GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

February 17, 2026

Tonya Carter
Encore McHenry
Suite 710
230 West Monroe
Chicago, IL 60606

RE: License #: AL630417058
Investigation #: 2026A0612008
The Courtyard at Auburn Hills 2

Dear Ms. Carter:

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 (248) 972-9136.

Sincerely,

Johnna Cade, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(248) 302-2409

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL630417058
Investigation #:	2026A0612008
Complaint Receipt Date:	12/18/2025
Investigation Initiation Date:	12/19/2025
Report Due Date:	02/16/2026
Licensee Name:	Encore McHenry
Licensee Address:	Suite 710 - 230 West Monroe Chicago, IL 60606
Licensee Telephone #:	(248) 340-9296
Administrator:	Tonya Carter
Licensee Designee:	Tonya Carter
Name of Facility:	The Courtyard at Auburn Hills 2
Facility Address:	3033 N. Squirrel Rd. Auburn Hills, MI 48326
Facility Telephone #:	(312) 623-0884
Original Issuance Date:	11/13/2023
License Status:	REGULAR
Effective Date:	05/13/2024
Expiration Date:	05/12/2026
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
There are serious concerns that a wheelchair-bound resident with dementia may be experiencing unassessed bleeding and potentially nonconsensual sexual activity with her husband, without medical evaluation or intervention by the facility.	Yes

III. METHODOLOGY

12/18/2025	Special Investigation Intake 2026A0612008
12/19/2025	Special Investigation Initiated - Telephone Telephone call to the licensee designee, Tonya Carter. There was no answer. I left a voicemail requesting a return call.
12/19/2025	APS Referral Referral received from Adult Protective Services (APS). APS denied the referral for investigation.
12/22/2025	Inspection Completed On-site I completed an unscheduled onsite investigation. I interviewed licensee designee Tonya Carter, direct care staff Desiree Mosley, direct care staff Anna Pettiford, direct care staff Kamia Tolbert, care coordinator Quierra Martin, Resident A, and Resident A's husband.
12/22/2025	Contact - Document Received Resident A's assessment plan obtained onsite.
12/22/2025	Contact - Telephone call made Telephone interview completed with All American Home Care Hospice RN Derek Trumbly.
12/24/2025	Contact - Document Received Email received from Resident A's husband.
01/15/2026	Exit Conference I placed a telephone call to the licensee designee, Tonya Carter to conduct an exit conference.

ALLEGATION:

There are serious concerns that a wheelchair-bound resident with dementia may be experiencing unassessed bleeding and potentially nonconsensual sexual activity with her husband, without medical evaluation or intervention by the facility.

INVESTIGATION:

On 12/18/25, I received an intake from Adult Protective Services (APS). APS denied the referral for investigation. In summary the referral indicates Resident A is in a wheelchair and is diagnosed with Dementia. Resident A has a hospice nurse. Resident A's husband comes in to see her. Resident A was screaming like she was in pain. When peers entered the room Resident A and her husband were having sex. This occurred last night and the night before. Resident A's briefs had blood in them, and it is unknown why she had blood in them. There is also blood in her bed. Resident A's husband also threw the bloody briefs out the door. Resident A has not gotten any medical attention for the bleeding. On 12/19/25, I initiated my investigation by placing a telephone call to the licensee designee Tonya Carter. There was no answer. I left a voicemail requesting a return call.

On 12/22/25, I completed an unscheduled onsite investigation. I interviewed licensee designee Tonya Carter, direct care staff Desiree Mosley, direct care staff Anna Pettiford, direct care staff Kamia Tolbert, care coordinator Quierra Martin, Resident A, and Resident A's husband. At the time of the onsite inspection, I obtained a copy of Resident A's assessment plan. The assessment plan does not address Resident A's sexual relationship with her husband.

On 12/22/25, I interviewed licensee designee Tonya Carter. Ms. Carter explained that Resident A and her husband both reside at The Courtyard at Auburn Hills 2. Resident A's husband is her guardian. Resident A's husband does not receive AFC services. Resident A's husband pays a second person residence fee to live in the facility with Resident A. He has signed a lease agreement; he shares a bedroom with Resident A and eats meals at the facility if he wishes to do so. Resident A's husband has a car, and he comes and goes from the facility as he chooses. Ms. Carter stated Resident A has advanced dementia she receives hospice services from All American Home Care. Ms. Carter stated Resident A and her husband share a bed and it has been assumed that the two have been sexually active since living in the facility. Ms. Carter stated she was informed on 12/17/25, that a staff heard yelling coming from Resident A's bedroom and observed Resident A and her husband having sex. Additionally, direct care staff Kamia Tolbert observed blood in Resident A's bed and in her brief. Ms. Tolbert reported this to the med tec on duty, Desiree Mosley. Ms. Carter stated to address the issue she planned to conduct a care conference with Resident A's family and notify her hospice provider, however, at the time of this interview, she has not yet contacted the hospice provider or Resident A's family. Ms. Carter stated Resident A's sexual behaviors are not

addressed in her assessment plan and have never been a cause for concern until this incident. Ms. Carter stated Resident A is very dependent on her husband. She shows no signs of fear or issues between the two. When Resident A's husband is not present, she becomes very emotional and appears distressed.

Note - while I was leaving the facility on 12/22/25, Ms. Carter informed me that she had contacted Resident A's hospice provider and family to make them aware of this concern.

On 12/22/25, I interviewed direct care staff Desiree Mosley. Ms. Mosely stated she is a new employee, she has worked at this facility for approximately one month. She works the day shift 7:00 am – 3:30 pm. Ms. Mosely stated on 12/15/25, around 2:00 pm she heard a scream from Resident A bedroom. Then, Resident A's husband threw a soiled brief into the hallway. At 2:50 pm, Resident A's husband asked for Resident A to have her inhaler which she uses as needed. Ms. Mosely stated the inhaler was administered to Resident A. Ms. Mosely explained that she assumed Resident A needed the inhaler due to her brief being changed as this can sometimes cause her distress. Ms. Mosely stated she was off work on 12/16/25, when she returned to work on 12/17/25, she inquired with coworkers if they had ever hard Resident A screaming while in her bedroom and they informed her that Resident A and her husband have sex and Resident A will scream. Ms. Mosely stated direct care staff Kamia Tolbert told her that she has walked into Resident A's bedroom and observed her husband on top of her having sex. Ms. Mosely stated she informed licensee designee Tonya Carter and care coordinator Quierra Martin about what she heard/observed. Ms. Mosely was not advised to complete any documentation related to the incident.

On 12/22/25, I interviewed direct care staff Kamia Tolbert. Ms. Tolbert stated she is a new employee and she has worked at this facility for three weeks. Ms. Tolbert stated she heard Resident A screaming in her bedroom, she walked into the room and observed Resident A's husband on top of her, they were having sex. Ms. Tolbert stated Resident A's husband saw her enter the room, but he continued in the act. Ms. Tolbert stated she exited the room and closed the door. Ms. Tolbert informed direct care staff Desiree Mosley, who was the med tec on duty about what she witnessed. Ms. Tolbert stated following this interaction Resident A's husband threw a soiled brief into the hallway. Ms. Tolbert stated the brief had a lot of blood in it. Ms. Tolbert further stated that it is not uncommon for Resident A's bed sheets to have blood on them after visits with her husband.

On 12/22/25, I interviewed care team coordinator Quierra Martin. Ms. Martin stated on 12/17/25 she was doing rounds through the facility, and she observed a soiled brief on the floor. Staff informed her that Resident A's husband threw her soiled brief into the hallway. Then direct care staff Kamia Tolbert told her that staff had been hearing distress screams coming from Resident A's bedroom. Staff remarked Resident A is screaming from the top of her lungs. Ms. Tolbert entered the bedroom and observed Resident A's husband on top of her. The staff exited the room and closed the bedroom door. Ms. Martin stated she subsequently received reports from several staff reporting

similar stories about hearing screams coming from Resident A's bedroom at various times of the day, observing blood in Resident A's brief, and on her bed sheets. Ms. Martin stated there is no written documentation regarding the staff's observations.

On 12/22/25, I interviewed direct care staff Anna Pettiford. Ms. Pettiford stated she has worked at this facility for eight weeks. Ms. Pettiford stated one morning during the morning shift she provided Resident A with personal care following a bowel movement that required her clothes to be washed. When she walked into Resident A's bedroom to return her clean clothes, she heard noises that sounded sexual in nature. Ms. Pettiford stated she exited the bedroom. Following this incident Resident A's husband left the facility. Ms. Pettiford stated Resident A cried harder than she had ever seen her cry before. Ms. Pettiford stated she did not provide Resident A with personal care following this incident therefore, she is unaware if Resident A had blood in her brief and/or on her bed sheets.

On 12/22/25, I interviewed All American Home Care Hospice RN Derek Trumbly via telephone. Mr. Trumbly stated on 12/22/25, he spoke to licensee designee Tonya Carter and Resident A's husband regarding this allegation. Resident A's husband stated that he and Resident A have not been sexually active for about one year. Mr. Trumbly stated he did a physical exam on Resident A to check for hemorrhoids to see if that could be causing the bleeding in her briefs. He observed very small hemorrhoids with no bleeding. There was no blood observed in Resident A's brief or on her bed sheets the day of his physical exam. Mr. Trumbly stated following the physical exam he has no medical concerns to report. Mr. Trumbly stated that under the right circumstances, physically, Resident A would be okay to have sexual intercourse, however, it is unknown if she can mentally or emotionally process that experience. Mr. Trumbly stated when he completes his routine visits with Resident A, he regularly asks her what the most important thing to her is and 99% of the time she says her husband.

On 12/22/25, I interviewed Resident A and Resident A's husband together. Resident A was minimally verbal and looked towards her husband to answer most interview questions. Throughout the interview, I observed Resident A holding her husband's hand and shaking her head no repeatedly. Resident A's husband stated Resident A has vaginal atrophy which resulted in her having a closed vagina causes a lot of pain during intercourse. Resident A was prescribed a cream which they found helpful, but now Resident A is not comfortable disrobing as she believes that there are other people in the bedroom. Due to this change, Resident A's husband stated they have not been sexually active in about one year. Resident A's husband stated he changes Resident A's brief often and he has not observed blood in her brief or on the bed sheets. Towards the end of the interview Resident A remarked, "I love my husband" then she became tearful.

On 12/24/25, I received an email from Resident A's husband stating he would like to clarify that on Wednesday, 12/17/25, he was not at the Courtyard of Auburn Hills from 2:00 pm until 3:15 pm as he was getting a haircut at Bon Salon.

On 01/15/26, I placed a telephone call to the licensee designee, Tonya Carter, to conduct an exit conference and review my findings. Ms. Carter stated on the day of the alleged incident care team coordinator Quierra Martin looked at Resident A's bed sheets and they were not soiled, and they did not need to be pulled to wash. Ms. Carter stated direct care staff Desiree Mosley told her that she did not observe any blood in Resident A's brief. Ms. Carter stated when All American Home Care Hospice RN Derek Trumbly completed his physical exam her did not observe concerns of blood in Resident A's brief. Ms. Carter stated she spoke to Resident A's family including her husband and advised that it may not be in Resident A's best interest to engage in sexual intercourse due to her declining mental status. Resident A's husband indicated that the two are no longer sexually active due to her unwillingness to participate. Ms. Carter stated Resident A is infatuated with her husband, she loves him deeply, and he does not suspect him that he is causing harm to Resident A. Ms. Carter acknowledged that there was no follow up completed by staff (notifying hospice, incident reporting, etc.) after they reportedly observed concerns (screaming/ bleeding) from Resident A and this will be addressed in the corrective action plan.

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 the information gathered during this investigation there is sufficient information to conclude that Resident A, who is wheelchair-bound and has dementia, experienced vaginal bleeding after reported sexual activity with her husband. This bleeding went unassessed and without medical evaluation or intervention by the facility. All staff interviewed reported hearing Resident A scream, observing blood in her brief and/or on her bed sheets. Staff made verbal reports regarding their concerns, however, there is no written documentation that suggests this issue was addressed and/or that medical intervention was provided once the bleeding was observed. It was reported that this incident occurred on or around 12/17/25. Licensee designee Tonya Carter indicated that it was her intent to address this issue by holding a care conference with Resident A's family and notifying her hospice provider. However, at the time of my unscheduled onsite inspection completed on 12/22/25, this had not been completed.
CONCLUSION:	**VIOLATION ESTABLISHED**

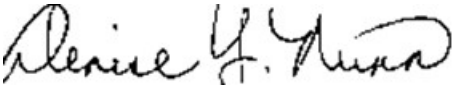
IV. RECOMMENDATION

Contingent upon receipt of an acceptance corrective action I recommend no change to the status of the license.

01/15/2026

Johnna Cade — Date
Licensing Consultant

Approved By:



02/17/2026

Denise Y. Nunn — Date
Area Manager