



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

August 20, 2025

Megan Fry
MCAP Mt. Pleasant OPCO, LLC
Suite 115
21800 Haggerty Rd
Northville, MI 48167

RE: License #: AL370404605
Investigation #: 2025A0577046
Prestige Centre II

Dear Ms. Fry:

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 (517) 335-5985.

Sincerely,

Bridget Vermeesch

Bridget Vermeesch, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL370404605
Investigation #:	2025A0577046
Complaint Receipt Date:	07/03/2025
Investigation Initiation Date:	07/03/2025
Report Due Date:	09/01/2025
Licensee Name:	MCAP Mt. Pleasant OPCO, LLC
Licensee Address:	Suite 115 21800 Haggerty Rd Northville, MI 48167
Licensee Telephone #:	(989) 773-9421
Administrator:	Chelsea Lindsey
Licensee Designee:	Megan Fry
Name of Facility:	Prestige Centre II
Facility Address:	5785 E Broadway Mt. Pleasant, MI 48858
Facility Telephone #:	(989) 773-9421
Original Issuance Date:	11/02/2020
License Status:	REGULAR
Effective Date:	05/02/2025
Expiration Date:	05/01/2027
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
Direct care staff are not trained nor CPR/First Aid certified but are working by themselves providing care to residents.	No
During the third shift and on the weekends, there are no direct care staff who are trained to pass medications in each facility rather a 'floater' direct care staff is scheduled to pass medications between the two licensed facilities.	Yes
Medications are not being disposed of properly when medications are expired or discontinued.	No

III. METHODOLOGY

07/03/2025	Special Investigation Intake 2025A0577046
07/03/2025	Special Investigation Initiated - Telephone Interview with Complainant.
07/23/2025	Inspection Completed On-site
07/24/2025	Contact - Document Received Via email, supporting documents.
07/24/2025	Contact - Document Received Via Email, staff schedule and training checklists.
07/24/2025	Contact - Telephone call made Interview with Jennifer Browning, Licensing Consultant.
07/30/2025	Contact - Telephone call made Interviews with DCS.
08/08/2025	Contact - Document Sent Request for Assessment plan for Resident A. Rcvd.
08/11/2025	Contact - Telephone call made The Care Team Hospice.
08/11/2025	Contact - Document Received Training records for DCS.
08/14/2025	Inspection Completed On-site

	Requested copies of staff schedules.
08/15/2025	Contact - Telephone call made Interview with Chelsea Lindsey, Admin.
08/15/2025	Exit Conference Megan Fry, LD.
08/15/2025	Inspection Completed-BCAL Sub. Compliance

ALLEGATION: Direct care staff are not trained and are not CPR/First Aid certified but are working by themselves providing care to residents.

INVESTIGATION:

The complaint received on July 03, 2025, reported that new direct care staff have not received proper training or are CPR/First Aid certified prior to working independently and providing care to residents.

On July 03, 2025, I interviewed Complainant who reported the facility has two hallways, one named Memory Care and one named Freedom, each having the ability to admit 20 residents. I provided consultation to the Complainant explaining each hallway is a separate license and the two facilities are adjoined by the breezeway in the middle. Complainant stated, "now that I know it is two separate licenses, I have specific concerns pertaining to each license." With this information, an investigation was opened for each license AL370404605 and AL370404604.

Complainant reported direct care staff are administering morphine to residents and are not licensed professionals. The Complainant reported that they understood that all controlled medications need to be administered by a licensed professional. I provided consultation to Complainant that direct care staff are trained to administer all medications, including morphine or other controlled medications. Complainant was advised medications administered in an adult foster care home do not need to be administered by a licensed professional.

During the interview on July 03, 2025, the Complainant reported there are direct care staff working independently who do not have a current CPR/First Aid certification and have not completed the required trainings in reporting requirements, first aid, cardiopulmonary resuscitation, personal care, supervision, and protection, resident rights, safety and fire prevention, and prevention and containment of communicable diseases. The Complainant reported the following direct care staff have not been trained: Krista Newhouse, Sarah Carrier, Devon Sterling, and Tiffany Dobson.

On July 23, 2025, I completed an unannounced onsite investigation and interviewed Chelsea Lindsey, Administrator and Megan Fry, Licensee Designee (LD) both

reported no new direct care staff work independently until they have completed new hire orientation, resident aide orientation and floor shadowing. Ms. Lindsey and Ms. Fry reported the trainings are thorough. Ms. Fry and Ms. Lindsey reported that if a new direct care staff does not have a current CPR/First Aid certification, this is obtained within 30 days of hire, and the direct care staff member does not work independently until all trainings are completed.

On July 24, 2025, I requested and received from Chelsea Lindsey via email a copy of a blank general orientation check list and resident aide orientation check list which documents completion of licensing required training areas, assistive devices, activities of daily living, oral care, shaving, bed making, mission and expectations, cleaning rooms, communication, etc.

On July 30, 2025, I interviewed direct care staff (DCS) Abby White who reported she has a current CPR /First Aid Certification and completed all required AFC trainings. DCS White reported her training was thorough and consisted of two days of orientation, review of individual care for each residents, training in use of assistive devices, activities of daily living and each resident's assessment plan. DCS White reported that after the orientation was completed, direct care staff are required to shadow other direct care staff during each shift, for at least one day, and then will be put on the schedule to provide care to residents. DCS White reported not being aware of any direct care staff working who have not attended the required orientation and trainings. DCS White reported she believes all direct care staff have a current CPR/First Aid certification.

On July 30, 2025, I interviewed DCS Devon Sterling who reported he completed the orientation training and other required trainings upon hire. DCS Sterling reported he did not have a current CPR/First Aid certificate upon working the floor, but he did not work by himself. DCS Sterling reported the facility was short staffed while he worked there and cannot say if all were trained or had current CPR/First Aid certification.

On July 30, 2025, I interviewed DCS Krista Newhouse reported she has a current CPR certification. DCS Newhouser reported that upon being hired, new hires are given an orientation, which includes all the required training topics are completed. DCS Newhouser reported new hires shadow a trained worker for three training days during the shift they are going to be working, then one day floor training shadowing the other shifts. DCS Newhouser reported that new hires are tested on the required training topics and when they pass, then management signs off as the new hires being competent. DCS Newhouse reported that after a staff member has worked for 30 days, they are provided medication administration orientation training, including shadowing a medication technician. DCS Newhouse new direct care staff trained in medication administration shadow other direct care staff trained in medication administration on each shift before being deemed competent to administer medication. DCS Newhouse reported not being aware of any direct care staff working and not being trained or not having a current CPR/First Aid certification.

On July 30, 2025, I left messages with DCS Tiffany Dobson and Sarah Carrier with no return call.

On August 11, 2025, via email, I contacted administrator Chelsea Lindsey and requested and received training records and CPR/First Aid Certifications for Krista Newhouse, Sarah Carrier, Devon Sterling, and Tiffany Dobson. Per the documents received, DCS Krista Newhouse had a start date of April 22, 2022, completing orientation training on April 22, 2022, completed floor training from April 23-24, 2022, with CPR/First Aid Certification being completed on February 19, 2022, and renewed in 2023 and 2025. DCS Sarah Carrier's start date was February 24, 2025, she completed orientation training on February 24, 2025, completed floor training from February 25-27, 2025, and received CPR/First Aid certification on December 13, 2024. DCS Devon Sterling start date was May 20, 2025, and he completed orientation training on May 20, 2025, completed floor training on May 21-24, 2025, but did not have any current CPR/First Aid certification. DCS Tiffany Dobson start date was May 20, 2025, orientation training was completed and floor training began on May 21-24, 2025, but had no current CPR/First Aid certification.

On August 14, 2025, a second onsite investigation was completed, and I reviewed staff schedules for May and June of 2025 and reviewed CPR/First Aid certifications for direct care staff who worked with DCS Devon Sterling and DCS Tiffany Dobson. DCS Dobson and DCS Sterling's employment ended in June 2025. Per the staff schedules for May and June 2025, DCS Devon Sterling and DCS Tiffany Dobson were scheduled with a second direct care staff who had a current CPR/First Aid certification. I also received copies of the staff schedule for the month of July 2025.

On August 15, 2025, I interviewed administrator Chelsea Lindsey who verified DCS Devon Sterling and DCS Tiffany Dobson were always scheduled with a direct care staff who had a current CPR/First Aid certification. Ms. Lindsey reported employment was terminated DCS Sterling and DCS Dobson's employment were terminated prior to the completion of CPR/First Aid certification.

APPLICABLE RULE	
R 400.15204	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

	<p>performing assigned tasks, which shall include being competent in all of the following areas:</p> <ul style="list-style-type: none"> (a) Reporting requirements. (b) First aid. (c) Cardiopulmonary resuscitation. (d) Personal care, supervision, and protection. (e) Resident rights. (f) Safety and fire prevention. (g) Prevention and containment of communicable diseases.
ANALYSIS:	<p>Through the investigation, it has been found DCS Krista Newhouse, Sarah Carrier, Devon Sterling, and Tiffany Dobson all completed orientation training with signatures of competency in the required area of reporting requirements, personal care, supervision, protection, resident rights, safety, fire prevention, and prevention and containment of communicable diseases. DCS Krista Newhouse and Sarah Carrier had a current CPR/First Aid Certification, but Devon Sterling and Tiffany Dobson did not. Per the staff schedule DCS Devon Sterling and Tiffany Dobson worked with another direct cares staff who had a current CPR/First Aid Certification to provide CPR/First Aid if needed.</p> <p>There was no evidence found to support the allegations of DCS Krista Newhouse, Sarah Carrier, Devon Sterling, and Tiffany Dobson not being trained or worked independently without being CPR/First Aid certified.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: The facility does not have adequate staffing to meet the needs of the residents during third shift and on the weekends.

INVESTIGATION:

On July 03, 2025, the complaint reported there are not enough direct care staff to meet resident needs on weekends or a direct care staff member trained to administer medications.

On July 03, 2025, Complainant reported that during third shift and on weekends, there is only one direct care staff trained in administering medication between the two licensed facilities.

On July 23, 2025, during the onsite investigation I interviewed administrator Chelsea Lindsey and licensee designee Megan Fry who reported during their renewal with

Licensing Consultant, Jennifer Browning in April 2025, Ms. Browning advised as long as there are no residents in care that require medications to be administered during third shift, that all residents medications are PRN's they can have one medication technician, a direct care staff who is trained in administering medications, scheduled to meet the needs of the residents in both facilities.

On July 24, 2025, I interviewed Jennifer Browning, Licensing Consultant who reported she remembers having a conversation regarding a 'float' direct care staff for both facilities as long as neither facility has any residents who require two direct care staff to assist with transfers or any activities of daily living. Ms. Browning reported she did not have a conversation regarding a 'float' being used as the only direct care staff member trained to pass medications only between the two facilities.

On July 30, 2025, I interviewed DCS Krista Newhouse, who reported during third shift and on the weekends, there should be one direct care staff at each facility who is trained in passing medications and then a direct care staff scheduled as a 'float', to assist with care between the two facilities. DCS Newhouse reported each facility has a residents that requires assistance from two direct care staff when transferring.

On July 30, 2025, I interviewed DCS Devon Sterling who reported he worked third shift and was the only direct care staff trained in passing medications during his shift and worked between both licensed AFCs on the property. DCS Sterling reported it was explained because there are only PRN medications to be administered during third shift, a 'float' direct care staff can pass medications to both facilities. DCS Sterling reported each facility has a resident in care who requires assistance from two direct care staff when transferring and one of the residents uses a Hoyer Lift due to having a broken pelvis and is non-weight bearing.

On July 30, 2025, I interviewed DCS Abby White who reported, during first shift there are always two direct care staff in each facility and during the night shift there are three direct care staff, one in each facility trained in passing medications and one as a floater between the buildings. DCS White reported there is a resident in each facility that requires assistance from two direct care staff when transferring.

On July 30, 2025, I interviewed DCS Devon Sterling who reported he worked third shift and was the only direct care staff trained in passing medications during his shift for both licensed facilities. DCS Sterling reported it was explained because there are only PRN medications to be administered during third shift a 'float' direct care staff can pass medications. DCS Sterling reported each facility has a resident who requires assistance from two direct care staff when transferring

On August 08, 2025, I requested and received a copy of Resident A's *Assessment Plan for AFC Residents* which was completed on March 17, 2025, and documented that Resident A does not require hands on assistance with walking/ mobility. Resident A's *Assessment Plan for AFC Residents* was updated on July 11, 2025, and documented that a Hoyer Lift was needed for transfers. Resident A's

Assessment Plan for AFC Residents was updated again on July 28, 2025, documenting Resident A requires two direct care staff members to assist with all transfers.

On August 11, 2025, I contacted The Care Team Hospice and interviewed Dan Cashen, Registered Nurse (RN) who reported Resident A experienced a broken pelvis at the beginning of July 2025 and was to be transferred by Hoyer lift only at that time. RN Cashen reported that Resident A's healing progressed positively, so Resident A was ordered on July 28, 2025, to require two direct care staff assistance while using a gait belt during waking hours. RN Cashen reported Resident A was reevaluated today and the Hoyer Lift is no longer needed and Resident A now requires one or two direct care staff to assist Resident A with transfers while using a gait belt. RN Cashen reported the initial order dated August 11, 2025, does not state the Hoyer Lift is no longer needed, but the Hoyer Lift was removed from the facility. RN Cashen reported he will provide the facility with a discontinue order for the Hoyer Lift today.

On August 11, 2025, I received copies of Resident A's physician orders regarding assistance with transfers. The first order was from July 11, 2025, documenting Resident A is to remain in bed and that a Hoyer Lift is to be used for all transfers. The second order was from July 28, 2025, documenting Resident A may be up with assistance from two direct care staff and use of gait belt during waking hours. The third order was from August 11, 2025, documenting Resident A may be up with assistance from one direct care staff with gait belt for transfers.

On August 15, 2025, I interviewed administrator Chelsea Lindsey and reviewed the staff schedules for July 2025 to date which documents that on third shift from 10:00pm-6:00am the facility had one direct care staff member work along with a direct care staff member, trained in medication administration, floating between both licensed properties. Ms. Lindsey reported Resident A does not usually require assistance from two direct care staff when transferring, so that is why Resident A's *Assessment Plan for AFC Residents* documents 1-2 staff. Ms. Lindsey also stated that no residents have scheduled medications to be administered past 8:00pm, so only one direct care staff trained in medication administration is scheduled during third shift.

APPLICABLE RULE	
R 400.15206	Staffing requirements.
	(2) A licensee shall have sufficient direct care staff on duty at all times for the supervision, personal care, and protection of residents and to provide the services specified in the resident's resident care agreement and assessment plan.

ANALYSIS:	Per Resident A's <i>Assessment Plan for AFC Residents</i> , Resident A required assistance from two direct care staff with transfers from July 28, 2025, to August 11, 2025 due to use of a Hoyer Lift. Per the staff schedule and interview with Administrator Chelsea Lindsey, during third shift, from 10:00pm-6:00am there was only direct care staff scheduled during this time frame. This staff member is not trained in medication administration. It has been determined there is insufficient direct care staff on duty during third shift to provide supervision, personal care, and protection of residents as specified in Resident A's <i>Assessment Plan for AFC Residents</i> .
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION: Medications are not being disposed of properly when medications are expired or discontinued.

INVESTIGATION:

The complaint received on July 03, 2025, reported that the facility is not properly disposing of medications and there are containers of discontinued medications overflowing in the medication room.

On July 03, 2025, Complainant reported the medication room has boxes of discontinued medications that are not being disposed of properly. Complainant reported the medications are stored in the medication room in containers that are overflowing. Complainant reported the medications will be in the tubs for weeks, allowing all direct care staff to having access to the medications for long periods of time.

On July 23, 2025, during the onsite investigation I interviewed administrator Chelsea Lindsey who reported medications are disposed of monthly, usually about three days after the next medication cycle has been delivered. Ms. Lindsey reported that once the next cycle has been delivered, a medication cart audit is completed and all medications needing to be disposed of from both facilities are pulled and placed in a pharmacy delivery tote and kept in the Wellness Directors Office. Ms. Lindsey reported there are times when there are multiple totes of medications needing to be disposed of due to the number of PRN's and medication changes for the 40 residents between the two facilities. Ms. Lindsey showed me the medication room where medications needing to be disposed during the month are kept. I observed a pharmacy deliver totes having about six medication packets in it needing to be disposed. Ms. Lindsey reported the disposing of medications for the monthly cycles are completed by a manager or supervisor, with a witness, and narcotics are kept track of on a disposal sheet. Ms. Lindsey reported the medications are disposed of using coffee grounds, kitty litter, or a disposal tub from pharmacy. Ms. Lindsey

reported if a medication is refused or contaminated, direct care staff dispose of the medication in the sharps container and document with signatures on a clipboard.

On July 30, 2025, I interviewed DCS Abby White who reported medications that are refused or contaminated are disposed of in a sharps container. DCS White reported medications that are expired or have been discontinued are placed in a tote and management disposes of these medications. DCS White reported all disposed medications are tracked on a log with the signatures of direct care staff who disposed the medications and a witness.

On July 30, 2025, DCS Devon Sterling reported all medications needing to be disposed of are kept in totes in the medication room. DCS Sterling reported he is not sure how often medications are disposed of or who is responsible for this task. DCS Sterling reported there were times when totes were overflowing with medications needed to be disposed of.

On July 30, 2025, I interviewed DCS Krista Newhouse who reported if a medication is contaminated or refused the medication gets disposed of in a sharp's container in the medication room. DCS Newhouse reported that direct care staff disposing of medications is responsible for completing the disposal log and the other direct care staff on shift is responsible as a witness to the disposition. DCS Newhouse reported the monthly cycle medications are removed from the medications cart and stored in the Wellness Directors offices and disposed of by management. DCS Newhouse reported the disposal totes can fill quickly due to medications being discontinued or changed. DCS Newhouse stated medication disposal sheets document the resident's name, medication being disposed and the direct care staff and witness signatures.

APPLICABLE RULE	
R 400.15312	Resident medications.
	(2) Medication shall be given, taken, or applied pursuant to label instructions.
ANALYSIS:	Based on the information gathered during the investigation, there was no evidence found to support the allegation that resident medications are not being disposed of properly. The facility has appropriate systems in place to dispose of medications immediately when medications have been refused, contaminated, discontinued or expired.
CONCLUSION:	VIOLATION NOT ESTABLISHED

IV. RECOMMENDATION

I recommend continuation of the current status of the license of this AFC adult large group home, capacity 20.

Bridget Vermeesch

08/15/2025

Bridget Vermeesch
Licensing Consultant

Date

Approved By:

Dawn Timm

08/15/2025

Dawn N. Timm
Area Manager

Date