



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

August 19, 2025

Marie Wieland
The Pines Of Burton Memory - South
5340 Davison Road
Burton, MI 48509

RE: License #: AH250382918
Investigation #: 2025A0784066
The Pines Of Burton Memory - South

Dear Marie Wieland:

Attached is the Special Investigation Report for the above-mentioned 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.

Please review the enclosed documentation for accuracy and contact me with any questions. If I am not available and you need to speak to someone immediately, please contact the local office at (517) 335-5985.

Sincerely,

A handwritten signature in cursive script that reads "Aaron L. Clum".

Aaron Clum, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 230-2778

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

I. IDENTIFYING INFORMATION

License #:	AH250382918
Investigation #:	2025A0784066
Complaint Receipt Date:	07/07/2025
Investigation Initiation Date:	07/09/2025
Report Due Date:	09/05/2025
Licensee Name:	Premier Operating Burton MC South, LLC
Licensee Address:	299 Park Ave - 6 Fl New York, NY 10171
Licensee Telephone #:	(212) 739-0794
Administrator:	Matthew Brawner
Authorized Representative:	Marie Wieland
Name of Facility:	The Pines Of Burton Memory - South
Facility Address:	5340 Davison Road Burton, MI 48509
Facility Telephone #:	(810) 743-8520
Original Issuance Date:	10/05/2017
License Status:	REGULAR
Effective Date:	08/01/2025
Expiration Date:	07/31/2026
Capacity:	23
Program Type:	AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
The facility is understaffed	Yes
Additional Findings	No

III. METHODOLOGY

07/07/2025	Special Investigation Intake 2025A0784066
07/09/2025	Special Investigation Initiated - On Site
07/09/2025	Inspection Completed On-site
07/09/2025	Exit Conference Conducted with administrator

ALLEGATION:

The facility is understaffed

INVESTIGATION:

On 7/07/2025, the department received this complaint from adult foster care (AFC).

According to the complaint, since new ownership of the facility took over around approximately May 2025, they have reduced the number of staff. The facility previously had three staff working on each shift and lowered this to two staff. Several residents require a two-person assist. Some of these residents are left in the living room and dining room area without someone to supervise them.

On 7/09/2025, I interviewed administrator Matt Brawner at the facility. Administrator confirmed that new ownership took over on 5/01/2025. Administrator stated that in May 2025, the facility housed approximately 18 residents. Administrator stated the current resident census is similar and that he anticipated having up to 21 of the 22 beds filled within the coming weeks. Administrator stated the current acuity of the residents is similarly situated to how it was in May as most of the residents are still the same. Administrator confirmed he has been directed to reduce his staffing since new ownership took over. Administrator stated that he used to schedule at least two care givers for each of the three shifts which run from 7am to 3pm, 3pm to 11pm and 11pm to 7am respectively. Administrator stated he also would schedule one staff for each of two "swing shifts", 6am to 2pm and 4pm to 9pm, to ensure coverage for

busier times of the day. Administrator stated he also used to have an activities person that worked during the daytime hours during the week. Administrator stated that based on the directive he was given, he no longer has staff working during the previously mentioned swing shifts and that he had to lay off his activity's person. Administrator stated he does have a supervisor scheduled to work Monday through Friday from 8am to 4pm. Administrator stated he is not always in building as he has other licensed buildings on the property to manage but that he does help when he can. Administrator stated that of the approximately 18 residents, all of them need at least some assistance with one staff and that at least six residents require a two person assist. Administrator stated Resident A is on hospice and requires a two person assist with full care. Resident B is a two person assist who requires a Hoyer, full care and is non-weight bearing, Resident C is a two person assist who is non-weight bearing and requires full care, Resident D is a two person assist who is non-weight bearing and requires full care, Resident E is a two person assist who is non-weight bearing and requires full care and Resident F is a two person assist, is bed bound and requires full care. Administrator stated that sometimes residents are left in the front common area of the facility without supervision as care staff have to be in resident rooms to provide care. Administrator stated staff do not normally leave during their lunch and general breaks, but admitted staff are permitted to do so.

I reviewed the Resident census provided by administrator, which read consistently with the statements he provided.

I reviewed as worked staff schedules for May, Jun and July 2025, provided by administrator. The schedules read consistently with administrator's statements indicating a reduction in staff started around the second week of June 2025

APPLICABLE RULE	
R 325.1931	Employees; general provisions.
	(5) The home shall have adequate and sufficient staff on duty at all times who are awake, fully dressed, and capable of providing for resident needs consistent with the resident service plans.

ANALYSIS:	The complaint alleged the facility has been short staffed due to new ownership, reducing the number of staff permitted to be scheduled. When interviewed, administrator confirmed the reduction in staff, which was supported by the as worked staff schedules, while the resident census is not only similar but will likely increase with the acuity level of the facility being similarly situated. Administrator also revealed that staff are permitted to leave the facility during their lunch and regular break times. While administrator stated staff would normally not leave during breaks, it is still possible and further increases the risk of potential for a further reduction in supervision during hours when no supervisors are scheduled such as most evenings and weekends potentially leaving only one care staff, for those periods of time, to supervise and care for 18 or more residents, all requiring at least one person for some assistance and at least six requiring two staff. Based on the findings, the allegation is substantiated.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Upon receipt of an acceptable corrective action plan, it is recommended that the status of the license remain unchanged.

Aaron L. Clum

8/06/2025

Aaron Clum
Licensing Staff

Date

Approved By:

Andrea L. Moore

08/19/2025

Andrea L. Moore, Manager
Long-Term-Care State Licensing Section

Date