



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

March 5, 2026

Rachel Bartlett  
Eden Fields Assisted Living And Memory Care  
3567 Deep River Rd.  
Standish, MI 48658

RE: License #:	AL060380538
Investigation #:	2026A0123015 Eden Fields Memory Care

Dear Rachel Bartlett:

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 (517) 643-7960.

Sincerely,

A handwritten signature in cursive script, appearing to read "Shamidah Wyden".

Shamidah Wyden, Licensing Consultant  
Bureau of Community and Health Systems  
411 Genesee  
P.O. Box 5070  
Saginaw, MI 48607  
989-395-6853

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL060380538
<b>Investigation #:</b>	2026A0123015
<b>Complaint Receipt Date:</b>	01/14/2026
<b>Investigation Initiation Date:</b>	01/15/2026
<b>Report Due Date:</b>	03/15/2026
<b>Licensee Name:</b>	Eden Fields Assisted Living And Memory Care
<b>Licensee Address:</b>	3567 Deep River Rd. Standish, MI 48658
<b>Licensee Telephone #:</b>	(989) 718-3117
<b>Administrator:</b>	Julie Illig
<b>Licensee Designee:</b>	Rachel Bartlett
<b>Name of Facility:</b>	Eden Fields Memory Care
<b>Facility Address:</b>	3567 Deep River Rd. Standish, MI 48658
<b>Facility Telephone #:</b>	(989) 718-3117
<b>Original Issuance Date:</b>	05/27/2016
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	11/27/2024
<b>Expiration Date:</b>	11/26/2026
<b>Capacity:</b>	20
<b>Program Type:</b>	PHYSICALLY HANDICAPPED ALZHEIMERS AGED

## II. ALLEGATION(S)

	Violation Established?
The roof of the facility is caving in.	No
There is insufficient staffing in the home.	Yes
Additional Findings	Yes

## III. METHODOLOGY

01/14/2026	Special Investigation Intake 2026A0123015
01/15/2026	Special Investigation Initiated - Telephone I spoke with adult protective services worker Tina Thompson.
01/22/2026	APS Referral APS referral completed.
01/28/2026	Inspection Completed On-site I conducted an unannounced on-site at the facility.
02/03/2026	Contact - Document Sent Email sent to facility requesting documentation.
02/04/2026	Contact - Document Received Requested documentation received.
02/23/2026	Contact- Document Sent Sent email requesting additional documentation.
02/27/2026	Contact - Document Received Requested documentation received.
03/03/2026	Contact - Document Received Requested documentation received.
03/04/2026	Contact- Document Received Requested documentation received.
03/04/2026	Contact- Telephone call made I made a follow-up call to the facility. Spoke with staff Kelly Gould.
03/05/2026	Exit Conference

	I conducted an exit conference with Sandy Altman-Elliott, designated person.
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**ALLEGATION:**

- **The roof of the facility is caving in.**
- **There is insufficient staffing in the home.**

**INVESTIGATION:** On 01/12/2026, the Bureau of Community and Health Systems received a complaint regarding the allegations above. The complaint also stated that the generator does not work. The parts to fix the generator are on-site, but management has not completed the repairs, leaving the building unprepared for power outages. Residents are not being changed properly or as often as required, and the facility is staffed with only one employee, despite residents requiring lifts and extensive assistance.

On 01/15/2026, I made a phone call to Arenac County adult protective services investigator Tina Thompson. She stated that she was at a collaborative meeting at the facility last Thursday (01/08/2026). The building looked fine. She stated that she drives by the facility daily and has not seen anything in disrepair. Tina Thompson stated that the facility is under new management. The facility was clean, and she observed residents in the dining room eating. She stated that the facility is not at full capacity. Residents were dressed clean. She stated that she has never seen any residents dirty nor observed any odor in the facility. She stated that she rode past the facility multiple times today, the facility appears to have power, as she saw smoke coming from the chimneys.

On 01/28/2026, I conducted an unannounced on-site at the facility. I met with administrative assistant Shannon Wiley, newly appointed administrator/nurse manager Kelly Gould, and staff Nicole Dekett.

Staff Dekett stated that there are only eight residents residing in the facility. Staff Dekett denied that the roof is caving in. There was a leak that is being fixed today. Per Staff Gould and Staff Wiley, repairs are arranged by their corporate office. They report bigger issues to the corporate office. They stated that there are about seven residents right now, as one resident is currently hospitalized.

Staff Shannon Wiley stated that it has not even been a month since the leak became an issue. The weather was a deterrent from the leak being fixed sooner. She stated that the leak was actually above the main kitchen that is located in the Eden Fields Assisted Living side of the building. Staff Wiley stated that the roofing company was called the day after the leak was noticed. Staff Wiley stated that there are eight residents in the facility currently, as well as two staff members on shift. Staff Wiley stated that the generator is down, and a part was ordered. She stated that the work shifts for staff in the facility are 12 hour shifts, 6:00 am to 6:00 pm and 6:00 pm to

6:00 am. There is also a 10:00 am to 6:00 pm shift. She stated that there is one staff on shift at night, as well as a floater staff. She stated that one resident uses a wheelchair and one resident uses a walker.

During this on-site, I completed a walk-through of the entire facility with Staff Wiley, including common areas, kitchen, and each resident bedroom. No issues were noted. No odors were observed. The facility appeared to be very clean and well kept. I also observed the main kitchen where the leak was located. There was a faint brown spot in the ceiling, and I could hear roofing company workers on the roof at the time of this on-site. There was no water dripping from the ceiling, and the spot on the ceiling appeared dry. During the walk-thru I observed five residents in the facility. They all appeared clean and appropriately dressed.

On 01/28/2026, I interviewed staff Amber Jones at the facility. Staff Jones stated that she heard about a leak through hearsay. Staff Jones denied the allegations about the roof caving in. Staff Jones stated that when the power went out recently, she was not present, but the generator did kick on. Staff Jones stated that the power does not go out for long. Staff Jones stated the facility has eight residents. All of the residents wear briefs, and they are checked every one to two hours, depending on the residents. Staff Jones stated that she has worked alone during a shift, and it is not too much work. Staff Jones stated there is not always one staff member on shift. Staff Jones stated that the residents do not have behaviors. There is an extra staff that comes in at 10:00 am. Staff Jones stated that Resident A uses a wheelchair. Staff Jones stated that she is aware there is a part for the generator that needs to be fixed. Staff Jones stated that management handles issues timely.

During this on-site, I made face to face contact with Resident A, Resident B, Resident C, and Resident D. It appeared to be difficult for the residents to hold a conversation and answer basic questions. Resident A stated she likes living in the facility, staff are great, and she stays warm. Resident A was observed sitting in a wheelchair. Each resident appeared to be clean and appropriately dressed. No issues were noted with their hygiene.

On 01/28/2026, I interviewed staff Kassie Morris. Staff Morris stated that she works first shift and has worked in the facility for three years. Staff Morris stated that she had just heard about the roof, and that the roofing company did not know there was a leak until they showed up. Staff Morris stated that there was a power outage within the last month, but she was not here during that time. Staff Morris stated that she was told the generator kicked in. Staff Morris denied having any knowledge of it not working. Staff Morris stated that there are eight residents in the facility. They require assistance with toileting, and they all wear briefs. Staff Morris stated that some residents are more continent than others. Staff Morris stated that in the morning, staff assist each resident with getting dressed and changing their briefs. Residents are checked at least every two hours. Resident A is checked hourly due to loose stool. Staff Morris stated that the staff schedule just changed. There is one staff person from 6:00 am to 10:00 am, and two staff from 10:00 am to 6:00 pm. She stated that

staffing is sufficient right now. Staff Morris stated that any issues that arise are addressed timely.

On 01/28/2026, I obtained requested documentation during the on-site, including the staff schedule for 12/01/2025 through 02/01/2026, as well as the assessment plans for each resident. The staff schedule reflects that there are two direct care staff that work daily from 6:00 am to 6:00 pm. One staff member works from 6:00 pm to 6:00 am, and one staff member designated a floater, who works from 6:00 pm to 6:00 am. The facility does have kitchen staff/cooks, activities and maintenance staff.

*Assessment Plans for AFC Residents*, notes the following for each resident:

Resident A- Uses a wheelchair, limited mobility, follows instructions, controls aggressive behavior, alert to surroundings. Requires a one-assist with all personal care activities except eating.

Resident B- Alert to surroundings at times, follows instructions but has periods of confusion, controls aggressive behavior, uses walker or cane. Requires staff assistance with all personal care activities except walking/mobility. Hard of hearing.

Resident C- Behaviors vary is noted for *understand verbal communication* and *alert to surroundings*. Resident C controls aggressive behaviors and follows instructions. Requires stand-by or one assist for all personal care activities except eating/feeding and walking/mobility.

Resident D- Does have confusion and needs redirection at times, follows instructions and able to be redirected. Controls aggressive behavior. Requires assistance with toileting- occasionally incontinent of bladder, wears Depends, bathing- hospice does baths. Occasionally need assistance with dressing appropriately. Walks independently. Does not use any assistive devices. Does try to elope/wander.

Resident E- not alert to surroundings, does follow instructions, does not control aggressive behavior- at times can get agitated. Requires some staff assistance with all personal care activities except walking/mobility. Toileting-occasional incontinence of stool, bathing- need staff assistance. Needs oversight and reminders/prompting for other personal care activities.

Resident F- Behaviors vary in regard to understanding verbal communication and following instructions. Requires one assist with all personal care activities except eating/feeding and walking/mobility

Resident G- Behaviors vary in regard to understanding verbal communication and being alert to surroundings. Does follow instructions. Requires staff one-assist with all personal care activities except eating and walking/mobility. Uses a 4-wheeled walker. No aggressive behaviors noted.

Resident H- Understands communication, alert to surroundings, follows instructions. No aggressive behaviors noted. Requires assistance with toileting as needed, and assistance with bathing. Set/up cueing needed for grooming, dressing, and personal hygiene. Uses a walker and wheelchair. Walks independently.

Resident I- behavior varies for understanding verbal communication, alert to surroundings, and following instructions. Requires one-assist with all personal care activities, sometimes requires a one-assist with feeding. Uses a wheelchair/Hoyer lift. Left side paralysis.

On 02/04/2026, I received a copy of the facility's *Resident Register* which shows there are nine residents in the facility currently.

On 02/23/2026, I requested January 2026 medication administration records, *Health Care Appraisals*, and monthly weight records for all nine residents. I also requested the last six months of fire drills from the facility.

On 02/27/2026 and 03/03/2026, I obtained copies of *Health Care Appraisals*, *QuickMar Medication Administration Records*, and weight records. *Health Care Appraisals* were reviewed for Resident A, Resident B, Resident C, Resident D, Resident E, Resident F, Resident G, and Resident I. Each health care appraisal reviewed, notes the following for each resident:

Resident A- *Dementia, anxiety, sleep disturbance, depressive disorder, use of wheelchair*

Resident B- *Alzheimer's, fully ambulatory*

Resident C- *Dementia, IBS*

Resident D- *Senile degeneration of brain dementia, ambulatory, confused speech, mostly non-sensical*

Resident E- *Dementia, Alzheimer's, use of walker and wheelchair*

Resident F- *dementia, Pica, neurocognitive disorder, confused, cognitive deficit, ambulatory*

Resident G- *memory loss, gait abnormality, history of fall, muscle weakness, wheelchair use*

Resident I- *Vascular dementia, memory loss, use of wheelchair*

Weight records for each resident were reviewed. There appeared to be no abnormal weight fluctuation for Resident A, Resident C, Resident D, Resident E, Resident F, Resident G, or Resident H. Weight records were incomplete for Resident B and Resident I and an informed observation based on available data could not be determined. *Medication Administration Records* were reviewed for Resident A, Resident B, Resident C, Resident D, Resident E, Resident F, and Resident I. There were no issues notes with the medication administration records except for missing staff initials on Resident B, Resident C, and Resident F's MAR.

On 02/27/2026, I received record of two fire drills, one conducted 01/29/2026 at 11:00 am, with a five minute duration. The second drill was conducted 02/19/2026 at 1:25 pm with a five minute duration. There were no other drills in the attachment to review.

On 03/05/2026, I conducted an exit conference with designated person Sandy Altman-Elliott. I informed Sandy Altman-Elliott of the findings and conclusions. She stated she will address the citations with a corrective action plan.

<b>APPLICABLE RULE</b>	
<b>R 400.647</b>	<b>Safety and maintenance of premises.</b>
	<b>(1) A facility must be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.</b>
<b>ANALYSIS:</b>	<p>On 01/28/2026, I conducted an unannounced on-site at the facility. Staff Shannon Wiley stated that it has not even been a month since the leak became an issue. The weather was a deterrent from the leak being fixed sooner.</p> <p>During this on-site, I completed a walk-through of the entire facility with Staff Wiley, including common areas, kitchen, and each resident bedroom. No issues were noted. The facility appeared to be very clean and well kept. I also observed the main kitchen where the leak was located. There was a faint brown spot in the ceiling, and I could hear roofing company workers on the roof at the time of this on-site. There was no water dripping from the ceiling, and the spot on the ceiling appeared dry.</p> <p>On 01/28/2026, I interviewed staff. Staff Amber Jones at the facility. She stated that she heard about a leak through hearsay. She denied the allegations about the roof caving in. Staff Kassie Morris stated that she had just heard about the roof, and that the roofing company did not know there was a leak until they showed up.</p> <p>There is no preponderance of evidence to substantiate a rule violation.</p>
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

<b>APPLICABLE RULE</b>	
<b>R 400.671</b>	<b>Resident care</b>
	<b>(1) Staffing shall be sufficient to meet the needs of the residents in accordance with each resident’s assessment plan and individual plan of service.</b>
<b>ANALYSIS:</b>	<p>On 01/28/2026, I conducted an unannounced on-site at the facility. Staff Shannon Wiley was interviewed. She stated that the work shifts for staff in the facility are 12 hour shifts, 6:00 am to 6:00 pm and 6:00 pm to 6:00 am. There is also a 10:00 am to 6:00 pm shift. She stated that there is one staff on shift at night, as well as a floater staff.</p> <p>On 01/28/2026, I interviewed staff Amber Jones at the facility. She stated there is not always one staff member on shift, and there is an extra staff that comes in at 10:00 am.</p> <p>On 01/28/2026, I interviewed staff Kassie Morris. She stated that the staff schedule just changed. There is one staff person from 6:00 am to 10:00 am, and two staff from 10:00 am to 6:00 pm. She stated that staffing is sufficient right now.</p> <p>During this course of this investigation, I reviewed the staff schedule for the facility for 12/01/2025 through 02/01/2026. There is one staff on shift from 6:00 pm to 6:00 am. There is also one floater staff that works between both this facility and the adjacent facility.</p> <p>On 01/28/2026, I obtained copies of assessment plans for each resident. Per the documentation, there are five residents that utilize assistive devices for mobility/walking. Resident I uses a wheelchair and Hoyer lift. Resident B and Resident D, has confusion. Resident E can sometimes have aggressive behaviors.</p> <p>During the course of the investigation, I obtained <i>Health Care Appraisals</i> for each resident. Each resident is diagnosed with either dementia, Alzheimer’s/and or memory loss.</p> <p>There is a preponderance of evidence to substantiate a rule violation. Based on staff interviews, and documentation obtained during the course of this investigation including health care appraisals, assessment plans, fire drills, and <i>Resident Register</i> the facility is not sufficiently staffed between 6:00pm to 6:00 am, based on current resident care needs in the facility.</p>
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**ADDITIONAL FINDINGS:**

**INVESTIGATION:** On 01/28/2026, during an unannounced on-site, I requested and obtained copies of *AFC Resident Assessment Plans* for Resident A, Resident B, Resident C, Resident D, Resident E, Resident F, Resident G, Resident H, and Resident I. Resident A’s assessment plan is dated 01/02/2024. Resident C’s is dated 03/12/2024, and Resident G’s assessment plan is dated 01/11/2024. Assessment plans for Resident A, Resident F, Resident G, and Resident H did not contain all required signatures.

On 02/23/2026, I sent a follow-up email to the facility requesting the missing pages to Resident D and Resident I assessment plans, as well as any updated assessment plans since my on-site on 01/28/2026.

On 03/04/2026, I spoke with staff Kelly Gould. Staff Gould confirmed the documentation sent over was the most up to date records for the residents.

On 03/05/2026, I conducted an exit conference with designated person Sandy Altman-Elliott. I informed Sandy Altman-Elliott of the findings and conclusions. She stated she will address the citations with a corrective action plan.

<b>APPLICABLE RULE</b>	
<b>R 400.685</b>	<b>Resident admission; resident assessment plan; resident care agreement; health care appraisal.</b>
	<b>(4) A written assessment plan must be completed with and signed by the resident or the resident’s designated representative, responsible agency if applicable, and the license at the time of admission and annually thereafter. A licensee shall maintain a copy of the resident’s most recent assessment plan on file at the facility for up to 2 years after discharge.</b>
<b>ANALYSIS:</b>	On 01/28/2026, I conducted an unannounced on-site at the facility. I obtained copies of resident assessment plans. Multiple assessment plans were outdated and did not have the required signatures.  There is a preponderance of evidence to substantiate a rule violation.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**INVESTIGATION:** On 02/23/2026, I sent a follow-up email to the facility requesting copies of each resident’s weight records. On 02/27/2026 and 03/03/2026, I received

copies of the requested weight records from October 2025 through the facility's QuickMAR system. Resident A's February 2026 weights, Resident B's October 2025 through January 2026 weights, Resident F's December 2025 through January 2026 weights and Resident I's October 2025, and January-February 2026 weights were not recorded.

On 03/04/2026, I spoke with staff Kelly Gould. She confirmed the documentation sent over was the most up to date records for the residents.

On 03/05/2026, I conducted an exit conference with designated person Sandy Altman-Elliott. I informed Sandy Altman-Elliott of the findings and conclusions. She stated she will address the citations with a corrective action plan.

<b>APPLICABLE RULE</b>	
<b>R 400.691</b>	<b>Resident records.</b>
	<b>(1) A licensee shall complete and maintain a separate record for each resident that includes all of the following: (g) Admission and monthly weight record.</b>
<b>ANALYSIS:</b>	<p>On 02/23/2026, I requested copies of the resident weight records. Documentation obtained through the course of this investigation, had missing weight records for multiple months and multiple residents.</p> <p>Resident A's February 2026 weights, Resident B's October 2025 through January 2026 weights, Resident F's December 2025 through January 2026 weights and Resident I's October 2025, and January-February 2026 weights were not recorded.</p> <p>There is a preponderance of evidence to substantiate a rule violation.</p>
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**INVESTIGATION:** On 02/23/2026, I sent a follow-up email to the facility requesting copies of each resident's *Health Care Appraisal*.

On 02/27/2026, I received copies of *Health Care Appraisals* for Resident A, Resident B, Resident C, Resident D, Resident E, Resident G, and Resident I. Resident A, Resident C, Resident G, and Resident I's appraisals were dated in July 2024. Resident F's was dated 08/12/2024.

On 03/04/2026, I spoke with staff Kelly Gould. She confirmed the documentation sent over was the most up to date records for the residents.

On 03/05/2026, I conducted an exit conference with designated person Sandy Altman-Elliott. I informed Sandy Altman-Elliott of the findings and conclusions. She stated she will address the citations with a corrective action plan.

<b>APPLICABLE RULE</b>	
<b>R 400.685</b>	<b>Resident records.</b>
	<b>(10) A resident or resident's designated representative shall provide a written health care appraisal or a medical discharge summary by an appropriate health care professional that is completed within the 90-day period before admission. A written health care appraisal must be completed at least annually thereafter. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be completed no later than 30 days after admission.</b>
<b>ANALYSIS:</b>	<p>On 02/23/2026, I sent a follow-up email to the facility requesting copies of each resident's <i>Health Care Appraisal</i>.</p> <p>On 02/27/2026, I received copies of health care appraisals for eight residents. Of the eight appraisals, five of them had not been updated in over a year.</p> <p>There is a preponderance of evidence to substantiate a rule violation.</p>
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**INVESTIGATION:** On 02/23/2026, I sent a follow-up email to the facility requesting copies of fire drills dating back six months (September 2025 through February 2026).

On 02/27/2026, I received record of two drills, one conducted 01/29/2026 at 11:00 am, with a five minute duration. The second drill was conducted 02/19/2026 at 1:25 pm with a five minute duration. There were no other drills in the attachment to review.


On 03/04/2026, I spoke with staff Kelly Gould who confirmed that the two fire drills provided were the only ones she could find on file.

On 03/05/2026, I conducted an exit conference with designated person Sandy Altman-Elliott. I informed Sandy Altman-Elliott of the findings and conclusions. She stated she will address the citations with a corrective action plan.

<b>APPLICABLE RULE</b>	
<b>R 400.619</b>	<b>Resident records.</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>	<p>On 02/27/2026, I received record of two drills, one conducted 01/29/2026 at 11:00 am, with a five minute duration. I requested fire drill back six months to September 2025. There were no other drills in the attachment to review</p> <p>On 03/04/2026, I spoke with staff Kelly Gould who confirmed that the two fire drills provided were the only ones she could find on file.</p> <p>There is a preponderance of evidence to substantiate a rule violation.</p>
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

#### IV. RECOMMENDATION

Contingent upon the receipt of an acceptable corrective action plan, I recommend continuation of the AFC large group home license (capacity 3-20).

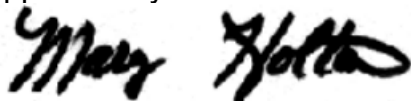


03/05/2026

Shamidah Wyden  
Licensing Consultant

Date

Approved By:



03/05/2026

Mary E. Holton  
Area Manager

Date