GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 30, 2025

Janet Patterson
Advocates for Self Determination, LLC
Suite 102
28237 Orchard Lake Rd.
Farmington Hills, MI 48334

RE: License #: AS630402110
Investigation #: 2025A0602021
St. Marys Home

Dear Ms. Patterson:

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,

Cindy Berry, Licensing Consultant
Bureau of Community and Health Systems
3026 West Grand Blvd
Cadillac Place, Ste 9-100
Detroit, MI 48202
(248) 860-4475

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS630402110
Investigation #:	2025A0602021
Complaint Receipt Date:	07/15/2025
Investigation Initiation Date:	07/16/2025
Report Due Date:	09/13/2025
Licensee Name:	Advocates for Self Determination, LLC
Licensee Address:	Suite 102 - 28237 Orchard Lake Rd. Farmington Hills, MI 48334
Licensee Telephone #:	(248) 723-7152
Administrator:	Janet Patterson
Licensee Designee:	Janet Patterson
Name of Facility:	St. Marys Home
Facility Address:	24156 St. Marys Farmington, MI 48336
Facility Telephone #:	(248) 987-6189
Original Issuance Date:	04/21/2020
License Status:	REGULAR
Effective Date:	02/03/2024
Expiration Date:	02/02/2026
Capacity:	5
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED

II. ALLEGATION(S)

	Violation Established?
Residents are not being properly fed or cared for and often sent home in dirty clothes.	No
Constant staff turnover and lack of training are impacting on the quality of care for the residents.	Yes

III. METHODOLOGY

07/15/2025	Special Investigation Intake 2025A0602021
07/15/2025	APS Referral Adult Protective Services (APS) referral denied.
08/15/2025	Inspection Completed On-site No response.
08/21/2025	Inspection Completed On-site No response.
09/18/2025	Inspection Completed On-site I interviewed the home manager, Carmen Johns, and observed residents.
09/18/2025	Contact – Telephone call made Message left for staff member Nicholas Cobbinh.
9/23/2025	Contact – Telephone call made Spoke with the licensee designee, Janet Patterson.
09/23/2025	Contact – Document Received Received requested documents.
09/24/2025	Contact – Telephone call received I interviewed staff member Nicholas Cobbinh.
09/24/2025	Contact – Telephone call made I interviewed staff member Le'Andre Palmer.

09/24/2025	Exit Conference Held with the licensee designee, Janet Patterson, by telephone.

ALLEGATION:

- **Residents are not being properly fed or cared for and often sent home in dirty clothes.**
- **Constant staff turnover and lack of training are impacting on the quality of care the residents receive.**

INVESTIGATION:

On 7/15/2025, a complaint was received and assigned for investigation alleging that residents are not being properly fed or cared for and often sent home in dirty clothes. It was also alleged that constant staff turnover and lack of training are impacting on the quality of care the residents receive.

On 9/18/2025, I conducted an unannounced on-site investigation at which time I interviewed the home manager Carmen Johns and observed all five residents. Ms. Johns stated she has worked for the company since April 2025 and began working as the home manager in May 2025. She had no knowledge of residents not being fed, cared for or wearing dirty clothes. Ms. Johns stated residents' clothes are washed weekly but more often when needed. She said since she has worked for the company there have been a total of three employees who are no longer working in the home. Two of which quit and one who was recently terminated. Ms. Johns did not have access to employee files containing their training records as they are kept at the main office. She did provide documentation that each employee had been trained on each resident's individual plan of service (IPOS).

I observed Resident A, Resident B, Resident C, Resident D and Resident E to be neat and clean. I attempted to interview each resident but was unable to obtain any information due to their limited cognitive functioning.

At the time of the unannounced on-site investigation, I observed adequate food in the refrigerator, freezer and pantry. I also inspected each resident's bedroom and observed clean clothes hanging in each closet as well as clean folded clothes in their dressers. There were laundry baskets in each bedroom that contained a few dirty clothes.

On 9/23/2025, I spoke with the licensee designee Janet Patterson by telephone and informed her of the allegations documented in this report. Ms. Patterson stated she believes the complaint was made by a disgruntled employee as the allegations reported are false. She went on to state that if an employee is performing below the expectation of the company they are terminated. She went on to state that she recently made a visit to the home and found no evidence of the allegations that were reported. Ms. Patterson

agreed to provide me with training certificates for each employee who works at the St Marys Home.

On 9/23/2025, I received and reviewed training certificates for each staff member. There was no verification of current CPR/First aid training for Nicholas Cobbinh. There was no verification of current CPR/First aid training, prevention and containment of communicable diseases or reporting requirements for Le'Andre Palmer. There was no verification of current CPR/First aid or resident rights training for Carmen Johns.

On 9/24/2025, I interviewed staff member Nicholas Cobbinh by telephone. Mr. Cobbinh stated he has worked for the company since May 2025 and works the midnight shift. He had no knowledge of any resident not being properly fed or cared for. He said the residents each have a laundry basket where they put their dirty clothes and staff wash them once the basket becomes full or sooner if needed. Mr. Cobbinh stated he has completed his CPR/First aid training and provided the certificate to the main office.

On 9/24/2025, I interviewed staff member Le'Andre Palmer by telephone. Mr. Palmer stated he has worked for the company for about two months now and has never witnessed any resident not being cared for or properly fed. The residents' laundry is always washed and they have not gone out of the home in dirty clothes on any shift he has worked on. Mr. Palmer went on to state that he has not completed all of his trainings but is scheduled to have it completed by the beginning of next month.

On 9/24/2025, I conducted an exit conference with the licensee designee Janet Patterson, by telephone. I informed Ms. Patterson of the investigative findings and recommendation documented in this report. Ms. Patterson agreed to submit a corrective action plan upon receipt of this report as well as making sure each employee completes the required trainings.

APPLICABLE RULE	
R 400.14305	**Resident protection.**
	(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.
ANALYSIS:	Based on the information obtained during the investigation and my own observation, there is insufficient information to determine that resident needs are not being met. According to Ms. Johns, Mr. Cobbinh and Mr. Palmer, the residents' needs are properly cared for and fed and all of their needs are being met.

	On 9/18/2025, I observed each resident to be neat, clean and appropriately dressed.
CONCLUSION:	VIOLATION NOT ESTABLISHED

APPLICABLE RULE	
R 400.14204	**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 performing assigned tasks, which shall include being competent in all of the following areas: (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:	Based on my review of each staff member's training log, there is sufficient information to determine that some staff members have not been trained in all the required areas. On 9/23/2025, I received and reviewed each employee's training and determined that Mr. Cobbinh has not completed CPR/First aid training; Mr. Palmer has not completed CPR/first aid, resident rights, and prevention and containment of communicable diseases trainings and Ms. Johns has not completed CPR/First aid training and resident rights training.
CONCLUSION:	**VIOLATION ESTABLISHED**

APPLICABLE RULE	
R 400.14314	**Resident hygiene.**
	(5) A licensee shall afford a resident with opportunities, and instruction when necessary, to routinely launder clothing. Clean clothing shall be available at all times.

ANALYSIS:	Based on the information obtained during the investigation, there is insufficient information to determine that resident clothing is not routinely laundered or that clean clothing is not made available at all time. On 9/18/2025, I observed Resident A, Resident B, Resident C, Resident D, and Resident E and found them to be dressed in clean and appropriate clothing. I also inspected their bedrooms and observed clean clothing hanging in each closet along with clean folded clothing in each dresser.
CONCLUSION:	VIOLATION NOT ESTABLISHED

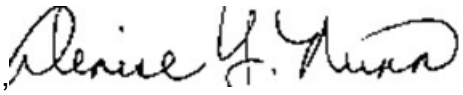
IV. RECOMMENDATION

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

9/24/2025

Cindy Berry — Date
Licensing Consultant

Approved By:



09/30/2025

Denise Y. Nunn — Date
Area Manager