



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 25, 2025

Karen Harris
Integrated Living, Inc.
43133 Schoenherr Road
Sterling Heights, MI 48313

RE: License #: AS500015839
Investigation #: 2025A0990020
Garbor Group Home

Dear Mrs. Harris:

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.
- Indicate how continuing compliance will be maintained once compliance is achieved.
- Be signed and dated.

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 (248) 972-9136.

Sincerely,

A handwritten signature in cursive script that reads "L. Reed".

LaShonda Reed, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place, Ste 9-100
Detroit, MI 48202
(586) 676-2877

Enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS500015839
Investigation #:	2025A0990020
Complaint Receipt Date:	07/11/2025
Investigation Initiation Date:	07/14/2025
Report Due Date:	08/10/2025
Licensee Name:	Integrated Living, Inc.
Licensee Address:	43133 Schoenherr Road Sterling Heights, MI 48313
Licensee Telephone #:	(586) 731-9800
Administrator:	Karen Harris
Licensee Designee:	Karen Harris
Name of Facility:	Garbor Group Home
Facility Address:	27630 Ryan Road Warren, MI 48091
Facility Telephone #:	(586) 731-9800
Original Issuance Date:	08/15/1994
License Status:	REGULAR
Effective Date:	04/24/2023
Expiration Date:	04/23/2025
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED

II. ALLEGATION(S)

	Violation Established?
Staff, Tonoa Carter is forging fire drill records.	Yes

III. METHODOLOGY

07/11/2025	Special Investigation Intake 2025A0990020
07/14/2025	Special Investigation Initiated - Letter I emailed Ambe Sultes, Office of Recipient Rights Investigator (ORR).
07/16/2025	APS Referral Adult Protective Services (APS) referral is not required due to no allegations of abuse or neglect.
07/17/2025	Contact - Face to Face I conducted an unannounced onsite investigation. I interviewed medication coordinator Tonoa Carter, direct care staff Alexis Sharrell, Resident A and Resident B. I received fire drill records.
07/18/2025	Contact - Telephone call made I conducted a phone interview with Amber Sultes.
07/23/2025	Contact - Document Received I reviewed fire drill records and E-scores.
07/23/2025	Contact - Telephone call received I conducted a phone interview with Karen Harris, licensee designee and Sara Harris.
07/24/2025	Contact - Telephone call made I left a detailed message with direct care staff/home manager Sharrell Harris.
07/24/2025	Contact - Telephone call made I conducted an interview with direct care staff Kalen Doyle.

07/24/2025	Contact - Telephone call made I left a detailed message with direct care staff Leponia Jordan.
07/24/2025	Contact - Telephone call made I left a detailed message with former direct care staff Ashley Dixon.
07/24/2025	Contact - Document Received I requested March 2025 and May 2025 staff schedules.
07/24/2025	Exit Conference I conducted an exit conference with Ms. Harris.

ALLEGATION:

Staff, Tonoa Carter is forging fire drill records.

INVESTIGATION:

On 07/11/2025, I received a complaint via email. In addition to the allegations, it was also alleged that before a 04/22/2025 audit, staff backfilled medication administration records and missed dietary needs for residents. These allegations were addressed in the Special Investigation Report #2025A0617013.

On 07/17/2025, I conducted an unannounced onsite investigation. I interviewed medication coordinator Tonoa Carter. Ms. Carter said that she also worked as the home manager for a period. Ms. Carter denies forging fire drill records or any records in the home. Ms. Carter stated that several disgruntled employees had consistently made false allegations against her. Ms. Carter said that there are two residents in the house that are somewhat verbal. I received fire drill records.

On 07/17/2025, I briefly interviewed direct care staff member Alexis Sharrell. Ms. Sharrell is a new employee, having been in the job for less than a month. She does not have any information about fire drill records.

On 07/17/2025, I attempted to interview Resident A. However, Resident A was unable to be interviewed due to limited cognitive abilities.

On 07/17/2025, I attempted to interview Resident B. However, Resident B was unable to understand the questions due to limited cognitive abilities.

On 07/18/2025, I conducted a phone interview with Amber Sultes. Ms. Sultes conducted an ORR investigation and interviewed staff members, some of whom were disgruntled. Ms. Sultes was not aware that a special investigation was pending regarding several concerns that had been previously investigated and addressed, as well as a pending

corrective action plan. Ms. Sultes said former staff member Dawn Turner alleged that no fire drills were done and was told by Tonoa Carter to forge fire records.

On 07/23/2025, I reviewed fire drill records and E-scores. The most recent e-score was completed on 03/01/2025 by Dawn Turner. The evacuation score is "slow".

I observed the following fire drills conducted from January 2025 to May 2025:

- 01/28/2025 Ms. Carter conducted a drill at 8:30 AM with the evacuation time of five minutes. There was no documentation on the fire drill record regarding the weather, type of drill (scheduled or unscheduled), or type of alarm (smoke detector, pull station, control panel, or actual smoke).
- 02/05/2025 Ms. Carter conducted a drill at 2:30 PM. There was no documentation on the fire drill record regarding the evacuation time, weather conditions, type of drill (scheduled or surprise), or type of alarm (smoke detector, pull station, control panel, or actual smoke).
- 03/05/2025, Ms. Dixon conducted a drill at 1:00 AM with an evacuation time of six minutes. There was no documentation on the fire drill record, the weather, the type of drill (scheduled or surprise), or the type of alarm (smoke detector, pull station, control panel, or actual smoke).
- 04/09/2025 Ms. Dixon conducted a drill at 6:00 AM with an evacuation time of six minutes. There was no documentation on the fire drill, including the weather, type of drill (scheduled or unscheduled), and type of alarm (smoke detector, pull station, control panel, or actual smoke).
- 05/18/2025 Ms. Johnson conducted a drill at 1:45 PM. There was no documentation on the fire drill record regarding the evacuation time, weather conditions, type of drill (scheduled or unscheduled), or type of alarm (smoke detector, pull station, control panel, or actual smoke).
- 05/18/2025 Mr. Doyle conducted a drill at 1:30 AM. The record documented that the weather was warm, that it was a surprise drill, and that he used the smoke detector to sound the alarm. There was no documentation on the fire drill record of the evacuation time.

On 07/23/2025, I conducted a phone interview with Karen Harris, licensee designee, and Sara Harris. Ms. Harris is waiting for the license to be renewed, as the City of Warren and other agencies require the license to remain valid. Ms. Harris stated that there were many changes at the home, including the termination of the home manager, Dawn Turner. Ms. Turner was not a suitable candidate for the job because she did not provide sufficient oversight of the staff. Sharrell Harris was moved to the position, as was Ms. Carter. Ms. Harris described that their home endured many complaints and much staff retaliation. Much of her time has been spent at the home. Ms. Harris does

not know if the fire drill records were fabricated but does admit that due to the many issues in the home and staff changes, there could be some issues with the records.

On 07/24/2025, I interviewed direct care staff member Kalen Doyle. Mr. Doyle said that he no longer works at home but is still with the company. He was transferred to a different house. Mr. Doyle said that he did not participate in the fire drills at the home. He was instructed to complete the fire drill records by Ms. Carter and at times, Sharrel Harris. Mr. Doyle then said that Ms. Carter would leave the fire drill records out and tell him to complete them and Sharrell Harris gave him examples to use. Mr. Doyle stated that he did not conduct a fire drill on 05/18/2025 at 1:30 AM.

On 07/24/2025, I conducted an interview with former direct care staff member Ashley Dixon. Ms. Dixon last worked at the home in May 2025. Ms. Dixon said that she participated in numerous fire and tornado drills while working at home. She stated that she would assist two residents out the back door and the others out the front door. Ms. Dixon said that the last fire drill she participated in or witnessed was in the summer of 2024, under the direction of assistant manager Latreece. Ms. Dixon said that she did not conduct a fire drill on 03/05/2025 at 1 AM. Ms. Dixon said that she worked all shifts but rarely worked the midnight shift.

On 07/24/2025, I requested a review of the March 2025 and May 2025 staff schedules. I observed that on 03/05/2025, Ms. Dixon worked from 7:00 AM to 3:00 PM and from 3:00 PM to 11:00 PM. Ms. Dixon did not work the midnight shift to conduct a drill at 1:00 AM. I observed that Mr. Doyle worked on 05/18/2025 from 7:00 AM to 3:00 PM and from 3:00 PM to 11:00 PM. Mr. Doyle did not work the midnight shift to conduct a fire drill at 1:30 AM. I observed that on 05/18/2025, Ms. Johnson worked from 12:00 AM to 7:00 AM and from 11:00 PM to 11:59 PM. The fire drill record documented that Ms. Johnson conducted a drill at 1:45 PM, despite not working the second shift on this day.

On 07/24/2025, I conducted an exit conference with Ms. Harris. I informed Ms. Harris of the findings. I informed Ms. Harris that based on interviews conducted and a review of the fire drill records and staff schedules, the fire drill records were not accurate. Ms. Harris was advised that a corrective action plan would be required. Ms. Harris stated that steps have already been taken to ensure that fire drills are conducted.

APPLICABLE RULE	
R 400.14318	Emergency preparedness; evacuation plan; emergency transportation.
	(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.

ANALYSIS:	<p>Based on the investigation conducted there is evidence to support that fire drill records were not accurate. Tonoa Carter denied forging fire drill records. Interviews conducted with former direct care staff Kalen Doyle and Ashley Dixon both denied conducting fire drills in March of 2025 and May of 2025. Ms. Dixon said that she had not participated in a fire drill since the summer of 2024. Mr. Doyle said that he had not participated in any fire drills and was told by Ms. Carter and Sharrell Harris to complete the fire drill records.</p> <p>Furthermore, the staff schedules conflicts with Mr. Doyle, Ms. Dixon and Ms. Johnson fire drill records. Ms. Dixon and Mr. Doyle did not work the midnight shift, however both of their fire drill records documented that their drills were done during the midnight shift. Ms. Johnson did not work the second shift in which the fire drill record documented that she conducted a fire drill.</p>
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

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

L. Reed

07/24/2025

LaShonda Reed
Licensing Consultant

Date

Approved By:

Denise Y. Nunn

07/25/2025

Denise Y. Nunn
Area Manager

Date