



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

January 16, 2026

Megan Fry  
MCAP Holt Opco, LLC  
Suite 115  
21800 Haggerty Road  
Northville, MI 48167

RE: License #: AL330404597  
Investigation #: 2026A0007005  
Prestige Way #2 (Poplar Cottage)

Dear Ms. Fry:

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.

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) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Mahtina Rubritius".

Mahtina Rubritius, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa  
P.O. Box 30664  
Lansing, MI 48909  
(517) 262-8604

Enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL330404597
<b>Investigation #:</b>	2026A0007005
<b>Complaint Receipt Date:</b>	11/21/2025
<b>Investigation Initiation Date:</b>	11/24/2025
<b>Report Due Date:</b>	01/20/2026
<b>Licensee Name:</b>	MCAP Holt Opco, LLC
<b>Licensee Address:</b>	Suite 115 21800 Haggerty Road Northville, MI 48167
<b>Licensee Telephone #:</b>	(517) 694-2020
<b>Administrator:</b>	Megan Fry
<b>Licensee Designee:</b>	Megan Fry
<b>Name of Facility:</b>	Prestige Way #2 (Poplar Cottage)
<b>Facility Address:</b>	4300 Keller Road Holt, MI 48842
<b>Facility Telephone #:</b>	(517) 694-2020
<b>Original Issuance Date:</b>	11/02/2020
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	05/01/2025
<b>Expiration Date:</b>	04/30/2027
<b>Capacity:</b>	20
<b>Program Type:</b>	AGED ALZHEIMERS

## II. ALLEGATION(S)

	<b>Violation Established?</b>
Dustin Tatroe, Kitchen Manager, worked as a caregiver without caregiver or medication training.	No
Additional Findings	Yes

## III. METHODOLOGY

11/21/2025	Special Investigation Intake - 2026A0007005
11/24/2025	Special Investigation Initiated - On Site - Face to face contact with Dustin Tatroe, Kitchen Manager, Shelly Miller, Wellness Coordinator, Resident A, Individual #1, and Carrie Berlin, Administrative Staff.
12/04/2025	Inspection Completed On-site - Face to face contact with Shelly Miller, Wellness Coordinator, Carrie Berlin, Administrative Staff, and Resident A.
12/05/2025	Contact - Document Received - Fire Drill Records
01/13/2026	Inspection Completed On-site - Face-to-face contact Cheri Weaver, Administrative Staff, Zize Gashi, Director of Facility Operations, Carrie Berlin, Administrative Staff, Shelly Miller, Wellness Coordinator, Dustin Tatroe, Kitchen Manager/Maintenance, other staff, and residents.
01/14/2026	APS Referral made.
01/14/2026	Email sent to Megan Fry regarding the exit conference. I requested a phone call.
01/15/2026	Contact – Telephone call made to Achal Patel, Owner. Message left. I requested and returned phone call to conduct the exit conference.
01/16/2026	Exit Conference conducted with Achal Patel, Owner.

**ALLEGATION: Dustin Tatroe, Kitchen Manager, worked as a caregiver without caregiver or medication training.**

**INVESTIGATION:**

On November 24, 2025, I conducted an unannounced on-site investigation and made face to face contact with Dustin Tatroe, who has the role as Kitchen Manager. He informed me that he managed the kitchen and also assisted with maintenance. He stated that he did not provide resident care such as passing medications or assisting with changing. He stated that if he is around, he'll assist with Resident A. He recalled assisting with Resident A on two occasions, the first was when Resident A was falling out of the wheelchair. The second was when he lifted Resident A up, so the other staff could get the wheelchair underneath Resident A.

On November 24, 2025, I spoke with Shelly Miller, Wellness Coordinator. I inquired about Dustin Tatroe assisting with Resident A. She informed me that Resident A was a big guy and that the direct care staff were smaller; Dustin Tatroe would assist with transferring, such as lifting him up. She stated that Resident A also did not have a kneecap, so he did not have good stability.

On November 24, 2025, I interviewed Resident A. Resident A was admitted on or about October 22, 2025. Resident A informed me that he had fallen twice, while in his home, which is why he ended up in the facility. When asked how he was doing, he stated "I've been a lot better." Resident A informed me that the food "sucks." He stated that when the chef is not there, the direct care staff make do. Resident A reported getting enough food to eat, and recalled having peanut butter and jelly, with a pickle, for a meal. Resident A stated that snacks were also available. He stated that the food (prepared by the chef) had good flavor, but it was usually cold by the time it was served to him. Resident A reported that he had received one shower since being admitted into the home. He stated that the staff would bring him the supplies and he would clean himself (as much as possible). Resident A also stated that his bed was too small and very uncomfortable. He reported that his bed was hurting his back, and he was having leg and hip pain. Resident A also reported utilizing a wheelchair, so that he could move around the facility more. Resident A stated that he got a new wheelchair (within the past two weeks) and the new wheelchair was too light. He stated when he utilized the first wheelchair, one direct care staff member assisted him with transfers, but now there are usually two staff assisting him. Resident A also stated that the female direct care staff hurt themselves while trying to assist him with transfers. Resident A stated staff were going to have Dustin Tatroe assist with the transfers, but "that's not his job." Resident A informed me that Dustin Tatroe had assisted with transferring him on two occasions. According to Resident A, Dustin Tatroe only assisted with transferring him when the staff were too small and could not fully transfer him. Resident A reported that he had not participated in a fire drill. Resident A also stated that the staff respond when he calls for assistance and they assist him if he is wet or has defecated. Resident A stated that he had not been treated badly in the facility.

On November 24, 2025, I interviewed Individual #1, who informed me that some things had gotten better (with the new owners), but there was more that needed to be done. There was concern that upper management did not enforce necessary changes. Individual #1 reported to assist and help whenever possible. According to Individual #1, Dustin Tatroe worked 3<sup>rd</sup> shift when someone called in, and he did not know what to do. Regarding Resident A, Individual #1 stated that Resident A stated that he wanted a shower; however, the staff were complaining and saying they already had a lot to do. Individual #1 recalled that there was an incident in which staff said they were willing to assist Resident A with a shower, but when they followed up later that day, Resident A still had not received a shower. Regarding transferring, Individual #1 stated that Resident A needs two people to assist him.

On November 24, 2025, I spoke with Carrie Berlin, Administrative Staff, and Shelly Miller, Wellness Coordinator. They informed me that Resident A was admitted on or about October 22, 2025, for respite care. I requested to review Resident A's file. A review of the *AFC Assessment Plan* reflected that Resident A utilized a wheelchair for mobility and his physical limitations included that he was unable to use his left leg. It was also documented that he required a one person assist for toileting, bathing, hair, nails, and teeth care, dressing and assistance with personal hygiene. I was informed that there are two staff scheduled for each shift. It was noted that while the *AFC Assessment Plan* documented that Resident A required a one-person assistance, Shelly Miller informed me that the plan should actually state that Resident A required a two-to-three staff assistance, depending on which staff were scheduled. This change, with the need for increased staffing to assist, occurred within the last two weeks. Shelly Miller informed me that during the day, administrative staff were also available and could assist when needed. Resident A did not have a mechanical lift. I later reviewed the shower schedule for Resident A from November 1, 2025, to December 3, 2025. On November 5, 2025, staff (Allyana Eastman) documented "2<sup>nd</sup> shift shower" at 3:49 a.m. On November 8, 2025, at 4:14a.m., staff (Allyana Eastman) documented that Resident A was on the Saturday night shower (schedule), and his shower should be given that evening. There were no additional entries regarding showers for November 8, 2025. Amaya Foster documented that Resident A refused his showers on November 15, 2025, and Brittany Giansanti also documented that Resident A refused his shower on November 15, 2025.

As a part of this investigation, I requested to review the employee file for Dustin Tatroe. It was noted that the Michigan Workforce Background Check had been completed and he was approved for employment in the licensed AFC setting. I later received and reviewed additional documents, such as the proof of job description (Resident Caregiver), signed by Dustin Tatroe on September 1, 2025. On the offer of employment document, it was also noted that Dustin Tatroe was offered the position of Dietary Director /Maintenance, and the effective start date was September 22, 2025. The check lists of direct care training provided to Dustin Tatroe was also provided along with a copy of the completed CPR and First Aid Certificate and TB-Tine test results.

On December 4, 2025, I completed an unannounced on-site investigation for a different special investigation. While at the facility, I also made face to face contact with Shelly Miller, Wellness Coordinator, Carrie Berlin, Administrative Staff, and Resident A, regarding this investigation.

I interviewed Resident A, who reported that he had received a couple of showers on night shift, and that he had gotten a larger bed which was much better.

I requested to review the fire drill records; however, they were not available for review. Carrie Berlin assured me that she would forward the documents, which were in another location, as soon as possible.

I reviewed the fire drill records, and it was documented that a fire drill was conducted on October 28, 2025, at 4:30p.m. There were five staff on duty (including administrative staff Carrie Berlin and Shelly Miller, Wellness Coordinator). Ten residents utilized wheelchairs, and nine utilized walkers, with a total of 19 residents. The duration of the fire drill was 8 minutes and two seconds.

The second drill was conducted on November 28, 2025, at 2:30p.m. There were three staff on duty. Eleven residents utilized wheelchairs, and nine utilized walkers. Staff documented there were a total of 20 residents, and the duration of the fire drill was also 8 minutes and 26 seconds.

On January 13, 2026, I made face to face contact with Cheri Weaver, Administrative Staff, Zize Gashi, Director of Facility Operations, Carrie Berlin, Administrative Staff, Shelly Miller, Wellness Coordinator, Dustin Tatroe, Kitchen Manager/Maintenance, and other staff, while completing the inspection for an enrollment. I also followed up on this investigation and gathered additional information.

We discussed emergency evacuation procedures and how fire drills were conducted. Carrie Berlin informed me that they set a timer to 8 minutes as BFS informed them that drills needed to be conducted in under 8 minutes. It was noted that both fire drills conducted in October and November were over 8 minutes in duration.

Dustin Tatroe informed me that Resident A participated in the fire drill conducted in November of 2025, and that he assisted with getting Resident A into the wheelchair. I inquired about what staff would do if Dustin Tatroe was not on shift. Shelly Miller stated that Resident A weighed 281lbs, and they were working with PACE to get a slide board. Carrie Berlin informed me that they would need to utilize a Hoyer lift during the fire drill. I requested to review the December 2025 fire drills conducted during the sleeping hours and Carrie Berlin informed me that they did not have them. We discussed the timeframes for when fire drills and emergency procedures should be practiced. We also discussed that the fire drills conducted in October and November included more than two staff. I inquired about evacuation times when

there were only two staff on duty (during sleeping hours). It was noted that this information would be considered when practicing future emergency drills.

On January 16, 2026, I conducted the exit conference with Achal Patel, Owner. We discussed the investigation and my recommendations. I provided technical assistance regarding the *AFC Assessment Plan* and encouraged him to have staff update to plan and address how many people are needed to assist Resident A, based upon his current assessed needs. He concurred with the conclusion of the investigation.

<b>APPLICABLE RULE</b>	
<b>R 400.629</b>	<b>Direct care staff; qualifications and training.</b>
	<p><b>(5) 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 trained and competent in all of the following areas before performing assigned tasks independently:</b></p> <ul style="list-style-type: none"> <li><b>(a) Reporting requirements.</b></li> <li><b>(b) First aid.</b></li> <li><b>(c) Cardiopulmonary resuscitation, which includes a hands-on demonstration as part of the training.</b></li> <li><b>(d) Personal care, supervision, and protection.</b></li> <li><b>(e) Resident rights.</b></li> <li><b>(f) Safety and fire prevention.</b></li> <li><b>(g) Prevention and containment of communicable diseases including recognizing signs of illness.</b></li> <li><b>(h) Food safety, which includes food storage, preparation, distribution, and serving in a safe manner.</b></li> <li><b>(i) Nutrition and special diets.</b></li> </ul>
<b>ANALYSIS:</b>	Based upon my investigation, which included on-site investigations, interviews with facility staff, Individual #1, Resident A, and review of relevant documents, including employee training records, it's concluded that there is not a 51% preponderance of the evidence to support the allegations that Dustin Tatroe worked as a caregiver without direct care staff training.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ADDITIONAL FINDINGS:**

**INVESTIGATION:**

During the course of this investigation, I requested to review the December 2025 fire drills (conducted during the sleeping hours), and Carrie Berlin informed me that they did not have them.

During the exit conference with Achal Patel, Owner, we discussed the fire drills and the findings. I also provided technical assistance regarding R 400.619 (2)(a-f), and the requirements; including that the emergency preparedness plan must include individuals responsible for carrying out the plan and their responsibilities, special staff responses for evacuating residents with limited mobility/special needs, and any special assistance needed by the residents. I informed him that I would be requesting a written corrective action plan to address the established violation regarding a fire drill not being conducted during the sleeping hours in the 4<sup>th</sup> quarter of 2025.

<b>APPLICABLE RULE</b>	
<b>R 400.619</b>	<b>Emergency preparedness plan.</b>
	<b>(8) A licensee shall practice the emergency preparedness plan, including the fire safety plan, at least once a quarter per calendar year during each shift, 7 a.m. to 3 p.m., 3 p.m. to 11 p.m. and 11 p.m. to 7 a.m. A record of the practices must be maintained for 2 years.</b>
<b>ANALYSIS:</b>	The facility administration provided fire drill records during the 4 <sup>th</sup> quarter of 2025 for October and November, which were conducted during the daytime and evening hours; however, there were no records provided to demonstrate that fire drills had been conducted during the sleeping hours.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**IV. RECOMMENDATION**

Contingent upon receipt of an acceptable written corrective action plan, it's recommended that the status of the license remains unchanged.

*Mahtina Rubritius*

1/16/2026

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Mahtina Rubritius  
Licensing Consultant

Date

Approved By:

*Dawn Timm*

01/16/2026

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Dawn N. Timm  
Area Manager

Date