant need of repair due to Resident A. Mrs. Waldburg said the holes were repaired last week.

APPLICABLE RULE	
R 400.14403	Maintenance of premises.
	(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.
ANALYSIS:	On 4/2/25, I observed the walls were not in good repair.
CONCLUSION:	VIOLATION ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION: On 4/2/25, I observed a sign on the downstairs bathroom door that read "Out Of Order". Direct care staff, Mercedes Brown reported the sign was placed on the door 4/1/25 because a resident (unknown) flooded the toilet. On 5/16/25, Mrs. Waldburg acknowledged the home had extensive plumbing issues. According to Mrs. Waldburg, staff stuffed the downstairs toilet with Lysol wipes and used cooking oil causing repeat plumbing issues. Mrs. Waldburg reported that the problem was recently corrected by having the backyard dug up to permanently repair the connection to the main drain. Mrs. Waldburg also said she was not aware that a sign had been placed on the door to indicate the bathroom was in nonworking order. Mrs. Waldburg is adamant the problem cannot be related to past issues.

APPLICABLE RULE	
R 400.14407	Bathrooms.
	(5) At least 1 toilet and 1 lavatory that are available for resident use shall be provided on each floor that has resident bedrooms.
ANALYSIS:	As of 4/1/25, the downstairs bathroom was in nonworking order. Therefore, the licensee failed to provide at least 1 toilet for resident use on the main floor of the home that has 2 resident bedrooms.
CONCLUSION:	VIOLATION ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION: On 4/2/25, I observed an Out of Order sign placed on the bathroom door on the main level of the home. Therefore, residents were not able to use the lavatory for showering or bathing as required. I also observed what looked like black mold all over the shower tiles in the bath/shower area. Direct care staff, Mercedes Brown stated the black surface “been there” and it does not remove even when cleaned. Specifically, Ms. Brown explained, “It won’t come off when you clean it.” Ms. Brown did not specify what the black substance on the tiles were. I took photos of the substance and shared it with Mrs. Waldburg on 5/16/25. After reviewing the photos, Mrs. Waldburg indicated that the substance is glue used to affix the tiles. Although Mrs. Waldburg does not believe the aforementioned black substance is harmful, she offered to purchase a mold detector kit from her local hardware store to test the surface. On 5/19/25, I sent a follow up email to Mrs. Waldburg to learn the results of mold testing. Mrs. Waldburg sent the following reply: *“I hope this message finds you well. I wanted to update you on the situation concerning the test results we discussed previously. It seems we did not achieve the desired outcome, and the test suggested was not viable as it required sending the sample to a lab. Given that the backer board has been removed and a repair technician is in the process of replacing it with a shower liner, pursuing this test further appears unnecessary. I will include these details in my Corrective Action Plan (CAP).”*

APPLICABLE RULE	
R 400.14407	Bathrooms.
	(6) At least 1 bathing facility that is available for resident use shall be provided on each floor that has resident bedrooms.
ANALYSIS:	As of 4/1/25, the downstairs bathroom was in nonworking order. Therefore, the licensee failed to provide at least 1 bathing facility that is available for resident use on the main floor of the home housing 2 resident bedrooms.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, I recommend the status of this license remain unchanged.

K. Robinson

05/30/25

Kara Robinson
Licensing Consultant

Date

Approved By:

Jay Caluverts

For

06/05/2025

Ardra Hunter
Area Manager

Date