



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 13, 2025

Mary Beth Stewart
Alyssum House LLC
805 West Midland Rd
AUBURN, MI 48611

| | |
|------------------|----------------------------------|
| RE: License #: | AS090418009 |
| Investigation #: | 2025A0123053 |
| | ALYSSUM HOUSE BY AMERICAN ANGELS |

Dear Mary Beth Stewart:

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 (517) 643-7960.

Sincerely,

A handwritten signature in dark ink, appearing to read "Shamidah Wyden". The signature is fluid and cursive, with the first name being more prominent.

Shamidah Wyden, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48607
989-395-6853

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 #: | AS090418009 |
| Investigation #: | 2025A0123053 |
| Complaint Receipt Date: | 08/22/2025 |
| Investigation Initiation Date: | 08/26/2025 |
| Report Due Date: | 10/21/2025 |
| Licensee Name: | Alyssum House LLC |
| Licensee Address: | 805 West Midland Rd AUBURN, MI 48611 |
| Licensee Telephone #: | (734) 649-3899 |
| Administrator: | Cajetan Kimfon |
| Licensee Designee: | Mary Beth Stewart |
| Name of Facility: | ALYSSUM HOUSE BY AMERICAN ANGELS |
| Facility Address: | 805 W. Midland Road Auburn, MI 48611 |
| Facility Telephone #: | (989) 266-3170 |
| Original Issuance Date: | 03/13/2024 |
| License Status: | REGULAR |
| Effective Date: | 09/13/2024 |
| Expiration Date: | 09/12/2026 |
| Capacity: | 6 |
| Program Type: | PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL ALZHEIMERS AGED TRAUMATICALLY BRAIN INJURED |

II. ALLEGATION(S)

| | Violation Established? |
|---|---------------------------|
| Staff are fraudulently signing and initialing medication documents, by using previous employees' initials and signatures. | No |
| There are 10 people living in the facility. | No |
| The facility is without water. | No |
| There are no smoke detectors and only one fire extinguisher. | No |
| Additional Findings | Yes |

III. METHODOLOGY

| | |
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| 08/22/2025 | Special Investigation Intake 2025A0123053 |
| 08/26/2025 | Special Investigation Initiated - On Site I conducted an unannounced on-site at the facility. |
| 09/11/2025 | Contact - Telephone call made I interviewed staff Karla Gusler. |
| 09/11/2025 | Contact - Telephone call made I left a voicemail requesting a return call from staff Renell Hadley. |
| 09/11/2025 | Contact - Telephone call made I interviewed staff Christine Sanders. |
| 09/19/2025 | APS Referral Information received regarding APS referral. |
| 09/19/2025 | Contact- Telephone call made FaceTime call with Cajetan Kimfon. |
| 09/30/2025 | Inspection Completed on-site I conducted an unannounced follow-up visit. |
| 10/09/2025 | Contact- Document Received Documentation received from administrator CJ Kimfon. |
| 10/13/2025 | Exit Conference I spoke with LD Mary Beth Stewart. |

ALLEGATION: Staff are fraudulently signing and initialing medication documents, by using previous employees' initials and signatures.

INVESTIGATION: On 08/26/2025, I conducted an unannounced on-site at the facility. I interviewed staff Brittnee Winkelman, home manager. She denied the allegations. She denied having any knowledge regarding any staff signing using other staff's initials.

During this on-site, I spoke with licensee designee Mary Beth Stewart via phone. She denied the allegations and stated that no staff is signing for any other staff person.

During this on-site, I took photos of the medication administration record book for each resident in the facility. On 08/30/2025, I received copies of the facility's staff schedule. The medication administration records are handwritten, and it does not appear easily discernable to tell if a staff member was signing for other staff. When comparing the staff schedule to the medication administration record, it is also difficult to cross reference due to the staff schedule not being clear in regard to which staff worked each shift. Shift times are not noted for each staff person, first staff's first initials are used, and full names are not written out.

On 09/11/2025, I interviewed staff Karla Gusler via phone. Staff Gusler stated that she is a medication passer. She stated that she has not noticed any issues with the medication administration record (MAR) book. Staff Gusler denied the allegation and stated that staff are not allowed to initial for other staff. She stated that licensee designee Mary Beth Stewart made it very clear to staff they are not to do so.

On 09/11/2025, I interviewed staff Christine Sanders via phone. She stated that she has not heard of any staff signing the MAR for other staff persons.

| APPLICABLE RULE | |
|------------------------|---|
| R 400.14312 | Resident medications. |
| | (4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions: (b) Complete an individual medication log that contains all of the following information: (v) The initials of the person who administers the medication, which shall be entered at the time the medication is given. |
| ANALYSIS: | On 08/26/2025, I conducted an unannounced on-site. I interviewed home manager Brittnee Winkleman. I also spoke with licensee designee Mary Beth Stewart via phone. They denied the allegations. |

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| | <p>On 09/11/2025, I interviewed staff Karla Gusler and Staff Christine Sanders via phone. Both staff denied the allegations. Staff Gusler stated that staff are not allowed to sign initials for other staff. Staff Sanders reported being unaware of staff signing for others.</p> <p>There is no preponderance of evidence to substantiate a rule violation.</p> |
| CONCLUSION: | VIOLATION NOT ESTABLISHED |

ALLEGATIONS: There are 10 people living in the facility.

INVESTIGATION: On 09/19/2025, the Bureau of Community Health and Health Systems received a complaint stated that the facility had about 10 people residing in the premises, that there is no water in the facility. It is unknown how long the facility has been without water, and that there are no smoke detectors and only one fire extinguisher.

On 09/30/2025, I conducted a follow-up on-site at the facility. There are six resident beds. Five residents were observed during this on-site. Three were in bed asleep, one was on the couch, and one was outside on the porch. They appeared clean and appropriately dressed. I conducted a walk-through of the entire facility. I observed staff Nick Stroik and staff Todd Carney's bedrooms, as well as the four bedrooms the six residents reside in. Two of the bedrooms are double occupancy.

During this on-site, I spoke with staff Brittnee Winkelman and staff Todd Carney. They reported that staff Todd Carney is a live-in staff person who occupies an upstairs bedroom. Staff Winkelman stated staff Nick Stroik resides in a bedroom in the basement. Staff Christine Sanders was present as well. She also denied the allegations and stated that there are six residents in the home and two live-in staff.

On 10/13/2025, I spoke with licensee designee Mary Beth Stewart, who text a photo of the *Resident Register* which confirms there are currently six residents in the facility.

| APPLICABLE RULE | |
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| R 400.14105 | Licensed capacity. |
| | (2) Any occupant of a home, other than the licensee or persons who are related to the licensee, live-in staff or the live in staff's spouse and minor children, or a person related to a resident who is not in need of foster care, |

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| | shall be considered a resident and be counted as part of the licensed capacity. |
| ANALYSIS: | <p>On 09/30/2025, I conducted an unannounced on-site. I did a walk-through of the facility. There were four resident bedrooms, with a total of six resident beds. I confirmed there are two live-in staff. One upstairs in the second floor bedroom, and one downstairs in the second floor bedroom.</p> <p>There is no preponderance of evidence to substantiate a rule violation.</p> |
| CONCLUSION: | VIOLATION NOT ESTABLISHED |

ALLEGATIONS: The facility is without water.

INVESTIGATION: On 09/19/2025, the Bureau of Community Health and Health Systems received a complaint stated that the facility had about 10 people residing in the premises, that there is no water in the facility. It is unknown how long the facility has been without water, and that there are no smoke detectors and only one fire extinguisher.

On 09/19/2025, I conducted a FaceTime follow-up call with administrator Cajetan Kimfon to confirm the facility had running water. Administrator Kimfon showed me via FaceTime running water at the facility's faucets.

On 09/30/2025, I conducted an unannounced follow-up on-site at the facility. I observed running water out of each faucet, both bathrooms and the kitchen. The water temperature was tested and was between 105 degrees Fahrenheit and 120 degrees Fahrenheit. Staff Brittnee Winkelman and staff Todd Carney was present and denied the allegations.

| APPLICABLE RULE | |
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| R 400.14401 | Environmental health. |
| | (2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees and to 120 degrees Fahrenheit at the faucet. |
| ANALYSIS: | <p>On 09/19/2025, I conducted a FaceTime call with administrator Cajetan Kimfon. He confirmed there was running water in the facility. On 09/30/2025, I conducted a follow-up at the facility. I confirmed there was running water in the facility, and that the water was within the appropriate temperature range.</p> |

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| | There is no preponderance of evidence to substantiate a rule violation. |
| CONCLUSION: | VIOLATION NOT ESTABLISHED |

ALLEGATIONS: There are no smoke detectors and only one fire extinguisher.

INVESTIGATION: On 09/19/2025, the Bureau of Community Health and Health Systems received a complaint stated that the facility had about 10 people residing in the premises, that there is no water in the facility. It is unknown how long the facility has been without water, and that there are no smoke detectors and only one fire extinguisher.

On 09/30/2025, I conducted an unannounced follow-up on-site at the facility. I observed fire extinguishers throughout the facility. There were four fire extinguishers in total, including one in the basement. The needle on each fire extinguisher was observed to be in the green, indicating they were properly charged. The smoke alarms are located on each floor of the home, are hard wired and interconnected. There were about 11 interconnected smoke alarms in both the common areas as well as each bedroom, and basement. The facility is also equipped with a fire panel on the well, as well as pull alarms.

During this on-site, staff Todd Carney, staff Christine Sanders, and Brittnee Winkelman were present. Staff Todd Carney stated the smoke detectors work and he also has a fire ladder he can use. Staff Sanders stated that Tri-City handles the fire extinguishers, smoke alarms work, and are hard wired.

On 10/09/2025/ I received copies of the last two inspections for the facility's fire alarm and smoke detectors. The invoices are dated 01/11/2025 and 02/15/2024, and the documentation shows the facility passed both inspections. The pull stations, heat detectors, and smoke detectors were all inspected.

| APPLICABLE RULE | |
|------------------------|---|
| R 400.14506 | Fire extinguishers; location, examination, and maintenance. |
| | (1) A minimum of 1 underwrites laboratories approved 2A 10 BC extinguisher or equivalent shall be provided for use in a small group home on each occupied floor and in the basement. |
| ANALYSIS: | On 09/30/2025, I conducted a follow-up on at the facility. I observed fire extinguishers present in the home on each floor. There were four fire extinguishers in the facility. They appeared properly charged. |

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|--------------------|---|
| | There is no preponderance of evidence to substantiate a rule violation. |
| CONCLUSION: | VIOLATION NOT ESTABLISHED |

| APPLICABLE RULE | |
|------------------------|---|
| R 400.14505 | Smoke detection equipment; location; battery replacement; testing; examination, and maintenance; spacing of detectors mounted on ceilings and walls; installation requirements for new construction, conversions, and changes of category. |
| | <p>(1) At least 1 single-station, battery-operated smoke detector shall be installed at the following locations:</p> <p>(a) Between the sleeping areas and the rest of the home. In homes that have more than 1 sleeping area, a smoke detector shall be installed to protect each separate sleeping area.</p> <p>(b) On each occupied floor, in the basement, and in areas of the home that contain flame- or heat-producing equipment.</p> |
| ANALYSIS: | <p>On 09/30/2025, I conducted an unannounced follow-up on-site at the facility. The smoke alarms are located on each floor of the home and are hard wired and interconnected. There were about 11 interconnected smoke alarms in both the common areas as well as each bedroom, and basement. The facility is also equipped with a fire panel on the well, as well as pull alarms.</p> <p>There is no preponderance of evidence to substantiate a rule violation.</p> |
| CONCLUSION: | VIOLATION NOT ESTABLISHED |

ADDITIONAL FINDINGS:

INVESTIGATION: On 08/26/2025, I conducted an unannounced on-site at the facility. I took photos of the medication administration record book for July and August 2025 medication administration records for all six residents in the facility. Upon review of the documentation, there were multiple medication passes that were missing staff initials throughout each month, and for each resident. The boxes for the staff initials were blank on multiple days for medications that were to be passed daily.

There were also missing signatures on the bottom of the medication administration record in the “*Signature and initials of each person signing initials above*” section of the forms.

On 09/11/2025, I interviewed staff Karla Gusler via phone. She stated that licensee designee Mary Beth Stewart has addressed the missing staff initials with staff. She stated that the facility is in the process of obtaining an electronic medication administration system.

On 09/11/2025, I interviewed staff Christine Sanders via phone. She stated that in regard to the missing staff initials throughout the documentation on the MAR, that staff get busy and forget to sign the med book. She stated that the facility will be getting an electronic medication administration record system soon.

| APPLICABLE RULE | |
|------------------------|--|
| R 400.14312 | Resident medications. |
| | (4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions: (b) Complete an individual medication log that contains all of the following information: (v) The initials of the person who administers the medication, which shall be entered at the time the medication is given. |
| ANALYSIS: | On 08/26/2025, I conducted an unannounced on-site at the facility. I obtained photos of medication administration records for each resident for the months of July and August 2025. Upon review of the documentation, I noted that there were multiple missing staff initials on each of the residents’ medication administration records. There were also missing signatures at the bottom of the forms where staff write their signatures and initials indicating they are medication passers. There is a preponderance of evidence to substantiate a rule violation. |
| CONCLUSION: | VIOLATION ESTABLISHED |

ADDITIONAL FINDINGS:

INVESTIGATION: On 08/30/2025, I received copies of the facility’s staff schedule. Upon review of the staff schedule, it appears that initials were used for some of the

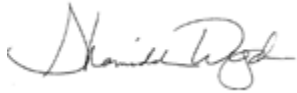
staff names. There was more than one employee with the same initial, so one would not be able to determine for certain which staff person worked a shift. The times of each shift were not clearly indicated for each staff person. There was no “a.m. or p.m.” written to distinguish between the times of each shift, and what appears to be third shift, did not have the times written next to their initials to indicate length of shifts worked. Job titles were not noted.

| APPLICABLE RULE | |
|------------------------|---|
| R 400.14208 | Direct care staff and employee records. |
| | <p>((3) A licensee shall maintain a daily schedule of advanced work assignments, which shall be kept for 90 days. The schedule shall include all of the following information:</p> <p>(a) Names of all staff on duty and those volunteers who are under the direction of the licensee.</p> <p>(b) Job titles.</p> <p>(c) Hours of shift worked.</p> <p>(c) Date of schedule.</p> <p>(d) Any schedule changes.</p> |
| ANALYSIS: | <p>On 08/30/2025, I received a copy of the staff schedules from the facility. The documentation does not clearly indicate job titles, or hours of shift worked.</p> <p>There is a preponderance of evidence to substantiate a rule violation.</p> |
| CONCLUSION: | VIOLATION ESTABLISHED |

On 10/13/2025, I conducted an exit conference with licensee designee Mary Beth Stewart. I informed LD Stewart of the findings and conclusions.

IV. RECOMMENDATION

Contingent upon the receipt of an acceptable corrective action plan, I recommend continuation of the AFC small group home license (capacity 3-6).

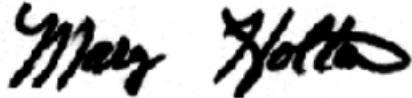


10/13/2025

Shamidah Wyden
Licensing Consultant

Date

Approved By:



10/13/2025

Mary E. Holton
Area Manager

Date