



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

February 17, 2026

Marlene Burgess
Hope Network, S.E.
P.O. Box 190179
Burton, MI 48519

RE: License #: AS500084076
Investigation #: 2026A0990002
Ledgestone

Dear Ms. Burgess:

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 (248) 972-9136.

Sincerely,

A handwritten signature in cursive script that reads "L. Reed".

LaShonda Reed, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place, Ste 9-100
Detroit, MI 48202
(586) 676-2877

Enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS500084076
Investigation #:	2026A0990002
Complaint Receipt Date:	10/27/2025
Investigation Initiation Date:	10/29/2025
Report Due Date:	12/26/2025
Licensee Name:	Hope Network, S.E.
Licensee Address:	P.O. Box 190179 Burton, MI 48519
Licensee Telephone #:	(248) 505-1987
Administrator:	Janice McPherson
Licensee Designee:	Marlene Burgess
Name of Facility:	Ledgestone
Facility Address:	36282 Egan Clinton Township, MI 48035
Facility Telephone #:	(517) 256-2939
Original Issuance Date:	03/10/1999
License Status:	REGULAR
Effective Date:	09/25/2025
Expiration Date:	09/24/2027
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. ALLEGATION(S)

	Violation Established?
Staff are not following up with Resident A's doctor appointments.	Yes
Additional Findings	Yes

III. METHODOLOGY

10/27/2025	Special Investigation Intake 2026A0990002
10/27/2025	APS Referral Adult Protective Services (APS) referral - denied at intake.
10/29/2025	Special Investigation Initiated - Telephone I conducted a phone interview with Shelly Mease from Garfield Family Practice.
10/29/2025	Contact - Face to Face I conducted an unannounced onsite investigation. I interviewed Tomeka Farrish, home manager. Resident A was not present. Phone interview with Naoki Cook, direct care staff.
11/04/2025	Contact - Document Received I received an email from Janice McPherson, administrator.
12/03/2025	Contact - Face to Face I conducted an interview with Resident A. I interviewed Naoki, direct care staff.
12/15/2025	Contact - Document Sent I requested documents from Resident A's resident record that were not received when previously requested. Documents were received.
12/23/2025	Contact - Document Received I reviewed Resident A's resident record.
12/23/2025	Contact- Document Sent I emailed home manager Tomeka Farrish to inquire about Resident A's special diet. Ms. Farrish responded "No".

01/06/2026	Exit Conference I conducted an exit conference with Marlen Burgess, licensee designee.
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ALLEGATION:

Staff are not following up with Resident A’s doctor appointments.

INVESTIGATION:

On 10/27/2025, I received a complaint via email. It was additionally reported that there is concern for the lack of care for Resident A.

On 10/29/2025, I conducted a phone interview with Shelly Mease from Garfield Family Practice. Ms. Mease said that Resident A had an appointment last year on 12/11/2024. During this appointment, his Prostate Specific Antigen (PSA) levels were high, which could be an indication of prostate cancer. Resident A had been a long-term patient at the clinic. Both of his parents are deceased. During the appointment last year, the staff present was provided with a referral for Resident A to be seen by a urologist to review the PSA levels further. Resident A was brought in for his annual appointment on 10/04/2025, he had not been taken for this appointment and his PSA levels remain high. The staff present said that they had difficulty reaching the urologist to make the appointment. Ms. Mease said they have never had issues with patients having a difficult time making appointments with the urologist, as they use the specific specialist frequently. The staff person present with Resident A was given a new referral and a referral for new lab work. Neither has been completed to date. Ms. Mease said that she had tried reaching the group home about this appointment but had not received a response. There was no name of the staff person written down who was present with Resident S for either appointment. Ms. Mease said that she also sent an email to the home manager, Tomeka Farrish, about the appointment and did not receive a response. Ms. Mease said the lab work was ordered on 09/04/2025 and has not been completed. There was also a canceled appointment for Resident A on 09/22/2025.

On 10/29/2025, I conducted an unannounced onsite investigation. I interviewed Tomeka Farrish, home manager. Resident A was not present. Ms. Farrish said that she recalled that last year, a script was given to a urologist for Resident A, but she was not sure what happened. Ms. Farrish called direct care staff Naoki Cook, who transported Resident A to his last appointment. Ms. Cook was on the phone. Ms. Cook said that she had tried making Resident A’s appointment with the urologist but never received a phone call back. She left messages. They would call back, but an appointment was never made. Ms. Farrish said that an appointment will be made today for Resident A.

On 11/04/2025, I received an email from Janice McPherson, administrator. Ms. McPherson said that there were no notes indicating that an appointment had been made with the urologist.

On 12/03/2025, I conducted an interview with Resident A. I interviewed Naoki Cook, a direct care staff member. Resident A said that he went to the doctor, and he does not have cancer. Resident A said that everything was negative and he was happy about this. Resident A goes back to see a doctor on 12/26/2025. Resident A said that he must give a urine sample. Ms. Cook confirmed that Resident A saw the urologist on 11/04/2025, and the cancer screening test was negative. Resident A does have a follow-up appointment.

On 12/23/2025, I reviewed Resident A's resident record. I reviewed Resident A's Individual Plan of Service (IPOS), *Health Care Appraisals* for 2024 and 2025, and Health Screening notes from the primary care physician. Resident A is diagnosed with bipolar disorder I, single mania episode, prediabetes, hyperlipidemia (high cholesterol), hypothyroidism, GERD, obesity, hypertension and autism spectrum disorder. Resident A is fully ambulatory and can communicate his needs. Resident A attends the workshop Monday through Friday. The group home is to attend all Resident A's medical appointments and provides social support and compliance with medical treatment. Resident A was referred to a urologist on 12/11/2024 and 10/04/2025. Resident A had elevated PSA levels at the appointment on 12/11/2024.

APPLICABLE RULE	
R 400.689	Resident health care.
	(1) A licensee, with a resident's cooperation, shall follow the instructions and recommendations of a resident's physician or other designated health care professional.
ANALYSIS:	Based on the investigation, there is sufficient evidence to support that the licensee did not follow through with a referral for a urologist due to Resident A's elevated PSA levels. Resident A was referred to the urologist on 12/11/2024 and on 10/04/2025. Resident A was not seen by the urologist until 11/14/2025. The staff member, Naoki Cook, said she attempted to make appointments but did not receive an answer. Ms. Mease, from the Resident 's doctor's office, indicated multiple attempts to contact the group home regarding the testing needed.
CONCLUSION:	VIOLATION ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION:

On 12/23/2025, I reviewed Resident A's resident record. I reviewed Resident A's resident record and observed that his *Health Care Appraisal* in 2024 and 2025 has a regular diet listed. Resident A is diagnosed with bipolar disorder I, single mania episode, prediabetes, hyperlipidemia (high cholesterol), hypothyroidism, GERD, obesity, hypertension, and autism spectrum disorder. Health Care notes from primary care physicians document that Resident A is to follow a low-cholesterol diet, a low-sodium diet and concentrated sweets. There is no documentation on the IPOS for a special diet. There are no special diet menus for Resident A.

On 01/06/2026, I conducted an exit conference with Marlene Burgess, licensee designee. Ms. Burgess was informed that the doctor noted for Resident A's physical in 2024 and 2025 that he was to be provided with a low sodium, cholesterol and sugar diet. Ms. Burgess was informed that this was not written on Resident A's *Health Care Appraisal* or IPOS however, it is clearly documented in the physician notes. Ms. Burgess was informed that a corrective action plan would be required after approval of the report.

APPLICABLE RULE	
R 400.663	Nutrition; adoption by reference.
	(5) A resident who has a prescribed diet by an appropriately licensed health care professional shall be provided that diet.
ANALYSIS:	Based on the investigation, there is sufficient evidence to support that Resident A's special diet is not documented on Resident A's <i>Health Care Appraisal</i> or IPOS. There is no special diet menu for Resident A.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

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

L. Reed

01/06/2026

LaShonda Reed
Licensing Consultant

Date

Approved By:

Denise Y. Nunn

02/17/2026

Denise Y. Nunn
Area Manager

Date