GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

February 11, 2026

Tahir Khan
The Oasis of Norton Shores
6025 Harvey Street
Norton Shores, MI 49444

RE: License #: AH610411693
Investigation #: 2026A1010018
The Oasis of Norton Shores

Dear Licensee:

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 authorized representative 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 (877) 458-2757.

Sincerely,
Lauren Wohlfert

Lauren Wohlfert, Licensing Staff
Bureau of Community and Health Systems
350 Ottawa NW Unit 13 7th Floor
Grand Rapids, MI 49503
(616) 260-7781
enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH610411693
Investigation #:	2026A1010018
Complaint Receipt Date:	01/09/2026
Investigation Initiation Date:	01/12/2026
Report Due Date:	03/08/2026
Licensee Name:	The Oasis of Norton Shores LLC
Licensee Address:	Ste C 2575 Mcleod Drive North Saginaw, MI 48604
Licensee Telephone #:	(989) 992-4587
Authorized Representative/ Administrator:	Tahir Khan
Name of Facility:	The Oasis of Norton Shores
Facility Address:	6025 Harvey Street Norton Shores, MI 49444
Facility Telephone #:	(231) 624-5993
Original Issuance Date:	06/26/2024
License Status:	REGULAR
Effective Date:	08/01/2025
Expiration Date:	07/31/2026
Capacity:	115
Program Type:	AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
Resident A and Resident B's care needs are not met by staff.	Yes
There are not enough staff members on third shift.	No

III. METHODOLOGY

01/09/2026	Special Investigation Intake 2026A1010018
01/12/2026	Special Investigation Initiated - Letter Emailed assigned Muskegon Co APS worker Stephanie Kindle
01/12/2026	Contact - Document Received Email received from Ms. Kindle
01/15/2026	Inspection Completed On-site
01/15/2026	Contact - Document Received Received staff schedule, resident service plan, hospice notes, and staff observation note
01/23/2026	Contact - Document Received Email from Ms. Kindle received
01/27/2026	Contact - Document Received Staff training document for staff received via email from the administrator
02/11/2026	Exit Conference

ALLEGATION:

Resident A and Resident B's care needs are not met by staff.

INVESTIGATION:

On 01/09/2026, the complaint read, "[Resident A] is often found sitting in her own waste and has an open wound to her buttocks. The skin has started to break down, and [Resident A] will pick off the dead skin from her buttocks and eat it. It is believed that [Resident A] would benefit from being placed in a memory care unit." Regarding

Resident B, the allegations read, “[Resident B] is found sitting in her own urine and feces. She does not usually get changed after second shift and is left soiled and not cleaned until after 11 in the morning.”

On 01/12/2026, I emailed assigned Muskegon County APS worker Stephanie Kindle. Ms. Kindle stated her APS investigation is not complete.

On 01/15/2026, I interviewed the administrator at the facility. The administrator reported Resident A currently resides in the general assisted living area of the facility. The administrator said Resident A does meet the criteria and has a high enough level of care to be moved into the facility’s secured memory care unit, Resident A’s responsible persons do not agree and refuse to allow Resident A to move into the secured memory care unit.

The administrator stated Resident A is not intentionally left soiled for long periods of time. The administrator reported Resident A exhibits verbal and physical aggression towards staff during the provision of her care. The administrator said that as a result, it may take additional time to change Resident A’s soiled brief and/or clothing. The administrator reported Resident A does have skin breakdown on her buttocks. The administrator stated Resident A is currently receiving hospice services through Corewell Health.

The administrator reported that Resident A is also physically and verbally aggressive towards hospice nursing staff and her hospice bath aide. The administrator said Resident A’s hospice bathe aide is in the facility two to three times a week to bathe her. The administrator stated Resident A’s hospice nurse is in the facility “multiple times a week” to see Resident A. The administrator explained when staff observe Resident A “picking” at the skin on her buttocks and attempting to “eat it,” staff attempt to re-direct her.

The administrator stated Resident B requires the assistance of one to two staff persons to transfer. The administrator reported Resident B uses her pendant to notify staff when she needs to use the toilet or when she is incontinent. The administrator said Resident B has experienced a decline and is in the process of getting a sit to stand lift device for transferring as she has difficulty bearing weight. The administrator explained Resident B’s nurse practitioner is currently working with Resident B’s insurance provider to get a sit to stand lift device.

The administrator said Resident B is not intentionally left soiled for long periods of time. The administrator reported staff attempt to toilet Resident B at approximately 2:00-3:00 am during third shift. The administrator stated Resident B prefers to sleep in and not get up until approximately 10:00 or11:00 am. The administrator explained Resident B prefers to sleep in her recliner chair, rather than in a bed. The administrator reported Resident B does not have any skin breakdown on her buttocks.

The administrator reported Resident A and Resident B's care needs are met by staff consistent with their service plans. The administrator provided me with a copy of Resident A's service plan for my review. The *TOILETING* section of Resident A's plan read, "Will be able to safely use (specify: toileting and use of incontinence products) with assistance. Requires assistance for: (specify: toileting activity, to and from toilet; peri-care; adaptive device i.e. grab bars, raised toilet, commode at night or bed pan; negotiate clothing after toileting)." The plan did not outline specific toileting instructions for staff.

The administrator provided me with a copy of Resident B's service plan for my review. There were no toileting instructions, or specific mobility instructions outlined for staff to follow.

On 01/15/2026, I interviewed Staff Person 1 (SP1) at the facility. SP1's statements regarding Resident A and Resident B were consistent with the administrator. SP1 reported Resident B is checked on and changed as needed every two hours.

On 01/15/2026, I interviewed SP2 at the facility. SP2's statements were consistent with the administrator and SP1.

On 01/15/2026, I attempted to interview Resident A at the facility. I was unable to engage Resident A in meaningful conversation. I observed Resident A was well groomed and wore clean clothing. I did not detect any foul odors.

On 01/15/2026, I interviewed Resident B at the facility. Resident B reported staff meet her care needs. Resident B denied concerns regarding her care needs not being met by staff. I observed Resident B was well groomed and wore clean clothing.

I did detect a strong urine odor within Resident B's room. The administrator said Resident B has a history of frequent urinary tract infections (UTIs) causing the odor in Resident B's room. The administrator reported Resident B frequently sees the facility's in house nurse practitioner to address her frequent UTIs. Resident B's room was clean and appropriate. There were no soiled briefs or soiled clothing items present.

On 01/15/2026, I interviewed Witness 1 (W1) at the facility. W1's statements regarding Resident B were consistent with the administrator.

APPLICABLE RULE	
R 325.1931	**Employees; general provisions.**
	(2) A home shall treat a resident with dignity and his or her personal needs, including protection and safety, shall be attended to consistent with the resident's service plan.

ANALYSIS:	The interviews with the administrator, SP1, and SP2 revealed Resident A has a history of becoming verbally and physically combative during the provision of her care. Review of Resident A's service plan revealed this behavior, as well as toileting instructions for Resident, were not outlined in her service plan. The interviews with the administrator, SP1, and SP2 revealed resident B requires assistance from staff to toilet. Staff also reported Resident B prefers to sleep in her recliner chair and get up at approximately 10:00 or 11:00 am each day. Review of Resident B's service plan revealed there were no toileting instructions, mobility instructions, or sleeping preferences outlined in Resident B's service plan. Resident A and Resident B's service plans lacked specific details and instructions for staff regarding their care, and as a result, the facility was not in compliance with this rule.
CONCLUSION:	**VIOLATION ESTABLISHED**

ALLEGATION:

There are not enough staff members on third shift.

INVESTIGATION:

On 01/09/2026, the Bureau received the complaint from Adult Protective Services (APS). The allegations read, "Night shift short staffed. Oasis of Norton Shores has limited staffing during the night shift."

On 01/15/2026, the administrator reported there are four total staff persons scheduled during third shift in the facility. The administrator said there are two staff persons scheduled in the general assisted living area on third shift and two staff persons scheduled in the secured memory care unit on third shift. The administrator stated having four staff persons scheduled during third shift is enough to meet resident care needs consistent with their service plans.

The administrator explained there are currently 44 residents in the facility's general assisted living area and six residents in the secured memory care unit. The administrator reported that of the 44 residents in the general assisted living area, one resident requires the assistance of two staff persons to transfer. The administrator stated there are no residents in the secured memory care unit who require the assistance of two staff persons to transfer.

The administrator provided me with a copy of the staff schedule for third shift for 12/29/2025 through 01/11/2026. I observed the schedule was consistent with the administrator's statements.

On 01/15/2026, I interviewed Staff Person 1 (SP1) at the facility. SP1's statements were consistent with the administrator. SP1 reported there have been no reported issues regarding first shift staff coming in for their shift and resident care needs not being met by staff on third shift.

On 01/15/2026, I interviewed SP2 at the facility. SP2's statements were consistent with the administrator and SP1.

On 01/15/2026, Resident B denied concerns regarding staff at the facility. Resident B reported there are enough staff to meet her care needs. Resident B said staff respond in an adequate time when she presses her pendant to summon them for assistance. I observed Resident B was well groomed and wore clean clothing.

On 01/15/2026, I observed several residents in the common areas of the facility. I observed the residents were well groomed and wore clean clothing. I did not detect any foul odors.

APPLICABLE RULE	
R 325.1931	**Employees; general provisions.**
	(5) The home shall have adequate and sufficient staff on duty at all times who are awake, fully dressed, and capable of providing for resident needs consistent with the resident service plans.
ANALYSIS:	The interviews with the administrator, SP1, and SP2, along with review of the third shift staff schedule revealed there is an adequate number of staff scheduled on third shift to meet resident care needs consistent with their service plans. There is insufficient evidence to suggest the facility is not in compliance with this rule.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

I shared the findings of this report with the facility's authorized representative on 02/11/2026.

IV. RECOMMENDATION

Upon receipt of an acceptable corrective action plan, I recommend the status of the license remain unchanged.

02/10/2026

Lauren Wohlfert Date
Licensing Staff

Approved By:

02/11/2026

Andrea L. Moore, Manager Date
Long-Term-Care State Licensing Section