



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

February 26, 2026

Donna Bacigalupo
The Woodlands Of DeWitt
910 Woodlands Dr
DeWitt, MI 48820

RE: License #: AH190397181
The Woodlands Of DeWitt
910 Woodlands Dr
DeWitt, MI 48820

Dear Donna Bacigalupo:

Attached is the Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. 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 dates 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 home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective action plan, the status of the license will remain unchanged. If you fail to submit an acceptable corrective action plan, disciplinary action will result. 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 feel free to contact the local office at (517) 335-5985.

Sincerely,

Kimberly Horst, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
Lansing, MI 48909

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
RENEWAL INSPECTION REPORT**

I. IDENTIFYING INFORMATION

License #:	AH190397181
Licensee Name:	DeWitt ALC, LLC
Licensee Address:	910 Woodlands Dr DeWitt, MI 48820
Licensee Telephone #:	(989) 327-7922
Authorized Representative:	Donna Bacigalupo
Administrator:	Evonne White
Name of Facility:	The Woodlands Of DeWitt
Facility Address:	910 Woodlands Dr DeWitt, MI 48820
Facility Telephone #:	(517) 624-2831
Original Issuance Date:	04/29/2020
Capacity:	45
Program Type:	AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/25/2026

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 02/26/2026

No. of staff interviewed and/or observed 7
No. of residents interviewed and/or observed 15
No. of others interviewed 0 Role N/A

- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication records(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain. Resident funds not kept in trust.
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
Diaster plans reviewed and staff interviewed.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes IR date/s: N/A
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
2023A1021060; R 325.1931(5); 06/14/2023
- 2023A1021061; MCL 333.20201, R 325.1922(1); 05/26/2023
- 2023A1021067; 1921(1), R 325.1931(7), R325.1932(3); 08/09/2023
- 2023A1021080; MCL 333.20201, R 325.1922(13); 09/06/2023
- 2023A10218069; R 325.1932(1); 01/10/2024
- 2023A121025; MCL333.20201; 01/16/2024
- 2024A1021071; R 325.1922(2); 08/20/2024
- 2024A1021090; R 325.1931(2), R 325.1932(2), R 325.1932(3); 11/12/2024
- Number of excluded employees followed up? N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

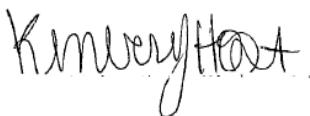
This facility was found to be in non-compliance with the following rules:	
R 325.1921	Governing bodies, administrators, and supervisors.
	(1) The owner, operator, and governing body of a home shall do all of the following: (b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.
For Reference: R 325.1901	Definitions.
	(p) Protection" means the continual responsibility of the home to take reasonable action to ensure the health, safety, and well-being of a resident as indicated in the resident's service plan, including protection from physical harm, humiliation, intimidation, and social, moral, financial, and personal exploitation while on the premises, while under the supervision of the home or an agent or employee of the home, or when the resident's service plan states that the resident needs continuous supervision.
<p>At the time of my inspection Resident E had bedside assistive devices attached to their bed. Review of Resident E's service lacked information about the devices related to purpose of use, staff responsibility to ensure devices were safe, and ongoing maintenance schedules. For instance, instruction regarding whether the resident could summon staff independently for help or require monitoring on a predetermined frequency was not defined. In addition, it lacked specifically. What staff were responsible for, and what methods were to be used in determining if the device posed a risk of physical harm related to entrapment, entanglement, strangulation.</p>	
R 325.1922	Admission and retention of residents.
	(7) An individual admitted to residence in the home shall have evidence of tuberculosis screening on record in the home that was performed within 12 months before admission. Initial screening may consist of an intradermal skin test, a blood test, a chest x-ray, or other methods recommended by the public health authority. The screening type and frequency of routine tuberculosis (TB) testing shall be determined by a risk assessment as described in the 2005 MMWR ?Guidelines for Preventing

	<p>the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005? (http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf) , Appendices B and C, and any subsequent guidelines as published by the centers for disease control and prevention. A home, and each location or venue of care, if a home provides care at multiple locations, shall complete a risk assessment annually. Homes that are low risk do not have to conduct annual TB testing for residents.</p>
<p>Review of Resident A, Resident B, and Resident C's records revealed the facility did not have evidence of tuberculosis screening.</p>	
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.
<p>Review of Resident A's service plan revealed the plan did not provide detail on Elara Hospice involvement and the role of the hospice company in the care of Resident A.</p> <p>In addition, Resident C's service plan read, "<i>Resident's blood pressure will be monitored.</i>" However, there was no record in Resident C's medication administration record that this was being completed.</p>	
R 325.1931	Employees; general provisions.
	(7) The home's administrator or its designees are responsible for evaluating employee competencies.
<p>Review of staff person 1 (SP1) and SP2's employee training record revealed the administrator, or its designees did not evaluate medication administration competencies.</p>	
R 325.1932	Resident medications.
	(2) Prescribed medication managed by the home shall be given, taken, or applied pursuant to labeling instructions, orders and by the prescribing licensed health care professional.
<p>Review of Resident A's MAR revealed Resident A was prescribed Lorazepam 0.5mg with instruction to administer one tablet by mouth every four hours as needed. Review of Resident A's service plan lacked detailed information on how the resident Demonstrates behaviors and what behaviors require the administration of the</p>	

medication or if staff can use nonpharmaceutical interventions. Similar findings were noted with Resident C.	
R 325.1979	General maintenance and storage.
	(3) Hazardous and toxic materials shall be stored in a safe manner.
Inspection of the facility revealed cleaner and disinfecting wipes were easily accessible to residents in the memory care unit. Easily accessible and hazardous and toxic materials are an unnecessary ingestion and poisoning risk to residents with poor safety awareness.	

IV. RECOMMENDATION

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



02/26/2026

Licensing Consultant

Date