



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 16, 2025

Corrissa Weaver
Jacksons Home
470 Old Pine Way
Walled Lake, MI 48390

RE: License #: AS820418926
Investigation #: 2025A0119030
Jackson Homes-Grayfield

Dear Corrissa Weaver:

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 cursive script that reads "Shatonla Daniel".

Shatonla Daniel, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 919-3003

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS820418926
Investigation #:	2025A0119030
Complaint Receipt Date:	05/05/2025
Investigation Initiation Date:	05/07/2025
Report Due Date:	07/04/2025
Licensee Name:	Jacksons Home
Licensee Address:	16160 Baylis Detroit, MI 48221
Licensee Telephone #:	(586) 557-3413
Administrator:	Corrissa Weaver
Licensee Designee:	Corrissa Weaver
Name of Facility:	Jackson Homes- Grayfield
Facility Address:	12800 Grayfield Detroit, MI 48223
Facility Telephone #:	(586) 557-3413
Original Issuance Date:	02/04/2025
License Status:	TEMPORARY
Effective Date:	02/04/2025
Expiration Date:	08/03/2025
Capacity:	5
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

II. ALLEGATION(S)

	Violation Established?
Resident A is not being provided with daily hygiene care including regularly changing of incontinent briefs.	No
Additional Findings	Yes

III. METHODOLOGY

05/05/2025	Special Investigation Intake 2025A0119030
05/06/2025	Referral- Recipient Rights Made
05/06/2025	APS Referral Made
05/07/2025	Special Investigation Initiated - On Site Staff- Alexis Velez-Ortiz, Staff- Izzy Myrick, Staff- Octavia Whitehead and Resident B
05/07/2025	Contact - Telephone call made Licensee Designee/ Administrator- Corriisa Weaver
05/13/2025	Inspection Completed On-site Review the egress of home with Licensee Designee- Corriisa Weaver Obtain Resident A's written assessment plan Observed Resident A
06/13/2025	Contact - Telephone call made Staff- Jada Spencer and Staff- Armani Hicks
06/13/2025	Exit Conference Licensee Designee - Corriisa Weaver

ALLEGATION:

Resident A is not being provided with daily hygiene care including regularly changing of incontinent briefs.

INVESTIGATION:

On 05/07/2025, I completed an unannounced onsite inspection and interviewed Staff Alexis Velez-Ortiz, Staff- Izzy Myrick, and Resident B regarding the above allegations. I was unable to interview Resident A because she was sleeping at the time of the onsite inspection. Staff Velez-Ortiz stated everyone will assist with Resident A due to her behaviors. Staff Velez-Ortiz stated Resident A does receive assistance with showering and her personal hygiene daily. Staff Velez-Ortiz stated Resident A is very combative and will curse at staff when approached to do any type of personal hygiene care which includes changing her incontinent brief. Staff Velez-Ortiz stated Resident A is monitored hourly to have her incontinent brief checked and/or changed.

Staff Myrick stated Resident A has increased behaviors around the time she has hygiene care and changing of her incontinent brief. Staff Myrick stated Resident A does receive proper hygiene care while she is awake. Staff Myrick stated Resident A can be combative and staff will allow her to sleep. Staff Myrick stated Resident A uses a wheelchair and needs staff to assist her with her hygiene care. Staff Myrick stated Resident A receives a shower at least once a week. Staff Myrick stated Resident A does receive regularly incontinent brief changes at least every hour.

Resident B denied observing Resident A not receiving a daily hygiene care from staff. Resident B stated Resident A does curse at staff regularly.

On 05/07/2025, I telephoned and interviewed Licensee Designee (LD)/ Administrator, Corriisa Weaver regarding the above allegations. LD Weaver denied the allegations. LD Weaver stated Resident A is combative with staff whenever staff attempt to do any of her care needs. However, LD Weaver stated Resident A does receive a shower at least weekly and personal hygiene care on a daily basis. LD Weaver stated Resident A does have her incontinent brief changed every couple of hours by staff. LD Weaver stated she has not received an individual plan of service for Resident A due to problems with Resident A's guardian signing the consent paperwork. LD Weaver stated Resident A's guardian has been hard to contact and has not signed any adult foster care documents.

On 05/13/2025, I completed another onsite inspection and attempted to interview Resident A. Resident A refused to be interviewed. I observed Resident A to be clean, well dressed, and free from any odors. I received Resident A's written assessment plan which indicates Resident A requires assistance with toileting, bathing, grooming, and dressing. I observed Resident A and she refused to be interviewed.

On 06/13/2025, I telephoned and interviewed Staff Jada Spencer and Staff Armani Hicks regarding the above allegations. Staff Spencer and Staff Hicks denied the allegations. Staff Spencer and Staff. Hicks stated Resident A does receive regularly hygiene care and frequent incontinent changes by them.

Staff Spencer stated she would provide Resident A with sitting showers. Staff Spencer stated she would change and check Resident A incontinent briefs on an hourly basis.

Staff Hicks stated there are only two shifts in the home. Staff Hicks stated she worked from 7:00 p.m. to 7:00 a.m. Staff Hicks stated she would change Resident A incontinent brief three to four times during her shift.

On 05/13/2025, I completed an exit conference with LD- Corissa Weaver regarding the above allegations. LD Weaver stated she did not have any comments regarding this allegation.

APPLICABLE RULE	
R 400.14314	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:	<p>Licensee Designee/ Administrator- Corrissa Weaver, Staff- Alexis Velez-Ortiz, Staff- Izzy Myrick, Staff- Jada Spencer, Staff- Armani Hicks, and Resident B denied the allegations.</p> <p>LD Weaver, Staff Velez-Ortiz, Staff Myrick, Staff Spencer, and Staff Hicks stated Resident A receives daily hygiene care, weekly showers and regularly incontinent brief changes by staff.</p> <p>Therefore, Resident A has been afforded the opportunity to daily bathing, oral, and personal hygiene care by staff.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION:

On 05/07/2025, I completed an unannounced onsite inspection and spoke with Staff Octavia Whitehead, Staff Alexis Velez-Ortiz, and Resident B regarding the use of resident bedroom door which has access to the rear deck and wheelchair ramp. At the onsite inspection, Staff Whitehead lead me through one large resident bedroom into the back deck area to interview other staff because this was her first day working in this home. As I was walking through the resident bedroom to the back door, I inquired with Staff Whitehead about the use of this door by staff and residents to exit and get to the back deck area. Staff Whitehead stated, "This is way in which we get to the back deck." Staff Whitehead stated there is another side door that can also be used staff.

Staff Velez-Ortiz stated all staff and residents use the resident bedroom exit door to access the back deck area and the ramp. Staff Velez-Ortiz stated the staff only use the side door for trash removal.

Resident B stated all residents and staff use the resident bedroom door to access the back deck area.

Once on the back deck, I observed a ramp connected to the deck. This ramp is only accessible through this resident bedroom door. This is the second ramp connected to the facility.

On 05/13/2025, I completed another onsite inspection with consultant-Pandrea Robinson to observe the configuration of the rear exit through the resident bedroom along with the construction of the ramp. I spoke with licensee designee (LD) Corriisa Weaver and explained to her that this exit door is to only be used by residents in this bedroom and all residents along with staff will needs to use the other two means of egress. In using the provided floor plan and discussing a restorative plan for the facility, there are three means of egress in this facility, which includes an exit from a resident bedroom. It was explained to LD Weaver that the ramp attached to the rear deck will need to be moved to accommodate all residents in the home. In addition, once the ramp has been moved to accommodate all residents in the home to the second means of egress; ramp will need to be approved by the department.

On 05/13/2025, I completed an exit conference with LD Weaver regarding the above allegations. LD Weaver initially did not agree with these findings because the home was licensed this way. However, LD Weaver conferenced with her licensing consultant- Edith Richardson and finally agreed to move the ramp to another egress location in the facility.

APPLICABLE RULE	
R 400.14408	Bedrooms generally.
	(5) Traffic to and from any room shall not be through a resident bedroom.

ANALYSIS:	<p>Octavia Whitehead, Staff- Alexis Velez-Ortiz, and Resident B stated all residents and staff use the rear door to access the back deck area of the facility.</p> <p>On 05/07/2025 and on 05/13/2025, I observed the only way to access rear ramp of the facility was through a resident bedroom.</p> <p>Therefore, there cannot be traffic through a resident bedroom.</p>
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

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

Shatonla Daniel

06/13/2025

Shatonla Daniel
Licensing Consultant

Date

Approved By:

Mary Holton

06/16/2025

Mary E. Holton
Area Manager

Date