



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

March 17, 2026

Juliana Kiptarus  
Hilten Group Home LLC  
6755 Keystone St.  
Portage, MI 49024

RE: License #: AM130417481  
Investigation #: 2026A1034015  
Hilten Group Home

Dear Mrs. Kiptarus:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan was required. On 3/2/26, you submitted an acceptable written corrective action plan.

It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan.

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 (616) 356-0100.

Sincerely,

*Kevin L Sellers*

Kevin Sellers, Licensing Consultant  
Department of Licensing and Regulatory Affairs  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
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enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM130417481
<b>Investigation #:</b>	2026A1034015
<b>Complaint Receipt Date:</b>	02/18/2026
<b>Investigation Initiation Date:</b>	02/20/2026
<b>Report Due Date:</b>	04/19/2026
<b>Licensee Name:</b>	Hilten Group Home LLC
<b>Licensee Address:</b>	6755 Keystone St. Portage, MI 49024
<b>Licensee Telephone #:</b>	(517) 348-9493
<b>Administrator:</b>	Juliana Kiptarus
<b>Licensee Designee:</b>	Juliana Kiptarus
<b>Name of Facility:</b>	Hilten Group Home
<b>Facility Address:</b>	20544 McAllister Rd. Battle Creek, MI 49016
<b>Facility Telephone #:</b>	(517) 348-9493
<b>Original Issuance Date:</b>	01/29/2024
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	07/29/2024
<b>Expiration Date:</b>	07/28/2026
<b>Capacity:</b>	12
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

	AGED
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**II. ALLEGATION(S)**

	<b>Violation Established?</b>
Direct care staff ratio to residents was inadequate	No
Bathroom floor rotten and unsafe	Yes
Damaged door and unable to lock	No

**III. METHODOLOGY**

02/18/2026	Special Investigation Intake 2026A1034015
02/19/2026	APS Referral- Made
02/19/2026	Contact - Telephone Contact Made
02/20/2026	Special Investigation Initiated – Telephone Contact
03/02/2026	Inspection Completed On-site
03/02/2026	Inspection Completed-BCAL Sub. Compliance
03/02/2026	Exit Conference
03/02/2026	Corrective Action Plan Received
03/06/2026	Contact - Telephone Contact Made
03/16/2026	Contact - Telephone Contact Made
03/16/2026	Exit Conference

**ALLEGATION:**

**Direct care staff ratio to residents was inadequate**

**INVESTIGATION:**

On 2/18/26, I received a complaint through LARA-BCHS complaint alleging direct care worker (DCW) to resident ratio was inadequate. The complaint alleged DCW

Serah Muia disclosed being the only direct care staff member working at the facility. The complaint alleged DCW Muia disclosed not being awake during sleeping hours.

On 2/20/26, I interviewed Resident A's Pines Behavioral Health case manager Tammy Spaulding via telephone. Ms. Spaulding reported investigating concerns of inadequate staffing ratio between residents and staff members.

On 3/2/26, I conducted an unannounced on-site investigation and interviewed licensee designee Juliana Kiptarus at the facility. Ms. Kiptarus denied the facility has been understaffed putting residents at risk. Ms. Kiptarus reported the facility resident bed capacity was twelve but currently there were only three residents residing at the facility. Ms. Kiptarus reported herself and DCW Serah Muia were the two individuals covering care and supervision for each resident. Ms. Kiptarus reported being aware of her requirements ensuring staff members will be awake during resident sleeping hours. Ms. Kiptarus denied herself nor DCW Muia ever slept during resident sleeping hours.

On 3/2/26, I interviewed DCW Serah Muia at the facility. DCW Muia's statements coincided with those of Ms. Kiptarus.

On 3/2/26, I interviewed Residents A, B and C at the facility. Residents A, B and C reported Ms. Kiptarus and DCW Serah Muia were the two individuals providing their daily personal care needs and supervision. Residents A, B and C denied having issues with their daily personal care needs and supervision not being met. Residents A, B and C denied witnessing either Ms. Kiptarus or DCW Muia sleeping during resident sleeping hours.

On 3/2/26, I reviewed Hilten Group Home Employee Schedule from 12/1/25 through 3/31/26. While reviewing the employee schedule, I observed Juliana Kiptarus and Serah Muia were assigned to work during dayshift and nightshift for three residents.

On 3/6/26, I followed up with Behavioral Health case manager Tammy Spaulding who reported denying the allegation due to lack of evidence.

<b>APPLICABLE RULE</b>	
<b>R 400.633</b>	<b>Staffing requirements.</b>
	<b>(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</b>

	<p><b>care staff to residents must not be less than 1 direct care staff to either of the following:</b></p> <p><b>(a) 15 residents during waking hours or 20 residents during sleeping hours for large group homes and congregate facilities.</b></p> <p><b>(b) 12 residents for small group and family homes.</b></p>
<b>ANALYSIS:</b>	<p>Based on interviews with Ms. Kiptarus, DCW Muia, Residents A, B, and C, Ms. Spaulding along with reviewing Hilten Group Home employee schedule, I found the ratio of direct care staff to residents was adequate to meet the needs of the residents currently living in the facility.</p>
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION:**

**Bathroom floor rotten and unsafe**

**INVESTIGATION:**

The complaint alleged flooring in the first floor bathroom near the shower was soft and spongy with concerns residents could fall through the floor.

Ms. Spaulding reported investigating concerns flooring in the first floor bathroom was rotten and unsafe for residents.

Ms. Kiptarus reported having an issue with the flooring around the shower unit in the first floor bathroom. Ms. Kiptarus reported the subfloor is spongy but not rotted all the way through. Ms. Kiptarus reported addressing the concern by hiring a licensed contractor. Ms. Kiptarus reported the licensed contractor was scheduled to remediate the flooring issue on 3/5/26. Ms. Kiptarus reported residents were still able to utilize the toilet, sink and shower. Ms. Kiptarus shared attempting to limit the amount residents shower to three days a week instead of daily until she was able to remediate the flooring.

DCW Muia's statements coincided with those of Ms. Kiptarus.

Residents A, B and C reported having knowledge of the spongy flooring in front of the shower unit in the first floor bathroom. Residents A, B and C denied the flooring issue affected them from utilizing the bathroom or showering. Residents A, B and C reported being aware Ms. Kiptarus was trying to remediate the flooring situation.

During my on-site investigation, I observe flooring surrounding the shower unit in the first floor bathroom. A five by twelve inch area of the floor was observed spongy when weight was applied directly onto the flooring.

Ms. Spaulding reported substantiating the allegation due to evidence of the damaged bathroom flooring.

<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>	Based on interviews with Ms. Kiptarus, DCW Muia, Residents A, B, and C, Ms. Spaulding along with observation of the flooring surrounding the shower in the first floor bathroom. It was evident of the damaged flooring concerns surrounding the shower unit. The subflooring was soft and spongy when pressure was applied to the floor. Ms. Kiptarus was addressing the concern limiting the amount of times residents showered weekly and hired a licensed contractor to remediate the flooring.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**ALLEGATION:**

**Damaged door and unable to lock**

**INVESTIGATION:**

The complaint alleged the facility bathroom smelled of urine, there was a hole in the bathroom door and the bathroom door would not lock.

Ms. Spaulding reported investigating concerns of the urine smell in the bathroom, damaged door and broken door handle.

Ms. Kiptarus reported how there was a hole in the bathroom door and the door handle would not lock. Ms. Kiptarus reported addressing those concerns by hiring a licensed contractor replacing the bathroom door and door handle. Ms. Kiptarus denied concerns the bathroom smelled like urine.

DCW Muia’s statements coincided with those of Ms. Kiptarus.

Residents A, B and C reported having knowledge of the damaged bathroom door and broken door handle. Residents A, B and C denied this issue affecting their wellbeing and Ms. Kiptarus immediately addressed the concerns.

Reviewed Hutcherson Construction paperwork dated 2/6/26 which confirmed removal/replacement of bathroom door along with door handle.

During my on-site investigation I did not observe holes in the bathroom door and the door handle was able to lock. I did not observe a urine smell inside the bathroom. Ms. Tammy Spaulding reported denying the allegation due to lack of evidence.

<b>APPLICABLE RULE</b>	
<b>R 400.655</b>	<b>Bathrooms.</b>
	<b>(3) Bathrooms must have doors with positive-latching, non-locking-against-egress hardware. Hooks, bolts, bars, and other similar devices are prohibited on bathroom doors.</b>
<b>ANALYSIS:</b>	Based on interviews with Ms. Kiptarus, DCW Muia, Residents A, B, and C, Ms. Spaulding along with reviewing remediation paperwork and observation of the facility. I found the facility did have evidence of a damaged bathroom door and door handle, however, management reasonably hired a licensed contractor addressing the problem.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

On 3/2/26, I conducted an exit conference with licensee designee Juliana Kiptarus who agreed with the findings of the special investigation.

#### IV. RECOMMENDATION

A written corrective action plan was acceptable on 3/2/26, no change in license is recommended.

*Kevin L Sellers*

3/17/26

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Kevin Sellers  
Licensing Consultant

Date

Approved By:



3/18/26

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Ardra Hunter  
Area Manager

Date