GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

January 23, 2026

Tamesha Porter
Safe Haven Assisted Living of Mason LLC
981 Jolly Road
Okemos, MI 48864

RE: License #: AL330400202
Investigation #: 2026A0466008
Safe Haven Assisted Living of Mason

Dear Ms. Porter:

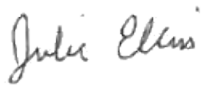
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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.

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) 335-5985.

Sincerely,



Julie Elkins, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL330400202
Investigation #:	2026A0466008
Complaint Receipt Date:	12/01/2025
Investigation Initiation Date:	12/01/2025
Report Due Date:	01/30/2026
Licensee Name:	Safe Haven Assisted Living of Mason LLC
Licensee Address:	981 Jolly Rd. Okemos, MI 48864
Licensee Telephone #:	(517) 402-1802
Administrator:	Tamesha Porter
Licensee Designee:	Tamesha Porter
Name of Facility:	Safe Haven Assisted Living of Mason
Facility Address:	1850 W. Service Drive Mason, MI 48854
Facility Telephone #:	(517) 402-1802
Original Issuance Date:	05/17/2022
License Status:	REGULAR
Effective Date:	11/17/2024
Expiration Date:	11/16/2026
Capacity:	20
Program Type:	ALZHEIMERS AGED

II. ALLEGATIONS:

	Violation Established?
Facility is not sufficiently staffed.	Yes
Resident medications are not being administered as prescribed. Complainant alleged direct care worker (DCW) #1 is not allowed to administer resident medications because she is a “known drug user.”	No
Residents are not getting proper hygiene.	No
Facility received a disapproved rating from the Bureau of Fire Services on 11/29/2025.	Yes
Additional Findings	Yes

III. METHODOLOGY

12/01/2025	Special Investigation Intake 2026A0466008.
12/01/2025	Special Investigation Initiated – Telephone call to assigned licensing consultant Jana Lipps.
12/01/2025	BFS disapproval report received.
12/02/2025	Contact - Document Sent email to Complainant.
12/02/2025	Contact - Telephone call received Complainant interviewed.
12/04/2025	Inspection Completed On-site, unannounced.
12/12/2025	Inspection Completed On-site, unannounced.
12/29/2025	2nd BFS disapproval report received.
01/15/2026	Contact-Document sent/received to/from Kat Johnson.
01/16/2026	Contact-Document sent to Kat Johnson.
01/16/2026	Exit Conference with licensee designee Tamesha Porter.
01/19/2026	Contact-Document received from Kat Johnson
01/21/2026	APS Referral made.

ALLEGATION: Facility is not sufficiently staffed.

INVESTIGATION:
On 12/01/2025, Complainant reported that there are a few residents that require the assistance of two direct care workers (DCW)s. On 12/02/2025, Complainant reported that from 10pm-6 am there is only one DCW on shift daily.

On 12/04/2025, I conducted an unannounced investigation and I reviewed the October 27, 2025 through December 7, 2025 *Staff Schedule* which documented that one DCW, who is also responsible for administering medications, was scheduled daily from 10pm-6am.

I reviewed resident records for Resident A, Resident B, Resident C, Resident D, Resident E and Resident F which contained both *Health Care Appraisals* and written *Assessment Plans for Adult Foster Care (AFC) Residents*. Resident A's written *Assessment Plan for AFC Residents*, dated 11/04/2025, completed by direct care worker/manager Kathryn Johnson and signed by Resident A's designated representative on 11/4/2025. I noted that the space designated on the Assessment Plan for AFC Residents for licensee's signature was blank. Resident A's written *Assessment Plan for AFC Residents* documented that Resident A "does not listen" requires "two person staff assistance for transfers" toileting, and bathing. It also documented "1-2 person assist if Resident is not participating" for dressing. In the "assistive devices/special equipment used" section of Resident A's *Assessment Plan for AFC Residents* it stated, "wheelchair, hospital bed, Hoyer lift." Resident A's *Health Care Appraisal* dated 11/04/2025 documented in the "mental/physical status" portion of the report, "diagnosis dementia, wheelchair bound." Neither Resident A's written *Assessment Plan for AFC Residents* nor his *Health Care Appraisal* documented that Resident A wears briefs.

I reviewed the Written *Assessment Plans for AFC Residents* and *Health Care Appraisals* for Resident B, Resident C, Resident D, Resident E and Resident F. Each resident plan was signed by both the resident's designated representative and the "signature for licensee" was completed. For Resident B, Resident C and Resident D the "signature for licensee" was not decipherable. The "signature for licensee" for Resident E, Resident F and Resident G had Kathryn Johnson and underneath it additionally was the same undecipherable signature as the other resident documents. The following are the assistive devices/special equipment utilized and/or care needs:

- Resident B uses a walker/wheelchair.
- Resident C uses a walker, cane and wheelchair.
- Resident D uses a walker and requires food to be cut up.
- Resident E is confused, forgets to use her walker/wheelchair.
- Resident F uses a walker, wheelchair, knee brace, hospital bed and ½ rails.

I interviewed the facility manager/DCW Johnson who also goes by the nickname Kat. Ms. Johnson reported that first and second shift has two DCWs and third shift has one DCW. Ms. Johnson reported that currently there are 19 residents admitted to the facility, however two residents are currently in the hospital. Ms. Johnson reported that the Hoyer lift used at the facility requires two DCWs to operate for safety reasons. Ms. Johnson also reported that Resident A and Resident F require two DCW staff assistance for personal care and/or transfers. Ms. Johnson reported that Resident F cannot use the easy stand independently because when she stands up, she falls due to weakness in her knees. Ms. Johnson reported that Resident C needs to be lifted to transfer and Ms. Johnson stated she will not use the Hoyer lift without a second DCW for safety reasons. Ms. Johnson reported that Resident A, who was admitted to the facility in November 2025, cannot bear weight and requires the use of the Hoyer lift. Ms. Johnson reported that Resident B also uses a Hoyer lift to transfer out of bed as she does not bear any weight either. Ms. Johnson reported that every resident could benefit from two people being on shift especially if they fall as all but three residents wear incontinence briefs so toileting and changing is a big part of DCWs responsibilities. Ms. Johnson reported there is only one DCW during the nighttime shift and that DCW doesn't use the Hoyer lift to transfer residents to use the toilet rather DCWs change the residents' incontinence briefs in bed which requires only one DCW.

I interviewed Ashley Foreman, whose role is operations director, and she reported that the Hoyer lift requires the use of two DCWs. Additionally, Ms. Foreman reported that Resident B, Resident D, Resident F and Resident G require the use of two DCWs for transfers. Ms. Foreman reported that no physician has ever documented that any resident at the facility requires the use of two DCWs. Ms. Foreman reported that at night when there is only one DCW in the building, residents' incontinence briefs are changed in bed and DCWs do not toilet residents by transferring residents to the bathroom.

I interviewed DCW Kayla Cannon who works third shift and was at the facility for training at the time of the unannounced investigation. DCW Cannon reported that she checks and changes residents' incontinence briefs every two hours during the shift. DCW Cannon reported that she is trained to use the Hoyer lift, but she does not use it while on shift as she works alone and the Hoyer lift requires two DCWs to use it safely. DCW Cannon reported that Resident A, Resident B and Resident G all require two direct care workers to assist with transfers. DCW Cannon reported that since she works alone during third shift, she does the "rolling bed change" for the residents that require two-person assistance.

I interviewed DCW Billie Bryant who reported that she is trained to use the Hoyer lift which requires two DCWs to use safely. DCW Bryant reported that she works second shift so there is always another DCW on shift with her. DCW Bryant reported that Resident A, Resident B, Resident D and Resident H require two DCWs to assist with Hoyer lift use and transfer needs. Additionally, DCW Bryant reported that

Resident B can no longer roll over and Resident A is combative while being provided with transfer assistance.

01/16/2025, I interviewed licensee designee and administrator Tamesha Porter who stated that she believes Resident A's care needs have improved so he does not require two-person direct care staff assistance. Licensee designee Porter denied that DCWs use a Hoyer lift to transfer residents but reported that if they do, she will investigate the manufacture recommendations for the Hoyer lift as she does not believe that the facility needs two DCWs at night. Licensee designee Porter reported that if required she would put two DCWs on shift at night but believes that it will create more "facility drama."

APPLICABLE RULE	
R 400.671	**Resident care.**
	(1) Staffing shall be sufficient to meet the needs of the residents in accordance with each resident's assessment plan and individual plan of service.
ANALYSIS:	Resident A's written *Assessment Plan for AFC Residents,* completed on 11/04/2025 by Kathryn Johnson, manager and signed by Resident A's designated representative on 11/4/2025. Resident A's written *Assessment Plan for AFC Residents* documented that Resident A requires "two person staff assistance for transfers" and specifically "for toileting and bathing." It also documented "1-2 person assist if resident is not participating" for dressing. *Staff Schedule* dated October 27, 2025 through December 7, 2025 documented that one DCW was scheduled from 10pm-6am. All those interviewed reported that using the Hoyer lift to safely assist with transfers requires the use of two DCWs. It was reported by all staff members that there is only one DCW during the nighttime shift and the nighttime DCW uses the "bed change" with residents instead of toileting residents in the bathroom or using the Hoyer lift. A violation has been established as there was not sufficient staff to meet the needs of the residents, specifically Resident A, during overnight hours from at least October 27, 2025 through December 7, 2025.
CONCLUSION:	**VIOLATION ESTABLISHED**

ALLEGATION: Resident medications are not being administered as prescribed. Complainant alleged direct care worker (DCW) #1 is not allowed to administer resident medications because she is a "known drug user."

INVESTIGATION:
On 12/01/2025, Complainant reported that narcotics counts are off all the time during second shift and Complainant stated DCWs are either taking the medications or are not giving residents all their prescribed medication. Complainant reported that Kat Johnson, facility manager, is aware of this but she just fixes it in system. Complainant reported that DCW 1 on second shift is not allowed to administer medications because she is a "known drug user" which she disclosed upon hire yet Complainant stated and she is in the medication room a lot with no consequences. Complainant reported that missing medication is "just blown off" and not addressed. On 12/02/2025, Complainant also reported that DCW Bryant works second shift and she forgets to administer resident medications. Complainant reported Resident A is not being administered pro re nata (PRN)s for the prescribed reason.

On 12/04/2025, I conducted an unannounced investigation and I reviewed the resident medications and the medication administration record (MAR) for Resident A. The MAR was signed verifying that Resident A's daily medications were administered as prescribed and there was no signs of missing medications.

Resident A's November 2025 MAR also documented that Resident A was prescribed "morphine, sul sol 100/5ml give 0.25 ml by mouth every 4 hours as needed. Resident out of facility 03 November 2025 to 03 November 2025." Resident A's MAR documented that he was administered the morphine twice on 11/03/2025 and once on 11/04/2025. There were no DCW initials/signatures listed on the MAR documenting who administered this medication twice on 11/03/2025 and there was documentation of the administration time. On 11/04/2025, initials MM are documented on the MAR. Morphine had not been administered to Resident A in December 2025 at the time of the unannounced investigation on 12/04/2025.

I interviewed Ms. Johnson who reported that there was one previous medication issue with DCW Billie Bryant when she administered narcotic medications but did not sign for them on the MAR. Ms. Johnson stated she could not recall the date or the resident involved in this error. Ms. Johnson reported that she re-trained DCW Bryant by having DCW Bryant shadow Ms. Johnson for additional training and there has not been any issues since. Ms. Johnson provided documentation that DCW Bryant was re-trained on 10/15/2025 that was signed by DCW Bryant and stated:

> *"I Billie Bryant haven been retrained on medications on 10/13/2025. I am comfortable passing medications. I understand the process and importance of passing medications, signing them out. Narcotics are signed out in the Narcotic Book as well as the Computer. Securing the med cart by it being locked. Med cart keys are always with me. The computer is in private mode when I walk away from the cart. This will be the final warning for medications errors.*

Ms. Johnson stated she was not aware of any other medication issues or concerns. Ms. Johnson denied that there have not been any “missing medications.”

Ms. Johnson reported that when medications run out/are refilled sometimes the pharmacy uploads the medication into the system before the medication is delivered, which can give the appearance that the medication count is off. Ms. Johnson reported that the pharmacy logs the medications by prescriptions and not by the total number of pills available. Ms. Johnson reported that when they administer medications the older pills are used before opening the newer medication packages. Ms. Johnson reported that they always receive 30 pills when a narcotic order is filled. Ms. Johnson reported that the pharmacy does not enter the narcotic pills into the electronic system, she does that. Ms. Johnson reported that all the DCWs work backward on the medication cards so that it is easier for her to review/catch medication mistakes/errors. Ms. Johnson reported that she closely oversees the medications and the MARs by checking the documentation to ensure that the medications have been administered and signed for by the DCW who administered medications. Ms. Johnson denied that that any resident has “missing medications.” Ms. Johnson reported that Resident A is being administered pro re nata (PRN)s for the prescribed reason.

I interviewed Ms. Foreman who reported that Ms. Johnson checks the Quick MAR weekly to ensure that medication is being administered as prescribed and signed for by the DCW administering the medications. Ms. Foreman reported that sometimes medications are delivered that are not yet input into the MAR system and Ms. Johnson would then input them the next day. Ms. Foreman reported that an additional narcotic book is kept and that is always compared to the MAR if there is ever a question about narcotic medications making it easier to reconcile medications with the MAR by comparing these documents. Ms. Foreman reported that at every shift change medications are reconciled between the staff leaving shift and those coming on shift. Ms. Foreman reported that there was a medication concern with DCW Bryant and she was re-trained and shadowed Ms. Johnson for several shifts. Ms. Foreman reported that there has not been a problem since. Ms. Foreman stated she was not aware of any other medication issues or concerns. Ms. Foreman denied that there have been any “missing medications.”

I interviewed DCW Cannon who reported that she was not aware of any medication issues or concerns. DCW Cannon reported that she was not aware of any missing medications or anytime that medications have not been signed for by the DCW who administered the medications.

I interviewed DCW Bryant who reported that the narcotic count had been off while she was on shift because she had administered medications without signing for them. DCW Bryant reported that she recalled this occurring twice when she first started but she could not recall the dates. DCW Bryant reported that she was re-trained by Ms. Johnson and she has not had any instances of not signing for

medications since. DCW Bryant is not aware of any other medication issues or concerns at the facility. DCW Bryant denied that there have been any “missing medications.”

I interviewed Resident B, Resident F and Resident G who all reported that they receive their medications as prescribed.

On 01/15/2026, I reviewed the Michigan Workforce Background Check and DCW 1 and DCW Bryant are both eligible to work as an AFC worker in an AFC facility.

On 01/16/2025, I interviewed licensee designee/administrator Tamesha Porter who denied having knowledge of any DCW taking resident medications for their personal use including DCW 1. Licensee designee reported that DCW 1 does not administer medications.

On 01/19/2025, I received an email from Ms. Johnson that stated she would not know if DCW 1 is a drug user as when conducting interviews, that is not a question that they are allowed to ask. Ms. Johnson reported that initially DCW 1 was trained on medication administration but never passed medications as DCW 1 stated she was “too nervous” to pass medications. Ms. Johnson reported that DCW 1 works solely as a caregiver. Ms. Johnson reported that although DCW 1 does not pass medications, DCW 1 needs to go into the medication room for other things such as additional showers supplies for the residents, to log/obtain vital equipment, log weights and other required documentation on the computer that is located in the medication room also.

While I was at the facility, I observed the medication room to have one wall that was all half windows so that room is not completely enclosed and those in the hallways can see into the medication room and those in the medication room can see into the facility hallway. DCWs were in and out of the room while I was there.

APPLICABLE RULE	
R 400.675	**Resident medications.**
	(1) Medication must be given, taken or applies as prescribed, ordered, or directed by an appropriate health care provider.
ANALYSIS:	Resident A’s November 2025 MAR documented that Resident A was prescribed “morphine, sul sol 100/5ml give 0.25 ml by mouth every 4 hours as needed.” Resident A’s MAR documented that he was administered the morphine twice on 11/03/2025 and once on 11/04/2025 therefore a violation has not been established.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

APPLICABLE RULE	
R 400.675	**Resident medications.**
	(6) Prescription medication must not be used by a person other than the resident for whom the medication was prescribed.
ANALYSIS:	Based on interviews with DCWs and residents there is no evidence to support that prescription medication was being used by a person, including DCWs, other than the resident for whom the medication was prescribed.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION: Residents are not getting proper hygiene.

INVESTIGATION:
On 12/01/2025, Complainant reported that the residents are not getting proper hygiene. Complainant reported that residents have yeast infections and showers are not being done as required. Complainant reported that residents are left in briefs for long periods of time and not being wiped after using bathroom.

On 12/02/2025, Complainant reported that residents are supposed to be showered twice a week but that does not happen. Complainant reported that the facility does not have shower logs and DCWs do not wipe residents when they change briefs.

On 12/04/2025, I conducted an unannounced investigation and I reviewed the *Shower Log* documentation for Resident B, Resident E and Resident G.

- Resident B's shower log documented showers on:
  - 8/31/2025, 9/4/2025, 9/8/2025 refused, 9/11/2025, refused 3 times, 9/15/2025,11 days since last documented shower,
  - 9/18/52025, 9/22/2025, 10/2/2025,10 days since last documented shower
  - 10/6/2025, 10/9/2025, 10/20/2025 11 days since last documented shower,
  - 10/23/2025, 10/27/2025, 10/30/2025 and 11/27/2025 28 days since last shower.
  - This investigation was on 12/04/2025, 7 days since she has had a documented shower.
- Resident E's shower log documented:
  - 6/5/2025, 6/8/2025, 6/15/2025, 7/13/2025 28 days since last shower,
  - 8/3/2025 21 days since last documented shower,
  - 8/7/2025, 8/14/2025, 8/21/2025, 8/28/2025, 9/18/2025, 21 days since last documented shower,
  - 9/25/2025, 10/23/2025, 29 days since last shower,
  - 11/13/2025, 21 days since last documented shower
  - 11/23/2025, 10 days since last documented shower.

    - This investigation was on 12/04/2025, 10 days since she has had a documented shower.
- Resident G's shower log documentation:
    - 7/18/2025, 7/22/2025, 7/25/2025, 8/15/2025 31 days since last shower,
    - 8/22/2025, 9/16/2025, 25 days since last documented shower,
    - 10/7/2025, 22 days since last documented shower.
    - This investigation was conducted on 12/04/2025, 58 days since she has had a documented shower.

I interviewed Resident B who reported that she does not get out of bed anymore as she is afraid to ambulate because her knees give out. Resident B reported that she receives bed baths two times per week and brief changes as needed. Resident B denied that she had any skin breakdown. Resident B reported that DCWs take good care of her and meet her hygiene needs. Resident B reported that DCWs use a no rinse dry shampoo on her hair. I observed Resident B's hair to be greasy but otherwise Resident B appeared well groomed, was in clean clothing and absent from any foul odor.

I interviewed Resident F and Resident G who both reported that they receive showers twice a week. Resident F and Resident G both appeared well groomed and were absent from any foul odor.

I interviewed Ms. Johnson and Ms. Foreman who reported residents' briefs are checked and changed every two hours. Ms. Johnson and Ms. Foreman reported that residents are toileted or prompted to toilet every two hours. Ms. Johnson and Ms. Foreman reported that none of the residents have any skin breakdown. Ms. Johnson and Ms. Foreman reported that all residents are showered at least weekly. Ms. Johnson reported that each resident has two assigned shower days and most residents shower on both days or more often if needed/desired. Ms. Johnson reported that there are residents who refuse showers and other residents remind the DCWs on duty that it is their shower day and they want their shower. Ms. Foreman reported that no resident has had any yeast infections but some have had urinary tract infections (UTI)s. Ms. Foreman reported that the residents do not drink enough water despite DCWs encouraging them to drink more fluids. Ms. Johnson and Ms. Foreman reported that they have not received any complaints from any resident, family member or staff member about the hygiene needs of the residents not being met. Both Ms. Johnson and Ms. Forman stated DCWs do not consistently document when residents receive showers.

I interviewed DCW Cannon and DCW Bryant who reported that residents are checked, changed and toileted every two hours. DCW Cannon and DCW Bryant reported that all residents are showered at least weekly. DCW Cannon and DCW Bryant both reported that they have not received any complaints from any resident, family member or staff member about the hygiene needs of the residents not being met.

On 12/04/2025 and 12/12/2025, I conducted an unannounced onsite investigation and inspected all resident bedrooms and bathrooms and found all were tidy/clean and lacked any foul odor. I observed the residents at the facility to be well groomed, in clean clothing and absent from any foul odor.

APPLICABLE RULE	
R 400.677	**Resident hygiene, clothing.**
	(1) A licensee shall offer a resident appropriate opportunity, access to, and instructions for the following daily: **(a) Bathing or showering, or both.** **(b) Shaving.** **(c) Oral care.** **(d) Grooming.** **(e) Peri-care.** **(2) A licensee shall ensure the resident receives or has access to all of the following:** **(a) Bathing at least weekly.**
ANALYSIS:	Based on interviews with the residents, DCWs and my observations there is not enough evidence to establish a violation. On both 12/04/2025 and 12/12/2025, I observed the residents at the facility to be well groomed, in clean clothing and absent from any foul odor even though resident shower records did not consistently document showers being completed. Additionally on those same dates, the facility, including resident bedrooms and bathrooms, was clean and lacked any foul odor.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION: Facility received a disapproved rating from the Bureau of Fire Services on 11/29/2025.

INVESTIGATION:
On 12/04/2025, an inspection was completed by Fire Marshall Chad Everett on 11/29/2025 who issued a disapproval rating for the following violations:

- *"Any device, equipment, system, condition, arrangement, level of protection, fire resistive construction, or any other feature requiring periodic testing, inspection, or operation to ensure its maintenance shall be tested, inspected, or operated as specified elsewhere in this code or as directed by the authority having jurisdiction. 4.6.12.4*
  INSPECTOR COMMENTS: No annual generator report. Could not find the weekly generator test log.
- *To ensure operational integrity, the fire alarm system shall have an approved maintenance and testing program complying with the*

applicable requirements of NFPA 70 and NFPA 72. 9.6.1.5
INSPECTOR COMMENTS: Sensitivity testing required every 2 years. Submit sensitivity test report to the inspector or have on-site during re-inspection. Annual fire alarm testing report not available during inspection. Submit last two years of inspection.

- *Testing of required emergency lighting systems shall be tested in accordance with one of the three options offered by 7.9.3.1.1, 7.9.3.1.2 or 7.9.3.1.3. 7.9.3.1*
  INSPECTOR COMMENTS: Emergency light testing documentation not available during inspection. Submit testing documentation to inspector. If emergency light testing documentation is not being done. Submit plan of correction on how this will be done.
- *For large facilities, portable fire extinguishers shall be provided in accordance with 9.7.4.1. 32.3.3.5.6*
  INSPECTOR COMMENTS: Annual fire extinguisher testing report not available during inspection. Submit last year's inspection report to the inspector.
- *For large facilities, cooking facilities, other than those within individual residential units, shall be protected in accordance with 9.2.3. 32.3.3.8*
  INSPECTOR COMMENTS: Annual Hood suppression system testing report not available during inspection. Submit last year inspection report to the inspector."

On 12/29/2025, a re-check was conducted by Fire Marshall Raymond Stover and second disapproval rating was documented for the following reasons:

- *"Any device, equipment, system, condition, arrangement, level of protection, fire resistive construction, or any other feature requiring periodic testing, inspection, or operation to ensure its maintenance shall be tested, inspected, or operated as specified elsewhere in this code or as directed by the authority having jurisdiction. 4.6.12.4*
  INSPECTOR COMMENTS: No generator test report available.
- *To ensure operational integrity, the fire alarm system shall have an approved maintenance and testing program complying with the applicable requirements of NFPA 70 and NFPA 72. 9.6.1.5*
  INSPECTOR COMMENTS: No fire alarm test report available. No sensitivity test report available."

On 01/16/2026, licensee designee Porter reported that all the required fire inspections that were cited above have been completed. Licensee designee Porter reported that she is waiting for the reports to verify these were completed/passed from the fire protection company. Licensee designee Porter reported that once the reports are received she will forward the reports and a corrective action plan to the Bureau of Fire Services.

APPLICABLE RULE	
R 400.647	**Safety and maintenance of premises.**
	(1) A facility must be constructed, arranged and maintained to provide adequately for the health, safety and well-being of occupants.
ANALYSIS:	The facility received a disapproval rating from BFS on 11/24/2025 and again on12/29/2025 therefore a violation has been established.
CONCLUSION:	**VIOLATION ESTABLISHED**

ADDITIONAL FINDINGS:

INVESTIGATION:
On 12/04/2025, I conducted an unannounced investigation. I reviewed Resident A's record which contained a November 2025 MAR that documented that Resident A was prescribed "morphine, sul sol 100/5ml give 0.25 ml by mouth every 4 hours as needed." Resident A's MAR documented that he was administered the morphine twice on 11/03/2025. No administration names and the time the medication was administered is not documented on the MAR for the morphine that was administered on 11/03/2025. In the space on the MAR where staff initial "2X" was listed. For the morphine that was administered on 11/04/2025, staff initials are in the box, but no time is documented.

APPLICABLE RULE	
R 400.675	**Resident medications**.
	(4) A licensee, administrator, or direct care staff shall comply with the following when supervising the taking of medications by a resident: **(b) Complete and individual medication log that contains all of the following:** **(iv) Time to be administered** **(v) Initials of the individual who administered the medication at the time given.**
ANALYSIS:	Resident A's MAR did not document the time the morphine was administered nor the name(s) of the DCW who administered it twice on 11/03/2025 as required. On 11/04/2025, the time the morphine was administered was not documented as required, therefore a violation has been established.
CONCLUSION:	**VIOLATION ESTABLISHED**

INVESTIGATION:

On 12/04/2025, I conducted an unannounced investigation and I reviewed Resident A's written *Assessment Plan for AFC Residents* dated 11/04/2025 and completed by Ms. Johnson, manager on 11/04/2025. I noted this document was signed by Resident A's designated representative on 11/4/2025 but the space labeled "signature of licensee" was blank. According to Resident A's *Resident Face Sheet* that was located in Resident A's record, his admission date to the facility was 11/03/2025 so this is the admission *Assessment Plan for AFC Residents.*

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 assessment plan on file at the facility for up to two years after discharge.
ANALYSIS:	There is no evidence such as a signature or letter to verify licensee designee Tamesha Porter's participation in the written assessment plan completed with Resident A on 11/04/2025.
CONCLUSION:	**VIOLATION ESTABLISHED**

IV. RECOMMENDATION

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

Julie Elkins

01/21/2026

_____

Julie Elkins Date
Licensing Consultant

Approved By:

Dawn Timm

01/23/2026

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Dawn N. Timm Date
Area Manager