



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 24, 2026

Shari Teneyuque
Agape Care Systems Inc
3060 Van Geisen Rd
Caro, MI 48723

RE: License #: AS790088128
Investigation #: 2026A0572020
Agape Care Systems Inc.

Dear Shari Teneyuque:

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 black ink that reads "Anthony Humphrey". The signature is written in a cursive style with a large, looping flourish at the end of the name.

Anthony Humphrey, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48605
(810) 280-7718

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS790088128
Investigation #:	2026A0572020
Complaint Receipt Date:	01/26/2026
Investigation Initiation Date:	01/29/2026
Report Due Date:	03/27/2026
Licensee Name:	Agape Care Systems Inc
Licensee Address:	3060 Van Geisen Rd Caro, MI 48723
Licensee Telephone #:	(989) 673-7360
Acting Administrator:	Shari Teneyuque
Acting Licensee Designee:	Shari Teneyuque
Name of Facility:	Agape Care Systems Inc.
Facility Address:	3060 Van Geisen Road Caro, MI 48723
Facility Telephone #:	(989) 673-7360
Original Issuance Date:	11/03/1999
License Status:	REGULAR
Effective Date:	07/23/2024
Expiration Date:	07/22/2026
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
Keys are left on top of the medication cart and are easily accessible to residents.	Yes
Resident A is taking Klonopin as an PRN and it is not listed on the Medication Administration Report (MAR).	No
Resident B does not have MAR sheets documenting his medications.	No
There is no food program being followed in the home.	No
There are no policies or documentations required in the home.	No
There are no job descriptions in the file. Staff are not CPR or First Aid Trained.	No

III. METHODOLOGY

01/26/2026	Special Investigation Intake 2026A0572020
01/29/2026	Special Investigation Initiated - On Site Staff, Laura Tucker.
03/23/2026	Exit Conference Licensee Designee, Shari Teneyuque.
03/24/2026	APS Referral An APS Referral was made.

ALLEGATION:

Keys are left on top of the medication cart and are easily accessible to residents.

INVESTIGATION:

On 01/26/2026, the local licensing office received a complaint for investigation. An onsite will be conducted within the week.

On 01/26/2026, I made an unannounced onsite at Agape Care Systems Inc., located in Tuscola County, Michigan. I was able to interview staff, Staff, Laura Tucker and I observed Resident A sitting in the living room.

On 01/26/2026, I made an observation of the keys sitting on top of the medication cart. The med cart was locked. When I began my interview of Staff, Laura Tucker regarding the allegation, she grabbed the keys and placed them around her neck. Staff Tucker said in a previous home she worked in the residents were much younger and able body so they did keep the keys with them at all times. The residents in this home are elderly or not as physically able to move around as much, so they just leave the keys on the cart. Laura Tucker informed that she would make a note in the Communication Log that they will keep the keys on them at all times.

On 03/23/2026, I interviewed the Acting Licensee Designee (LD), Shari Teneyuque regarding the allegation. LD Teneyuque informed that she had previously told staff to keep the keys on them because they had gotten away from doing this, but staff must have slowly started leaving the keys on the med cart again. Staff now know not to leave the keys to the med cart lying around.

On 03/23/2026, I held an exit conference with Acting Licensee Designee, Shari Teneyuque regarding the results of the special investigation. Shari Teneyuque informed that she understood the importance of keeping the med cart keys on them at all times and has already corrected this issue.

APPLICABLE RULE	
R 400.647	Safety and maintenance of premises.
	(1) A facility must be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.
ANALYSIS:	Based on my observation and interview of staff, there is enough evidence to establish a licensing rules violation as the keys to the med cart were observed sitting on top of the medication cart.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

Resident A is taking Klonopin as an PRN and it is not listed on the Medication Administration Report (MAR).

INVESTIGATION:

On 01/26/2026, I interviewed Staff, Laura Tucker regarding the allegation. Staff Tucker informed me that Resident A is not prescribed this medication. Laura Tucker indicated that she administers the morning medications and Resident A does not take any noon medications. I reviewed the MAR and there is no Klonopin medication listed. I then asked to review the medication cart. In review of all of Resident B's medications, there was no Klonopin medication found.

On 03/23/2026, I interviewed the Acting Licensee Designee (LD), Shari Teneyuque regarding the allegation. LD Teneyuque informed me that no one in their home is prescribed that medication.

APPLICABLE RULE	
R 400.675	Resident medications.
	(4) A licensee, administrator, or direct care staff shall comply with the following when supervising the taking of medication by a resident: (b) Complete an individual medication log that contains all of the following: (i) Medication name. (ii) Dosage. (iii) Label instructions for use. (iv) Time to be administered. (v) Initials of the individual who administered the medication at the time given. (vi) Resident's refusal to accept prescribed medication or procedures at time of refusal.
ANALYSIS:	Based on the interview of staff, review of medication records and the med cart, there is not enough evidence to establish a licensing rules violation. Staff informed that Resident B is not prescribed Klonopin. The Acting Licensee Designee informed that none of the residents are prescribed this medication. I also did not see this medication in the MAR or in the medication cart.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Resident B does not have MAR sheets documenting his medications.

INVESTIGATION:

On 01/26/2026, I interviewed Staff, Laura Tucker regarding the allegation. As of 01/13/2026, Resident B became a resident in the home. Laura Tucker informed that they do have a MAR for Resident B. I reviewed the MAR for Resident B and there were two pages of medications noted and up to date. I also reviewed the medications in the Med Cart and they appeared to be all in the appropriate area of the cart and did not appear to be any missing.

On 03/23/2026, I interviewed the Acting Licensee Designee, Shari Teneyuque regarding the allegation. Sharin Teneyuque informed that Resident B was in medical care and the daughter dropped him off to the home upon his discharge. The daughter did not have any medications for him as medical care did not send Resident B home with any. They received his medications the very next day and added them all on the MAR.

APPLICABLE RULE	
R 400.675	Resident medications.
	(4) A licensee, administrator, or direct care staff shall comply with the following when supervising the taking of medication by a resident: (e) Not adjust or modify a resident's prescription medication without instructions from a physician, physician assistant, advanced practice nurse, or a pharmacist who has knowledge of the medical needs of the resident. A licensee shall record in writing any instructions regarding a resident's prescription medication.
ANALYSIS:	Based on my interview with staff, review of MAR and the med cart, there is not enough evidence to establish a licensing rules violation. Staff informed that they have a MAR for Resident B and I confirmed this by reviewing the MAR and I also observed the medications in the med cart.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

There is no food program being followed in the home.

INVESTIGATION:

On 01/26/2026, I interviewed Staff, Laura Tucker regarding the allegation. Laura Tucker informed that they do their own Menu as opposed to something off a website as this gives the residents the opportunity to make some of their own choices. There are no residents with a special dietary need, so they give the residents options, by allowing them to assist staff with making the menu schedule. I reviewed several

months of menus for the home, and they have 3 meals listed with fresh fruits and vegetables provided. I also observed plenty of food in the freezer, refrigerator, kitchen cupboards and fruit on the counter.

On 03/23/2026, I interviewed the Acting Licensee Designee, Shari Teneyuque regarding the allegation. She informed that they have food menus in the Medication Book now. It used to be on the refrigerator, so she assumes that the complaint was made because the menu is not on the refrigerator anymore. She wants it in the Medication Book with all of their charting logs, so no one forgets to view them daily. The residents have 3 meals per day, plenty of fresh fruits in the refrigerator and they have a snack drawer. The residents have full access to the snacks and the refrigerator.

APPLICABLE RULE	
R 400.663	Nutrition; adoption by reference.
	(1) A licensee shall provide daily a minimum of 3 nutritious meals to residents.
ANALYSIS:	Based on my interview with staff, observation of the menus and the food in the food storage areas, there is not enough evidence to establish a licensing rules violation. I reviewed several months of menus and observed plenty of food in the food storage areas.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

There are no policies or documentations required in the home.

INVESTIGATION:

On 01/26/2026, I interviewed Staff, Laura Tucker regarding the allegation. She informed that there is a handbook that has all of the policies and procedures and each employee must review and ensure that they understand the policies and procedures. Laura Tucker showed me the Policy and Procedure Book, which was readily accessible to staff.

On 03/23/2026, I interviewed the Acting Licensee Designee, Shari Teneyuque regarding the allegation. Shari Teneyuque informed that they have Policy and Procedures, but they did not have anything signed indicating that they had read and understood the policies and procedures. Shari Teneyuque is in the process of taking over the home under a new name and is updating all the policies and procedures with a signature page. The current license did submit policies and procedures that met our requirement at the time of licensure. Shari Teneyuque stated that there are policies and procedures that are accessible to staff.

APPLICABLE RULE	
R 400.701	Required personnel policies.
	<p>(1) A licensee shall have all the following written policies and procedures:</p> <ul style="list-style-type: none"> (a) Mandatory reporting. (b) Resident care related prohibited practices. (c) Confidentiality requirements in accordance with section 12(3) of the act, MCL 400.712. (d) Training requirements, including understanding the act and these rules. (e) Resident rights in accordance with R 400.681. (f) The process for reviewing the licensing statute and administrative rules with adult foster care staff. <p>(2) Written policies and procedures must be given to staff and volunteers at the time of hire or appointment. A verification of receipt of the policies and procedures must be maintained in the individual's personnel record.</p>
ANALYSIS:	Based on interviews with staff and review of records, there is not enough evidence to establish a violation of licensing rules. I've reviewed the staff policy and procedure booklet and have reviewed employee files several times over the years to confirm that there's policy accessible to staff on site.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

There are no job descriptions in the file. Staff are not CPR or First Aid Trained.

INVESTIGATION:

On 01/26/2026, I interviewed Staff, Laura Tucker regarding the allegation. All staff were properly trained prior to the licensee designee passing away and they all know what their job description entails. Job Descriptions are in the file. She does not remember if they had to sign anything acknowledging that reviewed and understood their job description. She believes that all staff are CPR and First Aid Trained with the exception of a new employee still may need to be scheduled.

On 03/23/2026, I interviewed the Acting Licensee Designee, Shari Teneyuque regarding the allegation. She informed that there are job descriptions that everyone reviewed and it's placed in their files. She is in the process of updating it with a signature page. All staff are trained in CPR and First Aid except for her newest staff,

which is scheduled for training and another staff is going back to training because her First Aid is about to expire.

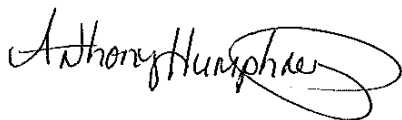
On 03/23/2026, I reviewed some employee files and determined that all staff have job descriptions in their files and all staff are currently CPR and First Aid trained, except for a newly hired employee. According to Shari Teneyuque, the new employee is not scheduled to work by themselves. Job descriptions are also in the employee files.

APPLICABLE RULE	
R 400.639	Staff records.
	<p>(1) A licensee shall maintain a record for each staff that contains all of the following:</p> <p>(e) Verification of experience, highest level of education completed, and training.</p> <p>(i) Verification of the receipt by the staff of personnel policies and job descriptions.</p>
ANALYSIS:	Based on interviews with staff and review of records, there is not enough evidence to establish a licensing rule violation. All staff are trained in First Aid and CPR, with new staff being scheduled for training and another staff being scheduled for a renewal. Job descriptions are in the Employees Files.
CONCLUSION:	VIOLATION NOT ESTABLISHED

On 03/23/2026, I held an exit conference with Acting Licensee Designee, Shari Teneyuque. Shari Teneyuque was informed of the findings of this special investigation.

IV. RECOMMENDATION

I recommend that no changes be made to the licensing status of this small adult foster care group home, pending the receipt of an acceptable corrective action plan (3-6).




03/24/2026

Anthony Humphrey
Licensing Consultant

Date

Approved By:



03/24/2026

Mary E. Holton
Area Manager

Date