



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

December 22, 2025

Pamela Wilkins
Closer to Home LLC
5642 Claremount St
PORTAGE, MI 49024

RE: License #: AS390418450
Investigation #: 2026A1024004
Closer To Home LLC

Dear Ms. Wilkins:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan was required. On December 15, 2025, you submitted an acceptable written corrective action plan.

It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan.

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 (616) 356-0183.

Sincerely,

A handwritten signature in cursive script that reads "Ondrea Johnson".

Ondrea Johnson, Licensing Consultant
Bureau of Community and Health Systems

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS390418450
Investigation #:	2026A1024004
Complaint Receipt Date:	11/04/2025
Investigation Initiation Date:	11/05/2025
Report Due Date:	01/03/2026
Licensee Name:	Closer to Home LLC
Licensee Address:	5642 Claremount St PORTAGE, MI 49024
Licensee Telephone #:	(269) 532-1013
Administrator:	Danielle Beville
Licensee Designee:	Pamela Wilkins
Name of Facility:	Closer To Home LLC
Facility Address:	1308 Jefferson Ave Kalamazoo, MI 49006
Facility Telephone #:	(269) 532-1013
Original Issuance Date:	07/17/2024
License Status:	REGULAR
Effective Date:	01/17/2025
Expiration Date:	01/16/2027
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. ALLEGATION(S)

	Violation Established?
Staff refused to seek medical attention for Resident A who is in constant severe pain.	No
Additional Findings	Yes

III. METHODOLOGY

11/04/2025	Special Investigation Intake 2026A1024004
11/05/2025	APS Referral-denied to investigate
11/05/2025	Special Investigation Initiated - Face to Face with direct care staff member Courtney Clark, Resident A's case manager Jackson Blough and Resident A
11/05/2025	Contact - Telephone call made with licensee designee Pamela Wilkins
11/05/2025	Contact - Document Received- <i>After Visit Summary</i> and medical provider notes
11/07/2025	Exit Conference with licensee designee Pamela Wilkins
11/07/2025	Corrective Action Plan Requested and Due on 12/21/2025
12/15/2025	Corrective Action Plan Received
12/15/2025	Corrective Action Plan Approved

ALLEGATION: Staff refused to seek medical attention for Resident A who is in constant severe pain.

INVESTIGATION:

On 11/04/2025, I received this complaint through the LARA-BCHS online complaint system. This complaint alleged staff refused to seek medical attention for Resident A who is in constant severe pain.

On 11/05/2025, I conducted an onsite investigation at the facility with direct care staff member Courtney Clark who stated that Resident A has a target behavior of complaining of having pain in his neck and shoulder despite being regularly evaluated

by medical providers who reports of no sign of current injury to support his claim. Courtney Clark stated Resident A had x-rays completed in August 2025 which showed no signs of injury however Resident A continues to report that his shoulder bone is broken. Courtney Clark stated that Resident A suffers from delusions and these complaints made about being in pain are symptomatic of his mental illness. Courtney Clark further stated that Resident A sees a mental health case manager who comes out to the facility weekly to monitor Resident A's mental health needs and coordinate all health care services.

While at the facility, I conducted an interview with Resident A's mental health case manager Jackson Blough from Riverwood Center who stated that he visits with Resident A once a week and Resident A's baseline behavior is to complain about being in pain. Jackson Blough stated that Resident A calls him every week and requests to have x-rays completed because he believes that he has broken bones in his body due to his mental illness. Jackson Blough stated that Resident A is diagnosed with Schizophrenia and will continue to make complaints about being in pain due to his mental health condition despite showing no signs of injury or issues that would cause pain when evaluated by medical providers. Jackson Blough further stated that Resident A is going to begin to see a medical provider monthly and at this time Resident A has no physical health care needs that have not been addressed. Jackson Blough stated he has no concerns about the care provided to Resident A by staff members.

I also conducted an interview with Resident A who stated that he has constant problems with his neck and shoulder and needs to get medications to alleviate the pain. Resident A stated he broke his shoulder over twenty years ago and while he was in prison and residing in a psychiatric hospital, he received injections in his back to help with pain. Resident A stated he had a full body scan completed recently and the doctor stated to him that there were no issues however he would like to see another doctor as he continues to have pain.

While at the facility, I reviewed the facility's *AFC Licensing Division-Incident/Accident Report* dated 8/22/2025. According to this incident report, Resident A complained to staff that he was experiencing pain in his left arm and shoulder therefore staff transported Resident A to the Bronson Emergency Department to be assessed. The report stated that x-rays of Resident A's left shoulder were taken, which produced no sign of injury. A referral to orthopedics was made.

On 11/05/2025, I conducted an interview with licensee designee Pamela Wilkins who stated that Resident A came to her facility from the psychiatric hospital and constantly make complaints of being in pain that have been attributed to his mental health condition. Pamela Wilkins stated that Resident A is seen by his psychiatric treatment team regularly in addition to emergency room hospital providers and no signs of injury that would cause Resident A to have pain have been found. Pamela Wilkins stated that staff members are in constant contact with Resident A mental health provider who will get notified when Resident A complains of being in pain and will also assist Resident A in contacting various agencies to make his complaint of being in pain.

On 11/05/2025, I reviewed Resident A's *After Visit Summary* 8/22/2025. According to this summary, Resident A was seen by a medical provider due to arm pain at which time an x-ray was completed and no acute fractures or dislocations were found. In addition, x-rays found no evidence of soft tissue, gas, or retained radiopaque foreign body. A referral made to an orthopedic specialist was made.

APPLICABLE RULE	
R 400.689	Resident health care.
	(3) In case of an accident or sudden adverse change in a resident's health condition, a facility shall obtain needed health care immediately.
ANALYSIS:	Based on my investigation which included interviews with direct care staff member Courtney Clark, Resident A, Resident A's case manager Jackson Blough, licensee designee Pamela Wilkins, and my review of Resident A's <i>After Visit Summary</i> there is no evidence to support that direct care staff refused to seek medical attention for Resident A who is in constant severe pain. According to Courtney Clark and Pamela Wilkins, one symptom of Resident A's mental health condition is complaining about being in pain. Resident A continues with complaints of pain, despite being regularly evaluated by medical providers who report no sign of current injury to support his claim. Jackson Blough also stated that Resident A's baseline target behavior is to make regular complaints of being in pain which is symptomatic of his schizophrenia diagnosis. Jackson Blough confirmed that Resident A's health care needs are addressed regularly. I reviewed hospital records and a facility incident report that both verified that direct care staff sought medical attention for Resident A when he has complained in the past of being in pain. Jackson Blough confirmed that direct care staff regularly communicate with him regarding Resident A's health care needs. Therefore, staff have obtained needed health care promptly when needed.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION:

While at the facility, I observed an area on the facility's kitchen ceiling that was damaged and in need of repair. I observed the facility's entryway staircase rails to be unclean and not in orderly appearance. I observed the exterior porch rails to have a

distressed finish that did not have an orderly appearance. I also observed the facility's front window near the porch area with a damaged screen and frame and not in good repair.

APPLICABLE RULE	
R 400.647	Safety and maintenance of premises.
	2) Home furnishings and housekeeping standards must present a comfortable, clean, and orderly appearance. (4) Roofs, exterior walls, doors, skylights, and windows must be weathertight and watertight and maintained in good repair. (5) Floors, walls, and ceilings must be cleanable, maintained clean, and in good repair.
ANALYSIS:	While at the facility, I observed an area on the facility's kitchen ceiling that was damaged and in need of repair. I observed the facility's entryway staircase rails to be unclean and not in orderly appearance. I observed the exterior porch rails to have a distressed finish that did not have an orderly appearance. I also observed the facility's front window near the porch area with a damaged screen and frame and not in good repair.
CONCLUSION:	VIOLATION ESTABLISHED

INVESTIGATION:

While at the facility, I reviewed Resident A's *Assessment Plan for AFC Residents* dated 4/29/2024. I could not verify if Resident A's written *Assessment Plan for AFC Residents* was reviewed at least annually by Resident A and licensee designee Pamela Wilkins based on the signature date and no other current records.

I also reviewed Resident A's *Health Care Appraisal* dated 4/29/2024. I could not verify if Resident A's health care appraisal was updated at least annually based on the examination date and no other current records.

APPLICABLE RULE	
R 400.685	Resident admission; resident assessment plan; resident care agreement; health care appraisal
	(4) A written assessment plan must be completed with and signed by the resident or the resident's designated representative, responsible agency if applicable, and the licensee at the time of admission and annually thereafter. A licensee shall maintain a copy of the resident's most recent

	<p>assessment plan on file at the facility for up to 2 years after discharge.</p> <p>(10) A resident or resident’s designated representative shall provide a written health care appraisal or a medial discharge before admission. A written health care appraisal must be completed at least annually thereafter. If a written health care appraisal is not available at the time of emergency admission, a licensee shall require that the appraisal be completed no later than 30 days after admission.</p>
ANALYSIS:	<p>While at the facility, I reviewed Resident A’s <i>Assessment Plan for AFC Residents</i> dated 4/29/2024. There were no other current <i>Assessment Plans for AFC Residents</i> available for review. Therefore, this document was not updated annually as required.</p> <p>I also reviewed Resident A’s <i>Health Care Appraisal</i> dated 4/29/2024. There were no other current <i>Health Care Appraisals</i> available for review. Therefore Resident A’s <i>Health Care Appraisal</i> was not updated at least annually as required.</p>
CONCLUSION:	VIOLATION ESTABLISHED

On 11/07/2025, I conducted an exit conference with licensee designee Pamela Wilkins. I informed Ms. Wilkins of my findings and allowed her an opportunity to ask questions and make comments. On 12/15/2025, I received and approved an acceptable corrective action plan.

IV. RECOMMENDATION

I recommend the current license status remain unchanged.

Ondrea Johnson

12/22/2025

Ondrea Johnson
Licensing Consultant

Date

Approved By:

Dawn Timm

12/22/2025

Dawn N. Timm
Area Manager

Date

