STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

GRETCHEN WHITMER
GOVERNOR

MARLON I. BROWN, DPA
DIRECTOR

March 23, 2026

Prabhjot Singh
Park Place OPCO LLC
PO BOX 1568
Portage, MI 49081

RE: License #: AL390418619
Investigation #: 2026A0581017
Park Place Senior Living D

Dear Prabhjot Singh:

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) 335-5985.

Sincerely,

Cathy Cushman, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(269) 615-5190

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL390418619
Investigation #:	2026A0581017
Complaint Receipt Date:	01/28/2026
Investigation Initiation Date:	01/30/2026
Report Due Date:	03/29/2026
Licensee Name:	Park Place OPCO LLC
Licensee Address:	4218 S Westnedge Ave Kalamazoo, MI 49008
Licensee Telephone #:	(269) 329-8187
Administrator:	Prabhjot Singh
Licensee Designee:	Prabhjot Singh
Name of Facility:	Park Place Senior Living D
Facility Address:	4222 S Westnedge Ave Kalamazoo, MI 49008
Facility Telephone #:	(269) 329-8187
Original Issuance Date:	06/04/2025
License Status:	REGULAR
Effective Date:	12/04/2025
Expiration Date:	12/03/2027
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

II. ALLEGATIONS

	Violation Established?
Facility is understaffed.	No
Resident toilets are not functioning properly.	No
Residents are cold because the facility’s heat is “barely” working.	No
Food served to residents is not nutritious.	Yes
The facility did not have toilet paper for two weeks.	No
Leftover food is being used with other meals.	No
Staff are not properly serving and storing food.	Yes
Additional Findings	Yes

III. METHODOLOGY

01/28/2026	Special Investigation Intake - 2026A0581017
01/30/2026	APS Referral - APS denied investigating allegations. No referral necessary.
01/30/2026	Special Investigation Initiated – Telephone - Interview with direct care staff, Kanika Steele
02/11/2026	Inspection Completed On-site - Interviewed staff and residents. Observed lunch.
02/11/2026	Contact - Document Sent - Email to licensee designee, Prabhjot Singh.
02/11/2026	Contact - Telephone call received - Licensee designee, Prabhjot Singh.
02/12/2026	Contact - Document Sent - Email to licensee designee, Prabhjot Singh requesting food purchase receipts.
02/12/2026	Contact - Document Received - Email from licensee designee, Prabhjot Singh.
02/13/2026	Contact - Document Received - Email from licensee designee, Prabhjot Singh.
03/16/2026	Contact – Telephone call made – Interivew with direct care staff, Tye’sha Travis and Executive Director, Isabelle Sanhou.

03/16/2026	Contact – Document Sent – Email to Isabelle Sanhou.
03/16/2026	Contact – Telephone call made – Attempted contact with direct care staff, Sarah Harris.
03/17/2026	Contact – Telephone call made – Interview with direct care staff, Sarah Harris.
03/17/2026	Contact – Document Sent – Email correspondence with licensee designee, Prabhjot Singh.
03/18/2026	Exit conference with the licensee designee, Prabhjot Singh.

ALLEGATION: Facility is understaffed.

INVESTIGATION: On 01/28/2026, I received this complaint through the Bureau of Community Health System (BCHS) online complaint system. The complaint did not provide any additional information to the allegations.

On 01/30/2026, I interviewed direct care staff, Kanika Steele, who stated the facility has 13 residents and is fully staffed. She stated two staff are scheduled to work each shift. She stated none of the residents required two direct care staff members to assist with personal care or transfers and none of the residents had high acuity.

On 02/11/2026, I conducted an unannounced onsite inspection. I interviewed direct care staff, Lynette Gabbidon, who did not identify any staffing issues. Her statement regarding staffing was consistent with Kanika Steele's statement. I observed two direct care staff in the facility at the time of my inspection.

I interviewed Residents A and Resident B who both stated two staff are working in the facility each shift. Neither one of the residents indicated any concerns with the facility being insufficiently staffed.

On 03/16/2026, I interviewed direct care staff, Tye'sha Travis and executive director, Isabelle Sanhou. Neither staff identified nor indicated any current staffing concerns or staffing concerns at the end of January 2026 and early February 2026. They both stated at least two staff members worked each of the three shifts, including the overnight shift.

On 03/17/2026, I interviewed direct care staff, Sarah Harris, whose statement was consistent with the other staff's statements.

I reviewed the facility's staff schedule dated 01/18/2026 through 02/14/2026, which documented at least two staff were scheduled for each of the facility's three shifts.

APPLICABLE RULE	
R 400.633	**Staffing requirements.**
	(1) A licensee shall always have sufficient direct care staff on duty for the supervision, personal care, and protection of residents and to provide the services specified in a resident's assessment plan, health care appraisal, and resident care agreement. At a minimum, the ratio of direct care staff to residents must not be less than 1 direct care staff to either of the following: **(a) 15 residents during waking hours or 20 residents during sleeping hours for large group homes and congregate facilities.**
ANALYSIS:	Based on interviews with multiple direct care staff and residents, my own observations during the inspection, and review of the facility’s staff schedule, the facility has 13 residents with two staff scheduled for each shift, which meets the minimum requirement of at least 1 staff for 15 residents during waking hours or 20 residents during sleeping hours.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION: Resident toilets are not functioning properly.

INVESTIGATION: The complaint provided no additional information other than alleging resident toilets are getting backed up.

Kanika Steele stated there had been a recent incident, which she indicated occurred on or about 01/28/2026, in which a resident flushed paper towel down a toilet. She stated staff initially unclogged the toilet using a plunger; however, the toilet continued to flush slowly. Kanika Steel stated a plumber was subsequently contacted and the issue was resolved within a couple hours. She further stated the plumber assessed each resident’s bathroom and determined all toilets were functioning, as required.

I interviewed Lynette Gabbidon who did not identify any issues with toilets during my inspection.

Neither Resident A nor Resident B stated any concerns with toilets backing up or not functioning properly.

During the inspection, I went through approximately five resident bathrooms and tested each toilet, which were functioning, as required.

Tye'sha Travis' statement was consistent with the allegations. She stated that near the end of January, the facility ran out of toilet paper, and staff and residents used brown paper towel in its place. Tye'sha Travis stated the use of paper towel contributed to the toilets clogging and that plumbers were contacted to address the issue.

Isabelle Sanhou denied the allegations that the facility was without toilet paper for two weeks or that brown paper towels were used in lieu of toilet paper. She stated that some residents use excessive toilet paper, which can result in clogged toilets. She further stated that when the toilets become clogged, she contacted Drain Monkeys, a local plumbing service, to address and resolve the issue.

Sarah Harris' statement was consistent with Kanika Steele's, Lynette Gabbidon's, and Isabelle Sanhou's statements.

On 03/18/2026, I reviewed paystubs provided by the licensee designee Prabhjot Singh which documented Drain Monkeys were paid $231.25 on 01/20/2026 for toilet repair. Additionally, the paystubs reflected a payment of $185 on 02/23/2026 to an unknown payee for repair of a clogged toilet in Room 18.

APPLICABLE RULE	
R 400.647	**Safety and maintenance of premises.**
	(6) Plumbing fixtures and water and waste pipes must be properly installed and maintained in good working condition.
ANALYSIS:	There is insufficient evidence to support that resident toilets were not functioning properly, as alleged, or that the licensee failed to address plumbing issues when they occurred. Observations during the inspection and information obtained through interviews and documentation indicate that toilets were functioning as required and that maintenance concerns were addressed.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION: Residents are cold because the facility's heat is "barely" working.

INVESTIGATION: The allegations did not contain any additional details.

I interviewed Kanika Steele who did not identify any issues with the facility's heat and stated that no residents complained of being cold. She explained that staff may provide residents with sweaters while in the dining room as that area can feel cooler

due to multiple windows and exterior doors. She indicated that frequent entry and exit through these doors may contribute to the dining room being cooler than other areas of the facility.

Lynette Gabbidon's statement was consistent with Kanika Steele's statement.

Neither Resident A nor Resident B identified any concerns with the temperature in the facility.

During my inspection, I observed the thermostat set at 72 degrees Fahrenheit. I also assessed approximately five resident occupied bedrooms and none appeared cold.

Tye'sha Travis stated that the facility felt cold, but was unable to identify a specific cause. She stated that kitchen staff sometimes felt cold even while ovens were in use.

Isabelle Sanhou stated there had been no issues with the facility's boiler system. She stated the thermostat was set to a temperature that was "not too hot and not too cold". She recalled an instance over a weekend during the winter when a resident complained of being cold; however, she stated this was not due to the facility temperature being too low, but because the resident requested the heat be increased above the set temperature. Isabelle Sanhou further stated she does not have the ability to adjust the temperature and had to wait until the owner, Prabhjot Singh, arrived the following day.

Sarah Harris stated there were no current issues with the facility's heat and there were no issues at the end of January or early February. She indicated that while outside temperatures were very cold during that time, the boiler system functioned adequately.

APPLICABLE RULE	
R 400.653	**Room temperature.**
	Resident-occupied rooms must be heated at no less than 68 degrees Fahrenheit. While air conditioning is not required, precautions must be taken to prevent prolonged resident exposure to noncirculating air that is at a temperature of 90 degrees Fahrenheit or above. Variations must be based on a resident's health care appraisal and addressed in the resident's assessment plan.

ANALYSIS:	There is insufficient evidence that the facility’s heat was not functioning properly or that any resident occupied room was maintained below 68 degrees Fahrenheit. During my inspection on 02/11, the thermostat registered at 72 degrees Fahrenheit. Observations of resident occupied areas did not indicate conditions consistent with inadequate heating.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION: Food served to residents is not nutritious.

INVESTIGATION: The complaint alleged the facility’s meals are not nutritious as staff consistently serve chicken and frozen meals daily.

On 01/30/2026, I reviewed the nutritional allowances recommended by the United States Department of Agriculture and the United States Department of Health and Human Services in the Dietary Guidelines for Americans (DGA), 2020-2025, which recommends meals include a balanced intake of nutrient dense foods across all major food groups, including fruits, vegetables, whole grains, lean proteins, and low fat or fat free dairy. Examples of nutrient dense foods include fresh fruits and vegetables, whole grain breads and cereals, lean meats or poultry, fish, eggs, beans and low fat dairy products. The guidelines emphasize variety and recommend adequate intake of fiber, vitamins, and minerals while limiting saturated fat, sodium, and added sugars.

For older adults, additional focus is placed on sufficient protein intake, hydration, and consumption of nutrient dense foods to support overall health and prevent malnutrition. Regular inclusion of fresh or minimally processed fruits and vegetables, whole grains, and lean protein sources is necessary to meet these nutritional recommendations and support a balanced diet.

I interviewed Kanika Steele, who stated three staff are assigned to the facility’s commercial kitchen located in a connected building, where all meals are prepared and stored. She stated a significant portion of meals served to residents consist of frozen pre-prepared meals, including lasagna and macaroni and cheese with breakfast items including oatmeal and French toast sticks. She further stated chicken wings are served multiple times per week for lunch and fruits and vegetables are commonly provided as canned or frozen. She stated substitutions may include peanut butter and jelly sandwiches or leftovers.

I conducted my investigation on 02/11/2026, during lunchtime in order to observe a meal being served. A menu was not initially posted; however, upon request, kitchen staff, Dazaray Rodgers, provided and posted a menu dated 02/09-02/14. The documented date range was inconsistent with a full weekly cycle, as it excluded 02/15. While the posted menu dates were inaccurate, the menu items listed for that

day of the week were consistent with the meal observed, which identified “Fry chicken[*sic*], Fries, Corn, and Carot cake[*sic*]” as the lunch meal.

Based on my observation, residents were served breaded chicken wings, French fries, corn, and applesauce. I also observed residents being served peanut butter and jelly sandwiches because multiple residents reported the chicken wings were spicy and did not prefer them. Dazaray Rodgers provided the packaging for the chicken wings, which identified the item as “fully cooked, hot and spicy breaded chicken wings 1st and 2nd sections.”

During my investigation, I observed multiple food storage areas including freezers, refrigerators, and pantry shelves. These areas contained a predominance of bulk frozen, processed, and prepackaged food items. Frozen storage included items such as breaded and prepared meats, corndogs, waffles, hashbrowns, French toast sticks, mixed vegetables, and other pre-portioned products like sausage patties, breaded chicken wings, and desserts. The refrigerator contained prepared foods stored in containers and bags, including items identified as sausage and bratwursts, along with packaged baked goods/desserts. Pantry storage included baking mixes (e.g. pancake and cornbread mix), canned goods like pineapple chunks in fruit juice, sweetened applesauce, sausage gravy, and bottled juice products. While some nutrient dense items were present, including oatmeal, frozen green beans and Brussel sprouts, there was no observable fresh fruit or vegetable inventory. Overall, the food supply appeared to rely heavily on processed, refined, and convenience food items, with limited variety of fresh and whole food options.

I interviewed Dazaray Rodgers who stated she prepares and serves food as directed by the facility’s executive director, Isabelle Sanhou. She stated Isabelle Sanhou is responsible for ordering the facility’s food. Dazaray Rodgers stated she was not aware of any fresh fruit or vegetables in the facility, but indicated there were multiple frozen vegetables and canned fruit available. She stated snacks for residents were described as a variety of desserts, donuts, Oreos, chips or crackers. She also stated chicken wings are prepared multiple times per week and that she attempts to include vegetables with meals.

Dazaray Rodgers further stated she was unaware the chicken wings served were hot and spicy until the product packaging was reviewed. She stated having prior kitchen experience but indicated she did not receive formal training from the licensee, stating her training was “hands on”.

I interviewed direct care staff, Kanika Steele and Lynette Gabbidon. Both stated they were not responsible for meal preparation, as this was the responsibility of kitchen staff. They further stated they were not aware of meal items in advance and only became aware of what is being served when kitchen staff bring meals out for service.

I interviewed Resident A who stated the food in the facility was “deplorable”. She stated the mashed potatoes are “runny”, Brussel sprouts are mushy, and pot roast was “terrible”. She further stated chicken wings are served multiple days per week. She stated menus are not posted and staff are often unaware of what is being served. She stated if she does not like the meal then her only alternatives are peanut butter and jelly sandwich or cereal, although cereal is often unavailable. Resident A stated a recent meal included nachos, baked beans, and corn and was recently served mini hot dogs with barbeque sauce. She further stated the facility is frequently out of food. She stated many residents have dementia; therefore, they do not complain about food.

Resident B’s statement was consistent with Resident A’s statement regarding recent meals, limited substitutions and lack of menu posted. She stated meals are often high in starch and low in protein, and that canned foods are frequently served.

I attempted to interview multiple other residents; however, despite engagement efforts and observation, these residents were unable to provide meaningful responses or information.

On 02/12/2026, the licensee designee, Prabhjot Singh, provided Gordon Food Services (GFS) purchasing invoices from 12/31/2025 through 02/12/2026. I reviewed the invoices dated 12/31, 01/05, 01/09, 01/10, 01/12, 01/13, 01/14, 01/17, 01/19, 01/21, 01/27, 01/29, and 01/31. My review of the GFS purchase invoices dated 12/31 - 01/31 reflects consistent purchasing of processed, pre-prepared, and convenience food items, including frozen entrees, pasta dishes, meatballs, macaroni and cheese, pizza, hot dogs, soups, frozen breakfast items and packaged side dishes. Frequent purchases also included refined grain products such as biscuits, white bread, buns, waffles, pancakes and cereals.

Snack and dessert type items were regularly purchased throughout this period and included cookies, brownies, pudding, cakes, chips, and other sweet or processed snack foods.

Protein sources primarily consisted of processed or pre-prepared items such as breaded chicken products, meatballs, sausage, sausage patties, and hot dogs, with some purchases of ground beef, grilled chicken, deli turkey, liquid eggs, and limited fresh proteins.

Fresh produce purchases were present but limited and inconsistent. When observed, items included fruits such as berries, grapes, and pineapple in juice, and vegetables such as onions, peppers, tomatoes, potatoes, and carrots. Frozen vegetables such as lettuce, spinach, peas and carrots, and Brussel sprouts were also purchased.

Review of product information for commonly purchased items indicates many are processed and likely higher in sodium, saturated fat, and/or added sugars compared to fresh or minimally processed alternatives.

Overall, purchasing patterns during this time frame reflect a reliance on processed and convenience food items, with limited and inconsistent inclusion of fresh, whole food ingredients necessary to support a varied and balanced diet.

I also reviewed all 13 residents' Health Care Appraisals (HCAs) and found no documentation indicating any resident required a special diet, such as diabetic or low calorie, or had specific dietary needs.

Tye'sha Travis' statement was consistent with Dazaray Rodgers statement. She stated she was employed at the facility from 12/27/2025 through early February and worked in the kitchen approximately 3-4 days per week from 6 am until 6 pm. She stated meal preparation was based on available food items in the refrigerator, freezer, and pantry.

Tye'sha Travis stated Isabelle Sanhou was responsible for ordering food through GFS and primarily purchased items such as chicken wings, mixed vegetables, and mashed potatoes. She stated she served chicken wings each shift and reported that hot chicken wings were served during her last shifts. Tye'sha Travis further stated vegetables available for residents were limited to frozen items, with no fresh fruits or vegetables available. She indicated canned fruit was available at times. She stated breakfast typically consisted of oatmeal, toast and sausage, and stated eggs were rarely available, except for occasional frozen eggs that required steaming.

Isabelle Sanhou stated she places weekly food orders through GFS and creates the facility menu with the assistance of GFS. She stated she orders food weekly, which is delivered by GFS. She stated if items run out, additional food is purchased locally (e.g. Meijer or staff go directly to GFS). She identified commonly ordered and served items including pancakes, scrambled eggs, fruit (e.g. peaches), cottage cheese, chicken wings, pork loin, ground beef, turkey, and mashed potatoes. She stated vegetables served include mixed vegetables, Brussel sprouts, corn, and peas, and stated desserts are also available.

Isabelle Sanhou stated she did not believe chicken wings were served daily, but acknowledged they may be served multiple times per week, including upon resident request. She stated boneless wings were ordered in response to complaints about bones. She further stated that frozen pre-prepared meals, such as lasagna, stuffed peppers, and macaroni and cheese, are served. She stated fresh fruit and vegetables, including salads, have also been served.

Sarah Harris' statement was consistent with Isabelle Sanhou's statement. She stated fresh fruit is available throughout the week and that chicken wings are served multiple times per week, noting residents report they enjoy this item.

APPLICABLE RULE	
R 400.663	**Nutrition; adoption by reference.**
	(4) Meals must meet the nutritional allowances recommended by the United States Department of Agriculture and the United States Department of Health and Human Services in the Dietary Guidelines for Americans (DGA), 2020-2025. The Dietary Guidelines for Americans 2020-2025 are adopted by reference and available to be viewed or downloaded from the U.S. Department of Agriculture and the U.S. Department of Health and Human Services at https://www.dietaryguidelines.gov at no cost at the time of adoption of these rules. A copy of these guidelines is available for inspection and distribution from the Bureau of Community and Health Services, Department of Licensing and Regulatory Affairs, at 611 West Ottawa Street, P.O. Box 30664, Lansing, Michigan 48909 at a cost of 15 cents per page as of the time of the adoption of these rules.

ANALYSIS:	Based on my investigation, which included a review of the United Stated Department of Health and Human Services in the Dietary Guidelines for Americans (2020-2025), interviews with multiple direct care staff, direct observations, menu review, and an analysis of the Gordon Food Service (GFS) purchasing invoices dated 12/31/2025 through 01/31/2026, meals provided by the facility do not demonstrate consistency with recommended nutritional allowances. The Dietary Guidelines for Americans (2020-2025) emphasize a balanced diet consisting of a variety of nutrient dense foods, including fruits, vegetables, whole grains, lean proteins, and dairy, while limiting added sugars, sodium, and saturated fats; however, review of GFS purchasing invoices reflects a pattern of reliance on processed, pre-prepared, and convenience food items. Frequently purchased items included frozen entrees, macaroni and cheese, pizza, hot dogs, sausage patties, breaded chicken products, refined grain items, and a high volume of snack and dessert foods such as cookies, cakes, pudding and chips. Fresh produce purchases were limited and inconsistent in comparison. Menu review and direct observation further support this pattern, reflecting frequent use of processed foods and limited variety of nutrient dense options. Additionally, reported meal substitutions such as peanut butter and jelly sandwiches and cereal do not provide nutritionally comparable alternatives when used routinely. Product information for commonly purchased items indicates many are higher in sodium, saturated fat, and/or added sugars, which is inconsistent with the Dietary Guidelines for Americans. Based on the above information, the facility's purchasing practices, menu offerings, and meal substitutions do not demonstrate the provision of balanced, varied, and nutrient dense meals as required.
CONCLUSION:	**VIOLATION ESTABLISHED**

ALLEGATION:

- **Leftover food is being used with other meals.**
- **Staff are not properly preparing, serving and storing food.**

INVESTIGATION: The complaint alleged leftover food from prior meals is being reused in meals served on subsequent days, that food stored in the refrigerator is uncovered, and that kitchen staff are not wearing hair nets resulting in hair being found in resident food. The complaint further alleged kitchen staff, Sarah Harris, has brought her dog into the facility and has allowed it to lick her fingers, after which she proceeded to serve food to residents.

Kanika Steele stated she did not have much recent information regarding kitchen staff and how food is prepared, served and stored as direct care staff were recently instructed not to enter the kitchen. She stated that leftovers are occasionally reused if a resident does not like a meal being served; however, she was unable to confirm whether leftovers are taken from resident plates and mixed with other leftovers. She stated leftovers may be covered; however, coverings may not be secure. She further stated that not all kitchen staff wear hair nets and gloves, although she stated compliance has improved over the past month. Kanika Steele stated she has not observed hair in residents' food, and no residents have reported such concerns. She also stated that Sarah Harris has brought her dog into the facility, but she did not observe her serving food while the dog was present.

Resident A and Resident B stated that kitchen staff currently wear hairnets and gloves now, although they indicated this was not previously consistent. Neither resident reported seeing hair in their food. Resident A stated she's observed Sarah Harris' dog in the dining room in the past, but did not recall her serving food while holding the dog. Resident B did not recall observing any staff holding a dog while serving food. Neither resident had knowledge of food storage practices in the facility.

During the inspection, I observed kitchen staff, Dazaray Rodgers, wearing a hair net and gloves while preparing food. Dazaray Rodgers stated that, based on her prior experience working in food service settings, she is aware of the need to wear proper attire while preparing food and reports doing so consistently. She further stated that she follows proper hand hygiene practices while preparing and serving food. Dazaray Rodgers stated she did not have any information regarding whether other kitchen staff follow the same practices. She further stated she labels and dates food and ensures it is properly covered prior to storage but reported that not all kitchen staff consistently follow these procedures.

I observed the facility's refrigerators and noted food in their original cooking containers. For example, I observed sausage patties in metal containers that were not covered. I also observed a large metal pot containing a thick, opaque liquid food

substance that was partially covered with plastic wrap; however, the plastic wrap was in direct contact with and partially submerged in the contents.

Tye'sha Travis stated Isabelle Sanhou instructed her and other kitchen staff to collect the leftovers on resident's plates, place the leftovers back in the original cooking dishes and store them in the refrigerator for later use. She stated she would cover these containers, but did not believe other kitchen staff consistently did so. Tye'sha Travis further stated she wore appropriate attire while preparing food, including a hairnet and gloves; however, she stated that other kitchen staff did not consistently wear hair nets or gloves. She denied being aware of any instances of hair in resident food.

Isabelle Sanhou and Sarah Harris provided similar statements. Both stated that kitchen staff wear gloves and hair nets while preparing and serving food, and that masks are available if needed. Neither Isabelle Sanhou nor Sarah Harris identified concerns with hair in resident food. They both denied that Sarah Harris brought her dog into the facility while serving food and stated the dog was present only to provide comfort to residents. Both further stated that food remaining on a resident's plate may be saved after a meal if the resident is unable to eat at that time and intends to eat later or use it as a substitute meal. They stated such food is covered and stored in the refrigerator. Both indicated that, otherwise, food from residents' plates is not reused for subsequent meals.

APPLICABLE RULE	
R 400.665	**Food Service.**
	(3) Food must be protected from contamination while being transported, stored, prepared, and served.

ANALYSIS:	The allegations regarding reuse of leftovers from resident plates and inconsistent use of hairnets and gloves were investigated through interviews with staff and residents. Staff and resident statements were inconsistent, and these allegations could not be corroborated through direct observations or additional evidence at the time of the investigation. However, direct observations made during the inspection establish that the facility's kitchen staff did not ensure food was protected from contamination during storage. Food items were observed in the refrigerator stored in original cooking containers without adequate covering, including sausage patties in uncovered containers. Additionally, a large metal pot containing a thick, opaque liquid food substance was observed partially covered; however, the plastic wrap was in direct contact with and partially submerged in the contents which does not constitute proper protection from contamination.
CONCLUSION:	**VIOLATION ESTABLISHED**

ALLEGATION: The facility did not have toilet paper for two weeks.

INVESTIGATION:

Kanika Steele stated she was not aware of the facility being without toilet paper for two weeks. She stated there had been a recent instance where toilet paper had been delivered to the facility, but additional supplies were needed. She further indicated that Isabelle Sanhou was informed of the need for more toilet paper and subsequently obtained additional supplies.

During my inspection, I observed sufficient toilet paper in each resident bathroom, as well as additional supplies in storage.

Resident A stated that approximately two weeks prior (around 01/15), she ran out of toilet paper in her room. She stated she notified staff, and toilet paper was provided within one day. She reported using Kleenex in the interim.

Resident B did not identify any concerns regarding access to toilet paper. She stated she typically purchases her own, but toilet paper is available if needed.

Tye'sha Travis's statement was consistent with the allegations. She stated Isabelle Sanhou was aware of the shortage, but did not obtain any additional supplies, resulting in staff and residents using brown paper towels.

Isabelle Sanhou's stated there was an issue on a day she was not working in which staff were unable to access reserve toilet paper due to lack of access to storage

room keys. She stated staff contacted her regarding the issue, and she instructed them to purchase toilet paper from a local store, which they did. She stated she reimbursed staff for the purchase. Isabelle Sanhou stated the lack of toilet paper lasted approximately two hours.

Sarah Harris stated there was an incident in late January/early February when GFS did not complete a delivery due to weather. She stated residents were not without toilet paper, but that staff obtained additional supplies from a local store for the weekend. She stated the delivery was made the following Monday and denied the at the facility was without toilet paper for two weeks.

APPLICABLE RULE	
R 400.677	**Resident hygiene, clothing.**
	(2) A licensee shall ensure the resident receives or has access to all of the following: **(d) Availability of all the following resident hygiene supplies:** ***(viii) Toilet paper.***
ANALYSIS:	Based on my investigation, which included interviews with staff and multiple residents, there is insufficient evidence to support that residents did not receive or have access to toilet paper. While interviews suggest there may have been brief instances where toilet paper was temporarily unavailable, staff reported these situations were addressed. Additionally, at the time of the inspection, adequate toilet paper was observed throughout the facility.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ADDITIONAL FINDING:

INVESTIGATION:

During the inspection, I observed multiple food containers stored in the refrigerator without labels indicating preparation or discard dates. This included a large plastic container with contents covered by a lid but labeled only with the facility name, without any date information, as well as additional food items stored in metal containers without labeling to identify when the food was prepared or when it should be discarded.

Dazaray Rodgers stated she did not prepare or store the observed food times and reported that she follows proper food labeling practices, including labeling food with preparation and discard dates.

Additionally, both Tye'sha Travis and Sarah Harris denied this practice and stated they are aware that leftover food and food removed from original packaging should be properly labeled.

APPLICABLE RULE	
R 400.665	**Food Service.**
	(7) When food is removed from its original packaging and stored, it must be clearly labeled to identify the prepared or opened date and an expiration or discard date. The discard date must be no more than 7 days on all perishable foods that are opened or if food is prepared and held at safe storage temperatures. The day of opening or day of preparation must be counted as day 1. If there are signs of spoilage, food must be discarded immediately. If any residents of the home have known food allergies, the label must also indicate that this food contains the food or ingredient that the resident is allergic to.
ANALYSIS:	Although the facility's three identified kitchen staff stated an awareness of food labeling requirements, these statements were inconsistent with observations. Direct observation during the investigation showed that food stored in the refrigerator was not clearly labeled with preparation or discard dates, which does not ensure compliance with required food storage timeframes.
CONCLUSION:	**VIOLATION ESTABLISHED**

On 03/18/2026, I conducted my exit conference with the licensee designee, Prabhjot Singh. He agreed with my findings and acknowledged the violations. He confirmed if toilets or the heat is not functioning adequately he contacts services immediately. He stated he plans to consult with a nutritionist to possibly review the facility's menus to ensure they are nutritious and meeting requirements. I consulted with Prabhjot Singh about auditing the GFS invoices regularly to ensure staff are purchasing appropriate and nutritious food. He also stated he has talked to staff about labeling food and implementing this recent rule change.

IV. RECOMMENDATION

Upon receipt of an acceptable plan of correction, I recommend no change in the current license status.

03/19/2026

Cathy Cushman Date
Licensing Consultant

Approved By:

03/23/2026

Dawn N. Timm Date
Area Manager