



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

August 15, 2025

Eli Dukes
11123 205th Avenue
Big Rapids, MI 49307

RE: License #: AS540318155
Heights Manor
10255 Northland Drive
Big Rapids, MI 49307

Dear Mr. Dukes:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. 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 responsible for implementing the corrective action for each violation.
- Specific dates 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 licensee or licensee designee and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result. Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (517) 335-5985.

Sincerely,

A handwritten signature in cursive script that reads "Jennifer Browning".

Jennifer Browning, Licensing Consultant
Bureau of Community and Health Systems
browningj1@michigan.gov - 989-444-9614

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
RENEWAL INSPECTION REPORT**

I. IDENTIFYING INFORMATION

License #:	AS540318155
Licensee Name:	Eli Dukes
Licensee Address:	19358 Golfview Dr Big Rapids, MI 49307
Licensee Telephone #:	(231) 629-1885
Licensee:	Eli Dukes
Administrator:	Eli Dukes
Name of Facility:	Heights Manor
Facility Address:	10255 Northland Drive Big Rapids, MI 49307
Facility Telephone #:	(231) 629-1885
Original Issuance Date:	09/06/2012
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/14/2025

Date of Bureau of Fire Services Inspection if applicable: Not applicable

Date of Health Authority Inspection if applicable: 05/27/2025

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 5

No. of others interviewed Role:

- Medication pass / simulated pass observed? Yes ☒ No ☐ If no, explain.
- Medication(s) and medication record(s) reviewed? Yes ☒ No ☐ If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes ☐ No ☒ If no, explain. There are no personal funds on-site.
- Meal preparation / service observed? Yes ☐ No ☒ If no, explain.
The inspection was not done during meal times. The food at the facility appeared safe and free from spoilage and contamination, the food service equipment was in good repair, and the facility appeared equipped to prepare and serve adequate meals.
- Fire drills reviewed? Yes ☒ No ☐ If no, explain.
- Fire safety equipment and practices observed? Yes ☒ No ☐ If no, explain.
- E-scores reviewed? (Special Certification Only) Yes ☐ No ☐ N/A ☒
If no, explain.
- Water temperatures checked? Yes ☒ No ☐ If no, explain.
- Incident report follow-up? Yes ☒ No ☐ If no, explain.
- Corrective action plan compliance verified? Yes ☒ CAP date/s and rule/s:
N/A ☐
- Number of excluded employees followed-up? N/A ☒
- Variances? Yes ☐ (please explain) No ☐ N/A ☒

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

R 400.14205 Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.

(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the physician's knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.

Direct care staff member Ms. Barr did not have an initial medical clearance within 30 days of her hire date.

REPEAT VIOLATION FROM LSR DATED 09/18/2023.

R 400.14205 Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.

(6) A licensee shall annually review the health status of the administrator, direct care staff, other employees, and members of the household. Verification of annual reviews shall be maintained by the home and shall be available for department review.

The employee records for direct care staff members Ms. Barr, Ms. Eldridge, and Mr. Gonzales were all missing annual health reviews for 2024.

R 400.14208 Direct care staff and employee records.

**(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:
(e) Verification of experience, education, and training.**

The employee record for direct care staff members Ms. Barr was missing an application verifying her experience, education, and training.

R 400.14208 Direct care staff and employee records.

(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:

(f) Verification of reference checks.

The employee record for direct care staff member Ms. Barr did not include two reference checks.

REPEAT VIOLATION FROM LSR DATED 09/18/2023.

R 400.14301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

Resident C's resident record did not include a Health Care Appraisal for 2024.

R 400.14403 Maintenance of premises.

(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

- The bathroom floor was stained with black on the tile and the ceiling above the shower appeared to have mold and needed repair.
- Resident A and Resident C's resident bedrooms both smelled like urine.

R 400.14403 Maintenance of premises.

(6) All plumbing fixtures and water and waste pipes shall be properly installed and maintained in good working condition. Each water heater shall be equipped with a thermostatic temperature control and a pressure relief valve, both of which shall be in good working condition.

The sink in the bathroom needs an aerator to prevent the water from spraying all over.

R 400.14410 Bedroom furnishings.

(5) A licensee shall provide a resident with a bed that is not less than 36 inches wide and not less than 72 inches long. The foundation shall be clean, in good condition, and provide adequate support. The mattress shall be clean, comfortable, in good condition, well protected, and not less than 5 inches thick or 4 inches thick if made of synthetic materials. The use of a water bed is not prohibited by this rule.

Resident A and Resident B did not have a bed and were sleeping on tall air mattresses.

R 400.14506 Fire extinguishers; location, examination, and maintenance.

(2) Fire extinguishers shall be examined and maintained as recommended by the manufacturer.

The fire extinguishers needed to be examined and maintained because the Fire Pros tag was from 2023. Mr. Dukes made an appointment to have this inspected during the on-site inspection.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.



Jennifer Browning
Licensing Consultant

08/15/2025

Date