GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 17, 2025

Christine Loria
Sterling Residence LLC
8097 Wildwood Trail
Mancelona, MI 49659

RE: License #: AS050395830
Investigation #: 2025A0009024
Sterling Residence

Dear Ms. Loria:

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 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 (231) 922-5309.

Sincerely,

Adam Robarge, Licensing Consultant
Bureau of Community and Health Systems
Suite 11
701 S. Elmwood
Traverse City, MI 49684
(231) 350-0939

enclosure

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

## I. IDENTIFYING INFORMATION

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| **License #:** | AS050395830 |
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| **Investigation #:** | 2025A0009024 |
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| **Complaint Receipt Date:** | 06/23/2025 |
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| **Investigation Initiation Date:** | 06/24/2025 |
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| **Report Due Date:** | 07/23/2025 |
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| **Licensee Name:** | Sterling Residence LLC |
| | |
| **Licensee Address:** | 8097 Wildwood Trail<br>Mancelona, MI 49659 |
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| **Licensee Telephone #:** | (231) 409-6602 |
| | |
| **Administrator:** | Christine Loria |
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| **Licensee Designee:** | Christine Loria |
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| **Name of Facility:** | Sterling Residence |
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| **Facility Address:** | 8097 Wildwood Trail<br>Mancelona, MI 49659 |
| | |
| **Facility Telephone #:** | (231) 409-6602 |
| | |
| **Original Issuance Date:** | 02/12/2019 |
| | |
| **License Status:** | REGULAR |
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| **Effective Date:** | 02/13/2024 |
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| **Expiration Date:** | 02/12/2026 |
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| **Capacity:** | 6 |
| | |
| **Program Type:** | AGED |

## II. ALLEGATION(S)

| | **Violation Established**? |
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| Some direct care staff have not received proper training. | Yes |
| There are no “plans of service” for residents. | No |
| Resident A has been wearing the same clothing for multiple days which she has urinated in. She is not cleaned regularly | No |
| Resident medications have not always been administered at the correct times. | Yes |
| The home is dirty. There are several dogs and cats that urinate or defecate in the home. Maggots were observed in the trash. | Yes |
| Additional Finding | Yes |

## III. METHODOLOGY

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| 06/23/2025 | Special Investigation Intake<br>2025A0009024 |
| 06/24/2025 | Special Investigation Initiated – Telephone call made to adult protective services worker Jacqueline Muzyl |
| 06/24/2025 | APS Referral |
| 06/25/2025 | Inspection Completed On-site<br>Interview with direct care worker Jacklynn Hildebran and licensee designee Christine Loria. Face to face contact with Resident A |
| 07/01/2025 | Contact – Telephone call received from licensee designee Christine Loria |
| 07/15/2025 | Contact – Telephone call made to licensee designee Christine Loria |
| 07/16/2025 | Contact – Telephone call made to adult protective services worker Jacqueline Muzyl |
| 07/17/2025 | Contact – Document (email) received from licensee designee Christine Loria |
| 07/17/2025 | Contact – Telephone call made to licensee designee Christine Loria |
| 07/17/2025 | Exit conference with Christine Loria |

**ALLEGATION: Some direct care staff have not received proper training.**

**INVESTIGATION:** I spoke with adult protective services worker Jacqueline Muzyl by telephone on June 24, 2025. She reported that she was conducting an investigation on Resident A who resides at the Sterling Residence. Some of the other concerns which were reported seemed to be licensing issues which she was forwarding to me. We agreed to visit the facility together the following day.

Adult protective services worker Jacqueline Muzyl and I conducted an unannounced site visit at the Sterling Residence on June 25, 2025. Direct care worker Jacklynn Hildebran was present at the home when we arrived. The licensee designee, Christine Loria, showed up to the home after Ms. Muzyl and I had been there for some time. I asked Ms. Loria about staff training. She said that she does “hands-on” training with her staff. She and her most experienced direct care worker walk new staff through everything they need to do in a day. They spend time with them, training them, and allowing them to shadow them before being allowed to work alone. They do Cardiopulmonary Resuscitation (CPR) and First-Aid training on-line. I showed her State of Michigan Adult Foster Care (AFC) Licensing Rule 204 and asked her if staff are being trained on all those elements. She retrieved a large ring binder and showed me that she had been training her staff with this in 2024 and before. She showed me several pages of training material titled 2024 Adult Foster Care Package for Michigan Caregivers provided by Adult Family Caregivers Network. We looked through the material and I found that the packet was set up to train new staff on each element contained in the licensing rule. It was obvious that the training was set up to provide compliance with the State of Michigan licensing rules. I told Ms. Loria that it appeared to be proper training from my perusal of the material. Ms. Loria said that she had been using the material for all her staff through 2024. She had not trained her last two staff hires on the material. Ms. Loria indicated that Ms. Hildebran was one of the new hires. She said that she had not updated to the 2025 packet due to the cost of the material and just not being able to get to it. I stated that the AFC licensing rules had not changed in that time so that it would be appropriate to train new staff on the 2024 packet until she could update to the 2025 material. Ms. Loria said that she would do that.

| **APPLICABLE RULE** | |
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| **R 400.14204** | **Direct care staff; qualifications and training.** |
| | (3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas:<br>(a) Reporting requirements.<br>(b) First aid.<br>(c) Cardiopulmonary resuscitation.<br>(d) Personal care, supervision, and protection. |

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| | (e) Resident rights.<br>(f) Safety and fire prevention.<br>(g) Prevention and containment of communicable diseases. |
| **ANALYSIS:** | Ms. Loria had been using training materials from a private company to train her staff in 2024 and before. She acknowledged she has not trained her two last staff hires on the material.<br><br>It was confirmed through this investigation that two direct care workers have not been trained in all the elements required before working unsupervised with residents. |
| **CONCLUSION:** | **VIOLATION ESTABLISHED** |

**ALLEGATION: There are no "plans of service" for residents.**

**INVESTIGATION:** During my unannounced site visit to the Sterling Residence on June 25, 2025, I asked licensee designee Christine Loria about the residents' plans of service/written assessments. She said that she did not know what a "plan of service" was. I told her that a plan of service is required for residents receiving services from Community Mental Health (CMH). It is not a requirement for her to have a plan of service since she is not specially certified with CMH. I said that the closest thing for a non-certified home would be a written assessment. Ms. Loria showed me that each current resident in the home does have a written assessment plan although I observed them to be outdated. They were each dated February of 2024. Ms. Loria stated that she usually does a written assessment for each resident at the beginning of the year but just hadn't found a chance to do that yet. Ms. Loria agreed to get those done in the next few weeks.

| **APPLICABLE RULE** | |
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| **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 licensee is not required to have a plan of service for each resident because this home does not have a special certification. I did find that she had completed written |

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| | assessments for her residents as required in the above-referenced rule. |
| **CONCLUSION:** | VIOLATION NOT ESTABLISHED |

**ALLEGATION: Resident A has been wearing the same clothing for multiple days which she has urinated in. She is not cleaned regularly.**

**INVESTIGATION:** During my unannounced site visit at the Sterling Residence on June 25, 2025, adult protective services worker Jacqueline Muzyl and I checked on Resident A and inquired about her care. We observed Resident A lying in her bed at the time of the visit. Ms. Muzyl interviewed her at that time. She asked Resident A what she does throughout the day. She said that she gets up to eat in the dining room and watches television with the other residents in the living room. Ms. Muzyl observed that Resident A had a normal bed with a side rail and asked her if she thought she might be more comfortable in a hospital bed. Resident A said yes. Ms. Muzyl stated that she could access some funds to obtain a hospital bed for her. Licensee designee Christine Loria showed up at the home at that time. Ms. Muzyl talked to her about the bed and stated that she thought she would be able to get her a hospital bed. I asked Ms. Loria about the side rail and whether she had a doctor's order for the side rail. Ms. Loria said that it was Resident A's physician who provided them with the side rail due to Resident A recently falling out of bed. Ms. Muzyl stated that she thought a hospital bed would be a better option for Resident A and would pursue acquiring that for her. Ms. Loria stated that Resident A has a physical therapist and that they are also working to acquire a bariatric shower chair for Resident A. Ms. Loria stated that Resident A does see her physician on a regular basis although admitted that it is usually a video call.

Ms. Muzyl asked to check on Resident A's bottom area to see what condition she was in at the time of the visit. She checked Resident A with Ms. Loria while I excused myself from the room. Ms. Muzyl reported that although Resident A's adult brief was somewhat wet it was nothing unusual. Resident A was not "soaked". Ms. Muzyl did not observe anything else that concerned her. Resident A seemed fairly clean at the time of the visit. Ms. Muzylk also checked the condition of Resident A's skin and did not observe any skin break-down or anything else concerning. She denied seeing anything which would indicate that Resident A was lying in her own urine or feces for extended periods of time. Although Resident A was wet, the bed was not wet at that time. Ms. Loria said that she and her staff check Resident A's brief several times a day which results in her being changed at least three times during the day. Resident A is incontinent. Ms. Loria stated that she stresses with staff that Resident A needs to be checked and changed on a regular basis. She indicated a posted sign on the wall outside of Resident A's room that indicated that (*Resident A): Needs to be changed every two hours, Pads under her at all times, Use blue (hospital) pads if needed and Wake her if she has slept past changing*

*time.'* Ms. Hildebran stated that she had just changed Resident A an hour ago so she must have urinated since that time.

Ms. Loria wanted us to know that Resident A does have an upcoming appointment with a urologist to address the frequent urination. They hoped this would resolve the issue. Ms. Loria also spoke about Resident A suffering from "explosive" feces a while back. They did have an issue with that because that was how her body reacted to a new iron supplement that she was given. This has been resolved and is no longer an issue for Resident A.

I spoke with adult protective services worker Jacqueline Muzyl by telephone on July 16, 2025. She still has an open adult protective services case on Resident A. She is helping to get her a hospital bed and is also looking into getting her the bariatric shower chair. Ms. Muzyl stated that she is not substantiating the case for neglect.

I spoke with licensee designee Christine Loria by telephone on July 17, 2025. We spoke again about Resident A's daily care. She said that Resident A is always changed every two hours, three hours at the most. They also change her clothing two or three times per day. They need to do one load of laundry per day just for Resident A because of changing her constantly. They bathe Resident A at least twice per week. They have needed to bathe her more frequently than that when she has had problems with diarrhea.

| **APPLICABLE RULE** | |
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| **R 400.14305** | **Resident protection.** |
| | (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. |
| **ANALYSIS:** | Adult protective services worker Jacqueline Muzyl and I conducted an unannounced site visit at the Sterling Residence on June 25, 2025. We checked on the condition of Resident A at that time. Her adult brief was wet at the time but not soaked. Her bed was dry at the time. Ms. Muzyl observed Resident A's bottom area at that time and did not see any skin breakdown or anything else that concerned her. She did not see anything which would indicate that Resident A was being left wet or soiled for long periods of time. It was reported that Resident A was changed every two hours, three at most, and bathed at least twice a week. This seemed consistent with Resident A's condition during the visit to the home on June 25, 2025.<br><br>The direct care worker at the home stated that she had just changed Resident A an hour before our arrival. The licensee |

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| | stated that she stresses with her staff that Resident A is to be checked and/or changed every two hours and showed us a sign outside the door which indicated just that.<br><br>Ms. Muzyl denied that she was substantiating the case for neglect but was leaving her adult protective services case open until she could provide a needed hospital bed and bariatric chair for Resident A.<br><br>It was confirmed through this investigation that Resident A has been treated with dignity and her personal needs, including protection and safety, were attended to at all times. |
| **CONCLUSION:** | VIOLATION NOT ESTABLISHED |

**ALLEGATION: Resident medications have not always been administered at the correct times.**

**INVESTIGATION:** During my site visit on June 25, 2025, I asked licensee designee Christine Loria about the allegation that resident medications are not always administered at the correct times. She replied that she prefers to administer all the resident medications because she lives right next door and is home much of the time. She also administers medication to her father who lives at the home. Ms. Loria said that she comes over at 9:00 to 9:30 a.m. and then in the late afternoon or early evening between 4:00 p.m. to 7:00 p.m. I asked her about the specific report of her administering medications late or early recently. Ms. Loria admitted that she has done that. She said that her father had been in the hospital and that she had been with him at the time. She had been unable to get back to the home until late in the afternoon to administer the morning medications. She had also given the 7:00 p.m. medications early because she needed to get back to the hospital. Ms. Loria admitted that she did not been give the medication within an hour of the time on the medication label. We spoke about having one or two trusted staff who live nearby as back-ups in case she is ever unable to get back to administer medication. Ms. Loria said that she would consider that but that it was an unusual circumstance for her not to be able to get to the home in time for the medication administration.

I spoke to Ms. Loria again by telephone on July 15, 2025, about medication administration. She said that currently most of the resident medication is supposed to be given at set times. We talked about the possibility of talking with the doctor(s) and pharmacy about having those changed to more brood times of day to give her some flexibility with medication administration. Ms. Loria said that she had already thought of that and was working with the pharmacy to see if the labeling could be changed to “morning”, “noon”, “evening” and “bedtime”. She said that she knew that she would be able to comply with those more brood timeframes.

I received an email from Ms. Loria on July 17, 2025, which read, "*I have talked to the pharmacy for the residents and they have found it to be acceptable to change the labeling of the meds from time stamped to morning, noon, evening, & bedtime*."

| **APPLICABLE RULE** | |
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| **R 400.14312** | **Resident medications.** |
| | (2) Medication shall be given, taken, or applied pursuant to label instructions. |
| **ANALYSIS:** | During the site visit on June 25, 2025, Ms. Loria had admitted that she had not been able to administer medications within an hour of the prescribed time.<br><br>In consideration of the above information, it is determined that the licensee has not always administered medication pursuant to the label instructions. |
| **CONCLUSION:** | **VIOLATION ESTABLISHED** |

**ALLEGATION: The home is dirty. There are several dogs and cats that urinate or defecate in the home. Maggots were observed in the trash.**

**INVESTIGATION:** During my unannounced site visit on June 25, 2025, I observed the facility with Ms. Muzyl. We entered through the front room into the living area of the home. I observed the carpet in the living area of the home to be adequately clean. The rest of the living area looked adequately clean as well. I detected a faint odor of urine in the home. Adult protective services worker Jacqueline Muzyl stated that she also detected the odor. Direct care worker Jacklynn Hildebran showed us through the home. Ms. Hildebran took us initially into a room which she said is inhabited by the licensee designee's father. He was not there at the time of the visit. Ms. Hildebran denied that the staff there provide care for him. She said that Ms. Loria comes to the home, herself, to care for him. There was a moderate smell of urine in this room. Ms. Hildebran brought us to the next bedroom which had a stronger smell of urine. Ms. Hildebran reported that Resident B had recently started to intentionally urinate in his bedroom. It was a recent behavior that they are trying to address. She thought that Ms. Loria is working with his doctor and other professionals to address the issue. Other than the smell, the room looked adequately clean and organized. We talked about the fact that just cleaning the carpet in these areas of the home would go a long way in diminishing the odor. Ms. Hildebran stated that Ms. Loria has instructed staff and given them supplies to "spot clean" the carpet which they do on a regular basis. Ms. Hildebran said that it might be appropriate for them to have a small steam cleaner to do the job possibly more efficiently. We observed five small dogs in the home during our visit. Ms. Hildebran said that she does let the dogs out throughout her shift so that they can go to the

bathroom outside. She acknowledged they do sometimes urinate or defecate in the home which she immediately cleans up. Ms. Hildebran also said that they put down disposable bed pads where the dogs often lay in Resident A's room. Ms. Hildebran denied that she knew the dogs' feces to just lay on the floor. She said that she immediately cleans it up whenever she sees any. While checking on Resident A, we observed one of the dogs jump up onto the bed with Resident A while she was laying there and she embraced the animal as they lay together. It was obvious that the dog gave her a significant degree of comfort. It seemed that all the residents enjoyed the dogs. We observed one cat which was kept in a bathroom which is only occasionally used by residents. The rest of the home seemed adequately clean at the time of the visit. The kitchen was clean at the time of the visit. The utility room where the dogs are often kept did have one small puddle of urine during that time. The utility room is a non-resident area and is sometimes blocked off by a child gate. It is not part of the emergency evacuation route for the home.

After licensee designee Christine Loria arrived at the home, we talked to her about the condition of the home. She spoke about the recent development of Resident B urinating in his room and that it seemed to be an intentional behavior. She has a doctor's appointment set up for him to address it and will get him adult briefs if the doctor thinks that is the best way to address the issue. We asked her about cleaning the carpets in the home and our belief that cleaning the carpets would probably take care of most, if not all, of the smell. Ms. Loria said that she did plan on cleaning them soon and would be doing that. She showed us the spot cleaning supplies which staff are supposed to use when there are accidents. Ms. Loria said that the only reason she doesn't clean the carpets more often is that cleaning them constantly makes them brittle and they wear out much quicker. It also removes the carpet treatment that she applies. She is looking into placing linoleum in the living area and is trying to get a contractor in place to have that done. We talked about the dogs in the home. I told Ms. Loria that it seemed that the residents enjoyed the dogs and they were well-behaved during our time there. The concern is pertaining to them urinating and defecating in the home. Ms. Loria showed us the sign posted on the back sliding door which read, *'Dogs: Need to be let out every 2 hours for at least 10 minutes rain, snow or shine at least 5 times per day, No exceptions, Keep porch clean of dog poo so residents are able to go outside*.' Ms. Loria admitted the dogs sometimes go poop on the "puppy pads" that they put out but that these are picked up and disposed of constantly.

I asked Ms. Loria about the report of maggots being observed in the garbage of the home. She stated that the trash is kept in the utility room away from residents until she is able to take it to the neighborhood dumpster. She takes it there once a week. Ms. Loria admitted that some flies did get into the home and that she did observe a couple of maggots in the garbage. We talked about the possibility of her taking the garbage to the dumpster more frequently and she agreed that she would do that.

| **APPLICABLE RULE** | |
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| **R 400.14403** | **Maintenance of premises.** |

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| | **(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.** |
| **ANALYSIS:** | During an unannounced site visit on June 25, 2025, adult protective services worker Jacqueline Muzyl and I detected a smell of urine in the home. I found this to be throughout the home with it being moderate to strong-smelling in Resident B's room. Ms. Muzyl stated that she also detected the odor. I observed dog urine in the utility room of the home and the staff on-duty and Ms. Loria, herself, both acknowledged that the dogs defecate in the home.<br><br>It was confirmed through this investigation that the home is not properly maintained to provide adequately for the health, safety, and well-being of occupants. |
| **CONCLUSION:** | **VIOLATION ESTABLISHED** |

**ADDITIONAL FINDING:**

Ms. Loria showed me that each current resident in the home does have a written assessment plan although I observed them to be outdated. They were each dated February of 2024. Ms. Loria stated that she usually does a written assessment for each resident at the beginning of the year but just hadn't found a chance to do that yet. Ms. Loria agreed to get those done in the next few weeks**.**

| **APPLICABLE RULE** | |
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| **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:** | At the time of my site visit on June 25, 2025, I observed the residents' written assessments to have been outdated, having last been completed in February of 2024.<br><br>It was confirmed through this investigation that the licensee had not completed the residents' written assessments on an annual basis. |

| CONCLUSION: | VIOLATION ESTABLISHED |
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Note: I provided technical assistance to Ms. Loria about having all physician contacts and other medical directives provided by the physician's office contained in each resident's file. She stated that she had been keeping those but the new physician for the residents had not been automatically providing those. She said that she would pursue making sure those ended up in each resident file. Ms. Loria and I had additional contacts about her retrieving the past records and putting a plan in place to receive records following each doctor's visit.

I conducted an exit conference with licensee designee Christine Loria by telephone on July 17, 2025. I told her of the findings of my investigation and gave her the opportunity to ask questions.

## IV. RECOMMENDATION

Upon receipt of an acceptable corrective action plan, I recommend no change in the license status.

07/17/2025

Adam Robarge — Date
Licensing Consultant

Approved By:

07/17/2025

Jerry Hendrick — Date
Area Manager