



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 3, 2026

Elena Barriger
Laurel Oaks Of South Haven
05499 73rd St
South Haven, MI 49090

RE: License #: AH800411514
Investigation #: 2026A1028034
Laurel Oaks Of South Haven

Dear Elena Barriger:

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 I am not available, and you need to speak to someone immediately, please contact the local office at (616) 356-0100.

Sincerely,

A handwritten signature in cursive script, appearing to read "Julie Viviano".

Julie Viviano, Licensing Staff
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503

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

I. IDENTIFYING INFORMATION

License #:	AH800411514
Investigation #:	2026A1028034
Complaint Receipt Date:	02/27/2026
Investigation Initiation Date:	03/02/2026
Report Due Date:	04/29/2026
Licensee Name:	Laurel Oaks Of South Haven LLC
Licensee Address:	217 N. Saginaw Midland, MI 48640
Licensee Telephone #:	(989) 423-9222
Authorized Representative/Administrator:	Elena Barriger
Name of Facility:	Laurel Oaks Of South Haven
Facility Address:	05499 73rd St South Haven, MI 49090
Facility Telephone #:	(269) 906-4066
Original Issuance Date:	01/13/2023
License Status:	REGULAR
Effective Date:	08/01/2025
Expiration Date:	07/31/2026
Capacity:	64
Program Type:	AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
Staff leave residents sitting in wet and soiled clothing and briefs for more than 8 hours at a time.	Yes
The facility is short-staffed.	No
There are multiple medication administration errors at the facility and residents do not receive insulin as prescribed.	No
Residents who are diabetic do not receive a diabetic diet.	No
Additional Findings	No

III. METHODOLOGY

02/27/2026	Special Investigation Intake 2026A1028034
03/02/2026	Special Investigation Initiated - Letter
03/02/2026	APS Referral APS made referral to HFA.
03/11/2026	Contact - Face to Face Interviewed Employee A at the facility.
03/11/2026	Contact - Face to Face Interviewed Employee B at the facility.
03/11/2026	Contact - Face to Face Interviewed the facility administrator at the facility.
03/11/2026	Contact - Face to Face Interviewed Resident A at the facility.
03/11/2026	Contact - Document Received Received the requested documentation from Employee A, Employee B, and the facility administrator.

This investigation will only address allegations pertaining to potential violations of the rules and regulations for Homes for the Aged (HFA). The complaint was submitted

anonymously to the HFA department with no identifying resident information and no identifying complainant or contact information. Due to the complainant being anonymous, the complainant could not be interviewed for this special investigation and additional identifying information could not be obtained. Please note that the HFA department does not address interpersonal incidents between employees. Also, please note this special investigation will not address the complaint allegation that '*there are cameras in most rooms of the facility*' because it is not accurate. The facility has cameras in the common areas and hallways only. Also, there are three residents in the facility that currently have cameras in [their] rooms and there is a documented policy along with an agreement between each resident and/or the resident's authorized representative, if any, and the facility for the use of the cameras in those residents' rooms.

ALLEGATION:

Staff leave residents sitting in wet and soiled clothing and briefs for more than 8 hours at a time.

INVESTIGATION:

On 2/27/2026, the Bureau received allegations through the online complaint system from referral from Adult Protective Services (APS).

On 3/11/2026, I interviewed Employee A who reported no residents are left to sit in soiled or wet briefs or clothing, as that would not be tolerated at the facility. Employee A reported that the facility completes shower tracking sheets and toileting/clothing tracking sheets daily to ensure resident health and wellbeing. Employee A reported there have been no complaints from residents or residents' families in assisted living for residents who require assistance with changing clothing or with toileting. There have also been no complaints from residents who reside in memory care or [their] families either. The shower tracking sheets and toileting/clothing tracking sheets are audited by management daily to ensure resident's care. Employee A reported the facility recently terminated an employee who was not assisting residents with toileting or clothing/brief changes. Employee A provided me with the requested documentation for my review.

On 3/11/2026, I interviewed Employee B at the facility whose statement was consistent with Employee A's statement.

On 3/11/2026, I interviewed the facility administrator whose statement was consistent with Employee A's statement and Employee B's statement.

On 3/11/2026, I interviewed Resident A at the facility who reported no issues with care or care not being completed in a timely manner.

On 3/11/2026, I completed an inspection of the facility and observed that the facility was clean and there were no smells of urine, feces, or soiled clothing or linens in the facility. Staff were observed assisting residents appropriately with care.

On 3/11/2026, I completed an inspection of the facility and observed an appropriate number of staff assisting residents with care. The facility currently has three shifts with 6 to 7 staff assigned to first shift. There are 6 staff assigned to second shift and a minimum of 3-4 staff assigned to third shift. There are 28 residents in the assisted living unit and 11 residents in the memory care unit.

On 3/11/2026, I reviewed the requested documentation which revealed the following: Review of February 2026 and March 2026 shower tracking sheets to include hospice reports:

- Showers for residents were completed in accordance with the residents' service plans. Refusals of showers were also documented.

Review of February 2026 and March 2026 toileting/clothing change check sheets:

- Toileting and clothing changes were completed in accordance with the residents' service plans. Refusals of toileting and clothing changes were also documented.

Review of Resident B's ADL log revealed the following:

- Resident B's foley catheter is to be checked and emptied if needed, every 2 hours.
- On 2/21/2026, the entry for the foley catheter is to be checked and/or emptied on the Activities of Daily Living (ADL) log is blank and there is no documentation on the ADL log as to why the entry is blank.
- On 2/23/2026, the entry for the foley catheter is to be checked and/or emptied on the ADL log is blank and there is no documentation on the ADL log as to why the entry is blank.
- Resident B is to be checked and changed every 2 hours due to the foley catheter and *Calmoseptin is to be used on the new area only [sic], continue to use the medicated tube [sic] as ordered.*
- On 2/21/2026, the entry for Resident B's check and change with *Calmoseptin to be used on the new area only [sic], continue to use the medicated tube [sic] as ordered* on the ADL log is blank. There is no documentation on the ADL log as to why the entry is blank.

APPLICABLE RULE	
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.

ANALYSIS:	It was alleged staff leave residents sitting in wet and soiled clothing and briefs for more than 8 hours at a time. Interviews, onsite investigation, and review of documentation reveal that Resident B's ADL log had missing entries for the foley catheter care. Due to the blank entries and missing documentation in the record, it cannot be determined if Resident B received care in accordance with the service plan on 2/21/2026 or 2/23/2026. Therefore, the facility is in violation.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

The facility is short-staffed.

INVESTIGATION:

On 3/11/2026, Employee A reported the facility is not short staffed and that while call-ins occur, there is mandation, on-call staff, and management to cover to prevent a short shift. Employee A reported that call-lights are answered in a timely manner and that all call-lights alert at the desk station on the screen. Also, the facility uses call-light devices that directly alert each caregiver to the call-light alerts. The alert to the desk station and caregiver call-light device(s) alerts immediately once the call-light is pressed. The average call-light time is below 8 minutes.

On 3/11/2026, Employee B's statement was consistent with Employee A's statement. Employee B provided me with the requested documentation for my review.

On 3/11/2026, the facility administrator's statement was consistent with Employee A's statement and Employee B's statement.

On 3/11/2026, Resident A reported that facility staff answer [their] call light in a timely manner and that [they] have no concerns about the care [they] are provided.

On 3/11/2026, during the onsite investigation, I tested the call-light system and noted it immediately alerted the desk station and a nearby caregiver's call-light device.

On 3/11/2026, I reviewed the requested documentation which revealed the following:

Review of the January 1, 2026 to March 11, 2026 working staff schedules:

- There was evidence of a few call-ins from 1/1/2016 to 3/11/2026.
- There was evidence of mandation when a call-in or walk-off of the job occurred.

- There was evidence of on-call staff and management filling in to prevent a shift shortage.
- There was evidence that there is an appropriate number of staff assigned and working for 1st, 2nd, and 3rd shifts from 1/1/2026 to 3/11/2026.

APPLICABLE RULE	
R 325.1931	Employees; general provisions.
	(5) The home shall have adequate and sufficient staff on duty at all times who are awake, fully dressed, and capable of providing for resident needs consistent with the resident service plans.
ANALYSIS:	It was alleged the facility is short staffed. Interviews, onsite investigation, and review of documentation reveal there is no evidence to support this allegation. The facility demonstrates an appropriate number of staff to meet the needs of the residents in accordance with the service plans. No violation found.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

There are multiple medication administration errors at the facility and residents do not receive insulin as prescribed.

INVESTIGATION:

On 3/11/2026, Employee A reported that to [their] knowledge, there have been no recent medication administration errors. If a medication administration error occurs, a report is completed, and any re-training, re-education, or written corrective action is taken as needed. Employee A reported that residents with physician orders for insulin have received the medication as prescribed. Also, every resident's medication administration record (MAR) is audited regularly by the shift supervisor and management.

On 3/11/2026, Employee B confirmed that to [their] knowledge, there have been no recent medication administration errors for any medication, including insulin. Employee B also confirmed that if a medication administration error occurs, a report is completed, and any involved staff are provided with re-training, re-education, or written corrective action as necessary. Employee B provided me with the requested documentation for my review.

On 3/11/2026, Resident A reported [they] are administered medication correctly and in a timely manner.

On 3/11/2026, I reviewed the requested documentation which revealed the following:
Review of Resident A's February 2026 MAR and March 2026 MAR:

- Insulin and all other medications were provided in accordance with physician orders.
- There is evidence that facility staff accurately documented in the MAR any physician order changes, or refusals of medication administration.

Review of Resident B's February 2026 MAR and March 2026 MAR:

- Insulin and all other medications were provided in accordance with physician orders.
- There is evidence that facility staff accurately documented in the MAR any physician order changes, or refusals of medication administration.

Review of Resident C's February 2026 MAR and March 2026 MAR:

- Insulin and all other medications were provided in accordance with physician orders.
- There is evidence that facility staff accurately documented in the MAR any physician order changes, or refusals of medication administration.

Review of Resident D's February 2026 MAR and March 2026 MAR:

- Insulin and all other medications were provided in accordance with physician orders.
- There is evidence that facility staff accurately documented in the MAR any physician order changes, or refusals of medication administration.

APPLICABLE RULE	
R 325.1932	Resident medications.
	(2) The giving, taking, or applying of prescription medications shall be supervised by the home in accordance with the resident's service plan.
ANALYSIS:	It was alleged that there are multiple medication administration errors at the facility and residents do not receive insulin as prescribed. Interviews, onsite investigation, and review of documentation reveal there is no evidence to support this allegation. The facility demonstrates compliance with physician orders for medication administration.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Residents who are diabetic do not receive a diabetic diet.

INVESTIGATION:

On 3/11/2026, Employee A confirmed there are residents in the facility who are diabetic, but only those with a prescribed physician order receive a diabetic diet or a special diet. Employee A reported Resident B does not have a diabetic diet any longer since being admitted to hospice services and that Resident A, Resident C, and Resident D are the only residents currently in the facility on a prescribed special diet. Employee A reported the facility follows all physician orders for special diets. Employee A provided me with the requested documentation for my review.

On 3/11/2026, Employee B's statement was consistent with Employee A's statement. Employee B provided me with the requested documentation for my review.

On 3/11/2026, the facility administrator statement was consistent with Employee A's statement and Employee B's statement.

On 3/11/2026, Resident A confirmed that [they] receive a diabetic diet.

On 3/11/2026, I reviewed the requested documentation which revealed the following:

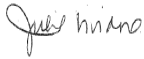
- Resident A, Resident C, and Resident D have physician orders for a diabetic diet.
- Resident B's physician order for a diabetic diet was discontinued.
- No other concerns were noted during the documentation review.

APPLICABLE RULE	
R 325.1952	Meals and special diets.
	(4) Medical nutrition therapy, as prescribed by a licensed health care professional and which may include therapeutic diets or special diets, supplemental nourishments or fluids to meet the resident's nutritional and hydration needs, shall be provided in accordance with the resident's service plan unless waived in writing by a resident or a resident's authorized representative.

ANALYSIS:	It was alleged that residents who are diabetic do not receive a diabetic diet. Interviews, onsite investigation, and review of documentation reveal there is no evidence to support this allegation. The facility demonstrates compliance with physician orders for residents who are prescribed a special diet such as a diabetic diet. No violation found.
CONCLUSION:	VIOLATION NOT ESTABLISHED

IV. RECOMMENDATION

Contingent upon receipt of an approved corrective action plan, I recommend that the status of this license remains the same.



3/17/2026

Julie Viviano
Licensing Staff

Date

Approved By:



04/02/2026

Andrea L. Moore, Manager
Long-Term-Care State Licensing Section

Date