



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

November 18, 2025

Tatjana Savich  
Novak Assisted Care Corporation  
68453 Stoecker Lane  
Richmond, MI 48062

RE: License #: AL500082088  
Investigation #: 2026A0604001  
Leisure Manor Residence For Srs

Dear Ms. Savich:

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 (248) 972-9136.

Sincerely,

A handwritten signature in cursive script that reads "Kristine Cilluffo".

Kristine Cilluffo, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place  
3026 West Grand Blvd Ste 9-100  
Detroit, MI 48202  
(248) 285-1703

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL500082088
<b>Investigation #:</b>	2026A0604001
<b>Complaint Receipt Date:</b>	08/20/2025
<b>Investigation Initiation Date:</b>	08/21/2025
<b>Report Due Date:</b>	10/19/2025
<b>Licensee Name:</b>	Novak Assisted Care Corporation
<b>LicenseeAddress:</b>	68453 Stoecker Lane Richmond, MI 48062
<b>Licensee Telephone #:</b>	(248) 321-4526
<b>Administrator:</b>	Tatjana Savich
<b>Licensee Designee:</b>	Tatjana Savich
<b>Name of Facility:</b>	Leisure Manor Residence For Srs
<b>Facility Address:</b>	68453 Stoecker Lane Richmond, MI 48062
<b>Facility Telephone #:</b>	(586) 430-5009
<b>Original Issuance Date:</b>	01/14/2000
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	08/27/2024
<b>Expiration Date:</b>	08/26/2026
<b>Capacity:</b>	20
<b>Program Type:</b>	AGED

**II. ALLEGATION(S)**

	<b>Violation Established?</b>
The home is short-staffed, and they are trying to get staff to work 24-hour shifts.	Yes
The new manager went on vacation and did not refill the groceries or medications. There are no groceries, supplies for wounds, or diapers.	No
Additional Findings	Yes

**III. METHODOLOGY**

08/20/2025	Special Investigation Intake 2026A0604001
08/21/2025	Special Investigation Initiated - Letter Referral to Adult Protective Services (APS)
08/21/2025	APS Referral Adult Protective Services (APS) referral not assigned for investigation
08/22/2025	Inspection Completed On-site Completed unannounced onsite investigation. Interviewed Home Manager, Heather Cousineau, Staff, Neal Gunn, Maghann Jolly, Shanna Reintjes, Abby Childers, Resident A, Resident B and Resident C.
08/25/2025	Contact - Document Received Dismissed intake #207085. SI already exists.
08/26/2025	Contact - Document Sent Sent email requesting resident and facility records to Danny Prero and home manager, Heather Cousineau
08/29/2025	Contact - Document Received Received resident and facility records from Danny Prero
09/02/2025	Contact - Document Received Email from Danny Prero

09/02/2025	Contact - Document Sent Email to Danny Prero
09/10/2025	Contact - Document Received Email from Danny Prero. Sent return email.
10/03/2025	Contact- Document Sent Email to Home Manager, Heather Cousineau
10/03/2025	Contact- Document Sent Email to Danny Prero and Heather Cousineau
10/09/2025	Contact- Document Received Email from Danny Prero
10/09/2025	Contact- Document Received Email from Heather Cousineau
10/09/2025	Contact- Document Sent Email to Danny Prero and Heather Cousineau
10/16/2025	Contact- Document Sent Email to Heather Cousineau requesting additional records
10/20/2025	Contact- Document Sent Email to Heather Cousineau requesting records. Received return email.
10/21/2025	Contact- Document Received Email from Heather Cousineau with assessment plans and picture. Missing pages.
10/22/2025	Contact- Document Sent Email to Heather Cousineau. Assessment plans missing pages. Received return email.
10/24/2025	Contact- Document Sent Email to Heather Cousineau. Received return email from Heather Cousineau with assessment plans and resident information records.
10/27/2025	Exit Conference Completed exit conference. Email to applicant/proposed licensee designee/administrator, Danny Prero, with findings. Received return email.

10/28/2025	Exit Conference Completed exit conference with current licensee designee, Tatjana Savich. Sent email to Ms. Savich. Received email from Ms. Savich.
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**ALLEGATION:**

**The home is short-staffed, and they are trying to get staff to work 24-hour shifts.**

**INVESTIGATION:**

I received a licensing complaint regarding Leisure Manor on 08/20/2025. The Complainant alleged that the home has new owners, and the residents are experiencing neglect. The new manager went on vacation and did not refill the groceries or medications. The home is staffed short, and the schedule was messed up for two weeks while the manager was on vacation. They are trying to have workers work 24-hour shifts. There are no groceries, supplies for wounds, or diapers. The owners do not know how to run the home, and the residents are not getting the care that they need. Leisure Manor currently has an open enrollment for change in ownership (AL500418983) and management agreement in place.

I completed an unannounced onsite investigation on 08/22/2025. I interviewed Home Manager, Heather Cousineau, Staff, Neal Gunn, Maghann Jolly, Shanna Reintjes, Abby Childers, Resident A, Resident B and Resident C.

On 08/22/2025, I interviewed Home Manager, Heather Cousineau. She stated that she only started on Monday, 08/18/2025. Ms. Cousineau stated that there have not been any staffing shortages since she became manager. They currently have 15 residents. There are two caregivers on shift, manager, kitchen staff, and housekeeping.

On 08/22/2025, I interviewed Housekeeper, Maghann Jolly. She stated that she has worked at Leisure Manor for two months. She stated that she does tidying daily of resident rooms and deep cleaning of facility. She indicated that the manager was on vacation, and they were low on supplies. She indicated that during the day there are typically two direct care staff, a medication passer and a cook. During the afternoon shift there has been one staff, cook and a housekeeper.

On 08/22/2025, I interviewed Staff, Shanna Reintjes. She stated that she has worked at Leisure Manor for one year. She stated that they were low on supplies. She has purchased items with her own money such as food, napkins and Crystal Light. The previous home manager left for two weeks. They were low on medications, but it was handled right away. Ms. Reintjes stated that they did run out of briefs, however, they had some in the basement available for emergencies. Ms. Reintjes stated that they have been short-staffed. Staff have worked alone on midnight shift and she worked an

afternoon shift alone from 2 pm-10 pm. Cook was present. She had no other concerns regarding facility.

On 08/22/2025, I interviewed Staff, Abby Childers. Ms. Childers stated that she started on Tuesday. She has not started passing medications but is getting trained. She stated that there have been two staff on shift from 2pm- 10pm. She believes they need three people per shift, and another housekeeper would be great. Ms. Childers indicated that she heard of staff working a midnight shift by themselves. She believes they need more staff and should have two staff and a medication passer for each shift.

On 08/22/2025, I attempted to interview Resident A. She had limited verbal ability. She stated that she was glad to be here.

On 08/22/2025, I interviewed Resident B. She stated that she is doing ok and that this is a nice place to be. She stated that she is getting her medications. There are staff available to help her.

On 08/22/2025, I interviewed Resident C. She stated that she has lived at Leisure Manor for three years. It is going ok. She is getting her medications. Resident C stated that there are always staff available and that they are pretty good. She did not have any concerns.

On 08/29/2025, I received resident and facility records from Danny Prero by email. Mr. Prero has been identified as licensee designee for new enrollment. Records received included July 2025 and August 2025 medication administration records for Resident A, Resident B and Resident C, staff list, resident register, July 2025 and August 2025 menus, and June 2025, July 2025, August 2025 and September 2025 staff schedules.

On 08/29/2025, I received June 2025, July 2025, August 2025 and September 2025 staff schedules. Shifts are listed as follows:

Med Passer- 6AM- 1 PM  
Caregiver- 6:00 AM- 2 PM  
Caregiver- 6:00 AM- 2 PM  
Cook- 9:30 AM- 5:30 PM  
Med Passer- 2PM- 10 PM  
Caregiver- 2PM- 10 PM  
Caregiver- 2PM- 10 PM  
Caregiver- 10PM- 6AM

On 10/09/2025, I received email from Home Manager, Heather Cousineau. She stated that they have three residents who require possible two-person assist depending on their functioning that day.

On 10/24/2025, I received copies of assessment plans for Resident D, Resident E and Resident F. Resident D Resident E and Resident F were reported to be three residents

who require a possible two-person assist. Resident D’s assessment plan was dated 04/10/2025 and indicated that Resident D does not walk on own and needs staff assistance with transfers. Her resident information record listed her date of admission as 04/05/2024. Resident E’s assessment plan indicated they need wheelchair and assistance of staff. Her resident information record listed her date of admission as 03/11/2024. Resident F’s assessment plan was dated 08/05/2024 and indicated she cannot bear own weight and uses wheelchair. Her resident information record listed her date of admission as 08/09/2021.

<b>APPLICABLE RULE</b>	
<b>R 400.15206</b>	<b>Staffing requirements.</b>
	<b>(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.</b>
<b>ANALYSIS:</b>	On 08/22/2025, I completed an unannounced onsite investigation at Leisure Manor. Home Manager, Heather Cousineau, reported that there are currently 15 residents at the facility. There are reported to be three residents that require a possible two-person assist. Staff interviewed indicated that there have been shifts where there was only one caregiver during the shift.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

<b>APPLICABLE RULE</b>	
<b>R 400.15301</b>	<b>Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.</b>
	<b>(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.</b>

<b>ANALYSIS:</b>	On 10/24/2025, I received a copy of Resident F's assessment plan. Resident F did not have a current assessment plan. Resident F's assessment plan was dated 08/05/2024. Assessment plans should be updated on an annual basis.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**ALLEGATION:**

**The new manager went on vacation and did not refill the groceries or medications. There are no groceries, supplies for wounds, or diapers.**

**INVESTIGATION:**

On 08/22/2025, I completed an unannounced onsite investigation. I observed an adequate amount of food available at the facility. The facility has several refrigerators/freezers located in the kitchen and basement. I observed food that included canned goods, salad dressing, jellies, applesauce, juices, cereals, crackers, baking mixes, frozen meats, frozen/fresh vegetables, cheese, oatmeal, pasta, rice, milk, yogurts, butter, and eggs. I also observed shelves and storage of extra supplies in basement that included diapers/briefs.

On 08/22/2025, I interviewed Home Manager, Heather Cousineau. Ms. Cousineau stated that there has been food in the building since she started. They placed orders for food today and on Tuesday. They are not out of any supplies or medications.

On 08/22/2025, I interviewed Cook, Neal Gunn. He stated that he has been employed at Leisure Manor for four months. He indicated that there were issues with previous home manager. She was not ordering all the food they needed. They would run out of supplies and items like milk or eggs. Mr. Gunn stated that the problem has been corrected. Mr. Gunn stated that at times he would have to adjust what was made for meals, however, residents never went without food. He tried to follow the weekly menu.

On 08/22/2025, I interviewed Staff, Abby Childers. She indicated that the dinners look well rounded that residents are receiving. They have vegetables, starch and protein. They also have snacks available for residents.

On 08/22/2025, I attempted to interview Resident A. She had limited verbal ability. She indicated that she ate lunch today.

On 08/22/2025, I interviewed Resident B. She stated that she is getting enough food to eat and that it is not bad.

On 08/22/2025, I interviewed Resident C. She stated that the food is ok. They have three meals a day. Her daughter supplies the briefs she uses. I observed a supply of briefs available in Resident C's bathroom.

On 08/29/2025, I received Resident A's medication administration records for July 2025 and August 2025. Medications were initiated as given by staff.

On 08/29/2025, I received Resident B's medication administration records for July 2025 and August 2025. Furosemide Tab 20 mg 2:00 PM was listed twice on Resident B's medication logs. Staff were initiating inconsistency on each line or both.

On 08/29/2025, I received Resident C's medication administration records for July 2025 and August 2025. Staff initials were missing for the following medications:

- Atenolol Tab 50 mg (8:00AM)- 07/03, 07/17
- Bupropion Hcl Sr 150mg (8:00 AM)- 07/03, 07/17
- Escitalopram 20 mg (8:00AM)- 07/03, 07/17
- Folic Acid Tab 1 mg (8:00 AM)- 07/03, 07/17
- Lantisep Skn Prot Oint 4.5oz (8:00 AM)- 07/03, 07/17
- Levothyroxine 75 mcg Tablet (8:00 AM)- 07/03, 07/17
- Lisinopril Tab 10 mg (8:00 AM)- 07/03, 07/17
- Presevision Cap Areds (8:00 AM)- 07/03, 07/17
- Vitamin B Complex Tablet (8:00 AM)- 07/03/, 07/17, 08/09

On 10/09/2025, I received email from Danny Prero. He confirmed Resident B's Furosemide 20 mg is populating twice on medication log and indicated he would see it if could be fixed. He indicated that medication passer does not remember exactly why Resident C's medications were not initiated for noted days, however, recalls blood pressure being out of the parameters set for medication.

On 10/09/2025, I received email from Home Manager, Heather Cousineau. She indicated they have one resident who requires wound care, and she is under hospice, and they have all the needed supplies. On 10/21/2025, Ms. Cousineau emailed photo of resident wound care supplies.

<b>APPLICABLE RULE</b>	
<b>R 400.15305</b>	<b>Resident protection.</b>
	<b>(3) A resident shall be treated with dignity and his or her personal needs, including protection and safety, shall be attended to at all times in accordance with the provisions of the act.</b>
<b>ANALYSIS:</b>	There is not enough information to determine that resident needs were not met by the facility running out of groceries, medications or supplies. Staff interviewed indicated that supplies were running low at the facility, however, they were able to meet resident needs with what was available. There is no information to determine that residents ran out of

	medications. I also observed extra supplies such as briefs and groceries in the basement.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

<b>APPLICABLE RULE</b>	
<b>R 400.15312</b>	<b>Resident medications.</b>
	<p><b>(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></p> <p><b>(b) Complete an individual medication log that contains all of the following information:</b></p> <ul style="list-style-type: none"> <li><b>(i) The medication.</b></li> <li><b>(ii) The dosage.</b></li> <li><b>(iii) Label instructions for use.</b></li> <li><b>(iv) Time to be administered.</b></li> <li><b>(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.</b></li> </ul>
<b>ANALYSIS:</b>	<p>On 08/29/2025, I received Resident B's medication administration records for July 2025 and August 2025. Furosemide Tab 20 mg 2:00 PM was listed twice on Resident B's medication logs. Staff were initiating inconsistent on each line or both.</p> <p>On 08/29/2025, I received Resident C's medication administration records for July 2025 and August 2025. Staff initials were missing for the following medications:</p> <ul style="list-style-type: none"> <li>Atenolol Tab 50 mg (8:00AM)- 07/03, 07/17</li> <li>Bupropion Hcl Sr 150mg (8:00 AM)- 07/03, 07/17</li> <li>Escitalopram 20 mg (8:00AM)- 07/03, 07/17</li> <li>Folic Acid Tab 1 mg (8:00 AM)- 07/03, 07/17</li> <li>Lantisept Skn Prot Oint 4.5oz (8:00 AM)- 07/03, 07/17</li> <li>Levothyroxine 75 mcg Tablet (8:00 AM)- 07/03, 07/17</li> <li>Lisinopril Tab 10 mg (8:00 AM)- 07/03, 07/17</li> <li>Presevison Cap Arede (8:00 AM)- 07/03, 07/17</li> <li>Vitamin B Complex Tablet (8:00 AM)- 07/03/, 07/17, 08/09</li> </ul>
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

<b>APPLICABLE RULE</b>	
<b>R 400.15313</b>	<b>Resident nutrition.</b>
	<b>(1) A licensee shall provide a minimum of 3 regular, nutritious meals daily. Meals shall be of proper form, consistency, and temperature. Not more than 14 hours shall elapse between the evening and morning meal.</b>
<b>ANALYSIS:</b>	There is not enough information to determine that there is not enough food at the facility. On 08/22/2025, I completed an unannounced onsite investigation and observed an adequate amount of food. No staff or residents interviewed stated that residents have gone without food. Cook, Neal Gunn, indicated that there was an issue with the previous home manager ordering food. Mr. Gunn stated that at times he would have to adjust what was made for meals, however, residents never went without food. He tried to follow the weekly menu.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ADDITIONAL FINDINGS:**

**INVESTIGATION:**

During the onsite inspection, I observed that the facility did not have a weekly menu posted for residents. On 08/29/2025, I received copies of July 2025 and August 2025 menus. The menus were both typed and handwritten and included written substitutions. Menu from week of 08/22/2025 did not match what I observed during the 08/22/2025 onsite investigation. Mr. Gunn had a copy of the weekly menu in the kitchen that was dated - Week 3 - 03/02/2025- 03/08/2025. There was a chalk board located in the dining area with lunch and dinner options written. Lunch was soup and sandwich, and dinner was BLT pasta salad. The 08/22/2025 menu provided indicates that lunch served was egg bake with hashbrown patty and spiced apples. Dinner is listed as fish or chicken with French fries and coleslaw.

I completed an exit conference with the applicant and proposed license designee/ administrator, Danny Prero, on 10/27/2025. I sent an email to Mr. Prero and notified him of my findings. I informed him that a copy of the report would be mailed once approved and a corrective action plan would be requested. I also requested that he contact me with any questions. I also notified current licensee designee, Tatjana Savich, of the findings and recommendation on 10/28/2025.

<b>APPLICABLE RULE</b>	
<b>R 400.15313</b>	<b>Resident nutrition.</b>
	<b>(4) Menus of regular diets shall be written at least 1 week in advance and posted. Any change or substitution shall be noted and considered as part of the original menu.</b>
<b>ANALYSIS:</b>	A weekly menu is not being followed or posted for residents. On 08/22/2025, I observed a daily menu for lunch and dinner in dining room for residents. On 08/29/2025, I received copies of July 2025 and August 2025 menus. The menu from week of 08/22/2025 did not match what I observed during the 08/22/2025 onsite investigation. Mr. Gunn had a copy of weekly menu in the kitchen that was dated- Week 3- 03/02/2025- 03/08/2025. There was a chalk board located in dining area with lunch and dinner written. Lunch was soup and sandwich, and dinner was BLT pasta salad. The 08/22/2025 menu provided indicates that lunch served was egg bake with hashbrown patty and spiced apples. Dinner is listed as fish or chicken with French fries and coleslaw.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

#### IV. RECOMMENDATION

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



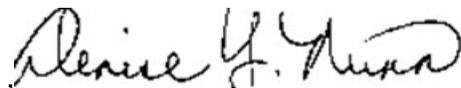
10/28/2025

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Kristine Cilluffo  
Licensing Consultant

Date

Approved By:



11/18/2025

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Denise Y. Nunn  
Area Manager

Date