



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 24, 2026

Jennifer Bhaskaran
Alternative Services Inc.
Suite 10
32625 W Seven Mile Rd
Livonia, MI 48152

RE: License #: AS330311852
Investigation #: 2026A0466018
Willoughby Home

Dear Ms. Bhaskaran:

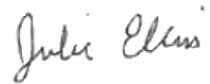
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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,

A handwritten signature in cursive script that reads "Julie Elkins".

Julie Elkins, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS330311852
Investigation #:	2026A0466018
Complaint Receipt Date:	01/29/2026
Investigation Initiation Date:	01/29/2026
Report Due Date:	03/30/2026
Licensee Name:	Alternative Services Inc.
Licensee Address:	Suite 10 32625 W Seven Mile Rd Livonia, MI 48152
Licensee Telephone #:	(248) 471-4880
Administrator:	Jennifer Bhaskaran
Licensee Designee:	Jennifer Bhaskaran
Name of Facility:	Willoughby Home
Facility Address:	5343 Willoughby Road Lansing, MI 48911
Facility Telephone #:	(517) 394-9699
Original Issuance Date:	07/01/2011
License Status:	REGULAR
Effective Date:	01/21/2026
Expiration Date:	01/20/2028
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED

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II. ALLEGATIONS

	Violation Established?
Meals were not nutritional and direct care workers (DCW) did not puree food correctly for Resident A.	No
The facility was supposed to have two direct care workers on duty.	No
The facility failed to follow Resident A’s written assessment plan.	No
Additional Finding	Yes

III. METHODOLOGY

01/29/2026	Special Investigation Intake 2026A0466018.
01/29/2026	Special Investigation Initiated – Telephone Complainant interviewed.
01/29/2026	APS Referral not required resident deceased.
02/12/2026	Inspection Completed On-site.
03/23/2026	Contact- Telephone call to DCW/House manager Tasia Churchill, document requested.
03/23/2026	Contact- assessment plan received from DCW/House manager Tasia Churchill.
03/24/2026	Exit Conference with licensee designee Jennifer Bhaskaran.

ALLEGATION: Meals were not nutritional and direct care workers (DCW) did not puree food correctly for Resident A.

INVESTIGATION:

On 01/29/2026, Complainant reported that meals were not nutritional as all that was served was processed food. Complainant reported that the facility did not follow the menu twice while Complainant was at the facility (dates unknown) and residents were served breakfast burritos but that were not on the menu. Complainant reported that direct care workers (DCW) feed Resident A in bed (staff names not provided and dates unknown). Complainant reported that DCWs did not puree Resident A’s food correctly however a staff name was not provided nor a date(s) when this occurred. Complainant reported that the food Resident A was served was “too thick”, “there were chunks of meat in it” and it looked like “a pile of vomit.”

Complainant reported on 08/17/2025, Resident A was sent to the hospital as Resident A was having difficulty breathing at the hospital and aspirated. Complainant reported that Resident A passed away 12 days later at the hospital on 8/29/2025. Complainant reported that the cause of death listed on the death certificate was “natural causes, down syndrome and aspiration.” Complainant reported that when the hospital discussed the aspiration with her, they told her they found a lima bean along with phlegm in Resident A’s lungs. I asked Complainant to provide medical documentation for the hospitalization. As of the completion of this report, no documentation has been provided by Complainant.

On 02/12/2026, I conducted an unannounced investigation and I reviewed Resident A’s record which contained a *Speech and Language Dysphagia Care Plan* completed on 7/8/2025 by Amy Cheetham, M.A., CCC-SLP, Community Mental Health (CMH) Clinton, Eaton and Ingham (CEI) which documented that:

“It was recommended that [Resident A] receive Level 5 Minced & Moist/Ground solids and Level 3 Moderately Thick/Honey liquids. HOWEVER, [Guardian A1] prefers that she receive Level 4 Puree solids. During her evaluation, [Resident A] appeared to tolerate puree solids very well. We are setting her food texture at Level 4 Puree solids and Level 3 Moderately Thick/Honey liquids.”

I reviewed eight weeks of menu’s during the time Resident A resided at the facility which was from 6/22/2025-8/17/2025. I noted that many of the meals listed on the menus were substituted meals meaning the scheduled meals was switched to something else. DCWs were documenting this as required. The menu consisted of a variety of items such as toast, eggs, sandwiches, soups, pork chops, chicken and vegetables. On 07/27/2025, the menu documented for breakfast, “3/4 of a breakfast burrito and 1 T salsa.”

I interviewed DCW Michelle Stewart who reported that she has worked at the facility for a year and that she worked with Resident A. DCW Stewart reported that the meals that are served are nutritious and if they change the menu, they make a notation on the menu. DCW Stewart reported that the meals are a mix of processed foods and homemade foods. DCW Stewart reported that Resident A was prescribed a special diet and all her meals were served pureed as ordered.

I interviewed DCW Malaysai Aldridge who reported that she has worked at the facility since September 2024 and that she worked with Resident A. DCW Aldridge reported that the food served at the facility is nutritious and most of it is homemade. DCW Aldridge reported that if something on the menu is changed, it is documented by crossing off what is not served and writing down what was served. DCW Aldridge reported that Resident A was prescribed a special diet and all her meals were served pureed.

I interviewed DCW Tasia Churchill who reported that she began working at the facility on 08/15/2025, so she worked with Resident A for a couple days prior to

Resident A's hospitalization on 8/17/2025. DCW Churchill reported that the food served at the facility is nutritious and most of it is homemade. DCW Churchill reported that if something on the menu is changed, it is documented by crossing off what is not served and writing down what was served. DCW Churchill reported that Resident A was prescribed a special diet and all her meals were served pureed.

On 03/23/2026, DCW Churchill provided Resident A's written *Assessment Plan for AFC Residents* that was dated 6/20/2025, completed by Jeremy Hogerman, Dan Farlin and signed by Guardian A1 and case manager Marikay Molnar. In the "special diet" section of the report it was marked "yes." The area of the report that stated, "If yes, describe needs and how they will be met" was left blank.

APPLICABLE RULE	
R 400.663	Nutrition; adoption by reference.
	(1) A licensee shall provide daily a minimum of 3 nutritious meals to residents.
	(5) A resident who has a prescribed diet by an appropriately licensed health care professional shall be provided that diet.
ANALYSIS:	DCWs reported that all residents are provided with three nutritious meals and snacks daily, The menus reviewed reflect this. Resident A was prescribed "Level 4 Puree solids and Level 3 Moderately thick/honey liquids," therefore there is not enough evidence to establish a violation.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: The facility was supposed to have two direct care workers on duty.

INVESTIGATION:

On 01/29/2026, Complainant reported being promised two DCWs would work each shift. Complainant reported that first and second shift sometimes had two DCWs but third shift always had two DCWs on duty. Complainant reported that Resident A was admitted to the facility on 06/26/2025, then admitted to the hospital on 08/17/2025 and never returned to the facility. Complainant reported that the facility never exceeded the capacity of six residents and Complainant could not provide any personal care need that required Resident A to need two DCWs each shift. Complainant reported that there was one occasion (date unknown) when a resident answered the front door because DCW Marissa Bermudez was in the medication room with her ear buds in.

On 02/12/2026, I conducted an unannounced investigation and I reviewed Resident A's record which contained a *Health Care Appraisal* dated 6/17/2025 and *Treatment*

Plan Addendum-Review dated 6/20/2025 signed by case manager Marikay Molnar. Neither document cited that Resident A required the assistance of two DCWs. Resident A's *Health Care Appraisal* documented that Resident A required assistance with "showering, toileting and dressing."

I reviewed the facilities *Staff Schedules* dated 6/26/2025 through 8/17/2025 which documented that most shifts had two DCWs working.

On 03/23/2026, DCW Churchill provided Resident A's written *Assessment Plan for AFC Residents (assessment plan)* that was dated 6/20/2025, completed by Jeremy Hogerman and Dan Farlin and signed by Guardian A1 and case manager Marikay Molnar. Resident A's assessment plan did not document that Resident A required the assistance of two DCWs for any reason. Resident A's assessment plan documented that she required full assistance with ADL and monitoring and guiding assistance for walking/mobility. It also documented that Resident A uses a wheelchair.

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: (b) 12 residents for small group and family homes.
ANALYSIS:	Resident A's record did not contain any documentation that she required two direct care workers for any reason therefore there is not enough evidence to establish a violation.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: The facility failed to follow Resident A's written assessment plan.

INVESTIGATION:

Complainant reported that on dates unknown, Resident A was not showered daily, she was fed in bed more than once and put to bed by 6pm. Complainant reported that Resident A was put to sleep quickly after being fed in bed.

On 02/12/2026, I conducted an unannounced investigation and I reviewed a *Daily Shower Charting* for July 2025 which documented that Resident A had showers on "7/1, 7/2, 7/3, 7/7, 7/8, 7/9, 7/17, 7/20, 7/22, 7/24, 7/28, 7/29, 7/30 and 7/31." At the time of the investigation a *Daily Shower Charting* for August 2025 was not available for review.

I reviewed Resident A's record which contained a *CEI CMHA Personal Care and Community Living Supports Log* for August 2025 which documented that Resident A was provided with tasks as supports. The tasks and supports that were documented are "eating/feeding, toileting, bathing, dressing, grooming, transferring, ambulation/mobility, taking medications, food prep/laundry, household maintenance/care, transportation, socialization/relationship building, leisure choice/participating in community activities, health/safety monitoring."

I reviewed Resident A's *Health Care Appraisal* dated 6/17/2025 which documented in the "explanation of abnormalities/Treatment ordered" section of the report, "Avoid eating within 2 hours of bedtime and elevate head of bed."

I interviewed DCW Stewart and DCW Aldridge who reported that Resident A required full assistance with all activities of daily living (ADL)s. DCW Stewart reported that Resident A would stand up and grab the wall, she would walk with a DCW but she would also drop to the ground while walking. DCW Stewart and DCW Aldridge both reported that Resident A was offered a shower daily and she agreed to shower most days. DCW Stewart reported that Resident A typically took a shower at least every other day. DCW Aldridge reported that Resident A's showers were done by second shift. DCW Stewart reported that Resident A did not want to be at the facility and therefore she often did not want to get out of bed in the morning. DCW Stewart and DCW Aldridge both denied that Resident A was ever fed in bed. Both stated they avoided feeding Resident A within 2 hours of bedtime and assured that the head of her bed was elevated. DCW Stewart and DCW Aldridge both denied that Resident A was ever put to bed at 6pm unless she asked to go to bed.

I interviewed DCW Churchill who reported that she only worked with Resident A for a couple of days prior to Resident A being hospitalized on 8/17/2025. DCW Churchill reported that Resident A walked with support from a DCW and that she required assistance with all ADLs. DCW Churchill reported that Resident A showered daily. DCW Churchill denied that Resident A was ever fed in bed. DCW Churchill reported that DCWs avoided feeding Resident A within two hours of bedtime and assured the head of her bed was elevated. DCW Churchill denied that Resident A was ever put to bed at 6pm unless she asked to go to bed.

On 03/23/2026, DCW Churchill provided Resident A's written *Assessment Plan for AFC Residents* that was dated 6/20/2025, completed by Jeremy Hogerman and Dan Farlin and signed by Guardian A1 and case manager Marikay Molnar. In the "eating/feeding" section of the assessment it stated, "yes" for needs help and then stated "preparing." In the "special diet" section of the assessment it stated, "yes." The area of the report that stated, "If yes, describe needs and how they will be met" was left blank. In the "bathing" section of the report it stated, "yes, full support."

APPLICABLE RULE	
R 400.677	Resident hygiene, clothing.
	(1) A licensee shall offer a resident appropriate opportunity, access to, and instructions for the following daily: (a) Bathing or showering, or both. (2) A licensee shall ensure the resident receives or has access to all of the following: (a) Bathing at least weekly.
ANALYSIS:	Based on the documentation provide on the <i>Daily Shower Charting</i> for July 2025, and interviews with DCWS, Resident A was provided with the opportunity to shower daily and most days agreed to shower.
CONCLUSION:	VIOLATION NOT ESTABLISHED

APPLICABLE RULE	
R 400.689	Resident health care.
	(1) A licensee, with a resident's cooperation, shall follow the instructions and recommendations of a resident's physician or other designated health care professional.
ANALYSIS:	Resident A's <i>Health Care Appraisal</i> dated 6/17/2025 documented in the "explanation of abnormalities/Treatment ordered" section of the report, "Avoid eating within 2 hours of bedtime and elevate head of bed." DCW Stewart, DCW Aldridge and DCW Churchill all reported that Resident A was not fed within two hours of bedtime and that the head of her bed was elevated therefore there is not enough evidence to establish a violation.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDING:

INVESTIGATION:

On 02/12/2026, I conducted an unannounced investigation and I reviewed Resident A's record which did not contain a written *Assessment Plan for AFC Residents*.

On 03/23/2026, DCW Churchill provided Resident A's written *Assessment Plan for AFC Residents* that was dated 6/20/2025, completed by Jeremy Hogerman and Dan Farlin and signed by Guardian A1 (designated representative) and case manager Marikay Molnar. Resident A's assessment plan was signed by Resident A's designated representative and responsible agency. The signature for the licensee designee was left blank therefore there is no there is no documentation that the

assessment plan was completed with the resident's designated representative and the licensee at the time of admission.

Resident A's record contained a *Speech and Language Dysphagia Care Plan* completed on 7/8/2025 by Amy Cheetham, M.A., CCC-SLP, Community Mental Health (CMH) Clinton, Eaton and Ingham (CEI) which documented that

"It was recommended that [Resident A] receive Level 5 Minced & Moist/Ground solids and Level 3 Moderately Thick/Honey liquids. HOWEVER, [Guardian A1] prefers that she receive Level 4 Puree solids. During her evaluation, [Resident A] appeared to tolerate puree solids very well. We are setting her food texture at Level 4 Puree solids and Level 3 Moderately Thick/Honey liquids."

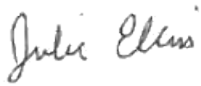
Resident A's written Assessment Plan for AFC Residents that was dated 6/20/2025, completed by Jeremy Hogerman, Dan Farlin and signed by Guardian A1 and case manager Marikay Molnar. In the "special diet" section of the report it was marked "yes." The area of the report that stated, "If yes, describe needs and how they will be met" was left blank. The assessment plan should have documented that Resident A was prescribed a "Level 4 Puree solids and Level 3 Moderately Thick/Honey liquids."

APPLICABLE RULE	
R 400.685	Resident admission; resident assessment plan; resident care agreement; health care appraisal.
	(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 licensee 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.

ANALYSIS:	<p>Resident A's written <i>Assessment Plan for AFC Residents</i> documented dated 06/20/2025 and signed by Resident A's designated representative who is Guardian A1 and Resident A's responsible agency. However the licensee designee portion of the document was left blank. There is no documentation that the assessment plan was completed with licensee at the time of admission.</p> <p>Additionally, in the "special diet" section of the report it was marked "yes." The area of the report that stated, "If yes, describe needs and how they will be met" was left blank. The assessment plan should have documented that Resident A was prescribed a "Level 4 Puree solids and Level 3 Moderately Thick/Honey liquids" therefore a violation has been established.</p>
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Contingent up receipt of an acceptable corrective action plan, I recommend no changes to the current license.



03/24/2026

Julie Elkins
Licensing Consultant

Date

Approved By:



03/24/2026

Dawn N. Timm
Area Manager

Date