



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

December 22, 2025

Betty Mackie
Henry's Inc.
P.O. Box 81733
Rochester, MI 48308

RE: License #: AS820311703
Investigation #: 2026A0901004
Henry's Inc. LaShae Home

Dear Betty Mackie:

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 (313) 456-0439.

Sincerely,

A handwritten signature in black ink that reads "Regina Buchanan". The signature is written in a cursive style with a large initial 'R'.

Regina Buchanan, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 949-3029

enclosure

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

I. IDENTIFYING INFORMATION

| | |
|---------------------------------------|--|
| License #: | AS820311703 |
| Investigation #: | 2026A0901004 |
| Complaint Receipt Date: | 10/28/2025 |
| Investigation Initiation Date: | 10/30/2025 |
| Report Due Date: | 12/27/2025 |
| LicenseeName: | Henrys Inc. |
| Licensee Address: | P.O. Box 81733 Rochester, MI 48308 |
| Licensee Telephone #: | (313) 910-2951 |
| Administrator: | Betty Mackie |
| Licensee Designee: | Betty Mackie |
| Name of Facility: | Henrys Inc. LaShae Home |
| Facility Address: | 19438 Beech Daly Road Redford, MI 48240 |
| Facility Telephone #: | (313) 910-2951 |
| Original Issuance Date: | 08/03/2011 |
| License Status: | REGULAR |
| Effective Date: | 02/03/2024 |
| Expiration Date: | 02/02/2026 |
| Capacity: | 6 |

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|----------------------|---|
| Program Type: | PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED ALZHEIMERS |
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II. ALLEGATION(S)

| | Violation Established? |
|---|-------------------------------|
| Staff, Myranda Patrick, makes Resident A clean herself up when she has a bowel movement and pushes her head down while she is cleaning herself. | No |
| Myranda does not let Resident A spend her money on what she wants to buy. | No |
| Sometime during September 2025 Myranda failed to give Resident A her medications. | Yes |

III. METHODOLOGY

| | |
|------------|---|
| 10/28/2025 | Special Investigation Intake 2026A0901004 |
| 10/28/2025 | Referral - Recipient Rights |
| 10/28/2025 | Adult Protective Services Referral |
| 10/30/2025 | Special Investigation Initiated - On Site |
| 11/05/2025 | Contact - Telephone call made Administrator, Sheila Hawkins Home Manager, Latrice Edwards |
| 11/05/2025 | Contact - Telephone call made Guardian A1 |
| 12/16/2025 | Inspection Completed-BCAL Sub. Compliance |
| 12/17/2025 | Exit Conference Administrator, Sheila Hawkins Licensee designee, Betty Mackie |

ALLEGATION:

Staff, Myranda Patrick, makes Resident A clean herself up when she has a bowel movement and pushes her head down while she is cleaning herself.

INVESTIGATION:

On 10/30/2025, I conducted an unannounced onsite inspection at the facility. Staff Myranda Patrick was working at the time I arrived and was assisting Resident A, who had a bowel movement on herself. She denied the allegations. She stated that Resident A periodically has bowel movements on herself but can bathe herself and they only assist when needed. She said she never refused to assist Resident A and has never mishandled her while assisting.

During the onsite inspection on 10/30/2025, I interviewed Resident A. She denied the allegations. She stated staff always assist her with whatever she needs. Resident A said whenever she has an accident on herself, she lets staff know and they help her bathe and change. She spoke highly of the facility and staff, and reported Myranda was one of her favorite staff. She denied ever being mistreated in any way.

On 11/05/2025, I made a telephone call to the administrator, Sheila Hawkins. She stated the allegations were not true and that Resident A never complained to her about being mistreated by Myranda. Sheila also suspected this complaint may have been made by a disgruntle employee she recently fired. During the call with Sheila, I also spoke with the home manager, Latrice Edwards, because they were together. Latrice stated Resident A never complained to her about being mistreated by Myranda. She stated Resident A and Myranda had a good relationship and it was not characteristic of Myranda to mistreat the residents.

On 11/05/2025, I made a telephone call to Resident A's guardian, Guardian A1. She stated Resident A never complained to her about any mistreatment at the facility and to her knowledge, Resident A likes the facility. Guardian A1 also stated she had no issues with staff, or the care Resident A receives.

| APPLICABLE RULE | |
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| Rule 681 | Resident rights; licensee responsibilities. |
| | (1) A resident shall be treated with dignity and respect, free from exploitation, and protected and safe. |

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| ANALYSIS: | Based on the information I obtained during this investigation, there is lack of evidence to confirm the allegations. There is no indication that Resident A was not treated with dignity, and her personal needs were not attended to. Resident A and Myranda denied the allegations. |
| CONCLUSION: | VIOLATION NOT ESTABLISHED |

ALLEGATION:

Myranda does not let Resident A spend her money on what she wants to buy.

INVESTIGATION:

On 10/30/2025, I conducted an onsite inspection at the facility and interviewed staff, Myranda Patrick. She denied the allegation. She stated she does not handle the residents' money. She explained that the home manger, Latrice Edwards, gives them their monthly allowance and they are allowed to spend it on whatever they like.

During the onsite inspection on 10/30/2025, I interviewed Resident A. She stated she gets allowance money every month and when she wants to buy something, she lets staff know and they order it or go get it. Resident A said she is always able to buy what she wants, unless she does not have enough money.

On 11/05/2025, I made a telephone call to Resident A's guardian, Guardian A1. She stated Resident A never complained to her about not being able to spend her money on what she wants.

| APPLICABLE RULE | |
|------------------------|--|
| R 400.637 | Handling of resident funds and valuables. |
| | (8) A resident shall have access to and use of their resident funds in reasonable amounts, including immediate access to not less than \$40.00. A resident shall receive up to the full amount of resident funds at a time designated by the resident, but not more than 5 days after the request for the resident funds. Exceptions must be subject to the provisions of the resident's assessment plan. |

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| ANALYSIS: | Based on the information obtained during this investigation there is a lack of evidence to confirm the allegation. There is no indication that Resident A does not have access and use of her money. Resident A denied the allegation and stated she gets her allowance every month and there are no restrictions on spending it. She stated she can buy whatever she wants. Miranda also denied the allegation. |
| CONCLUSION: | VIOLATION NOT ESTABLISHED |

ALLEGATION:

Sometime during September 2025 Miranda failed to give Resident A her medications.

INVESTIGATION:

On 10/30/2025, I conducted an onsite inspection at the facility and interviewed staff, Miranda Patrick. She denied the allegation. She said Resident A was in the hospital during part of September and that was the only time staff did not administer her medications.

During the onsite inspection on 10/30/2025, I interviewed Resident A. She stated she always gets her medications daily and on time. She said staff keeps them locked up and let her know when it is time to take them.

I reviewed Resident A's medication log sheets for the months of September 2025 and October 2025. During the month of September, despite the days she was hospitalized, her Divalproex and Haloperidol was not initialed as being administered in the morning on 09/26/2025. During the month of October 2025, none of Resident A's medications were initialed as administered on 10/31/2025. Her afternoon and evening medications were not initialed as administered on 10/30/2025. Her Combigan was not initialed in the morning on 10/13/2025, her Metoprolol was not initialed in the afternoon, and her Methocarbam and Metoprolol were not initialed in the evening as being administered. Resident A's Combigan and Divalproex were not initialed as administered in the evening on 10/2/2025-10/04/2025 and 10/06/2025-11/10/2025. Her Methocarbam and Metoprolol were not initialed as administered in the evening on 10/03/2025 and her Metoprolol was not initialed as administered in the afternoon on 10/03/2025.

On 12/17/2025, I made a telephone call to the licensee designee, Betty Mackie. I left a voice message informing her of my investigative findings. I also made a telephone call to the administrator, Sheila Hawkins, and informed her of my investigative findings as well.

| APPLICABLE RULE | |
|------------------------|---|
| R 400.675 | Resident medications. |
| | <p>(4) A licensee, administrator, or direct care staff shall comply with the following when supervising the taking of medication by a resident:</p> <p>(b) Complete an individual medication log that contains all of the following:</p> <ul style="list-style-type: none"> (i) Medication name. (ii) Dosage. (iii) Label instructions for use. (iv) Time to be administered. (v) Initials of the individual who administered the medication at the time given. (vi) Resident's refusal to accept prescribed medication or procedures at time of refusal. |
| ANALYSIS: | <p>Based on the information obtained during this investigation, staff are not accurately completing the medication log sheets when supervising the taking of medication by the residents. I observed several blank spaces on Resident A's September 2025 and October 2025 medication log sheets in which staff did not initial to verify that the medications were administered. There was also no documentation to explain the blank spaces. Due to this, I could not confirm Resident A received her medications as prescribed.</p> |
| CONCLUSION: | VIOLATION ESTABLISHED |

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan I recommend the status of the license remains unchanged.



Regina Buchanan
Licensing Consultant

12/17/2025
Date

Approved By:



Ardra Hunter
Area Manager

12/22/2025
Date