



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 31, 2026

Ramon Beltran
Beacon Specialized Living Services, Inc.
Suite 110
890 N. 10th St.
Kalamazoo, MI 49009

RE: License #: AS630387840
Investigation #: 2026A0465013
Beacon Home at Lake Orion

Dear Mr. Beltran:

Attached is the Special Investigation Report for the above-referenced facility. Due to the severity of the violations, disciplinary action against your license is recommended. You will be notified in writing of the department's action and your options for resolution of this matter.

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 (248) 972-9136.

Sincerely,

A handwritten signature in cursive script that reads "Stephanie Gonzalez".

Stephanie Gonzalez, LCSW
Adult Foster Care Licensing Consultant
Bureau of Community and Health Systems
Department of Licensing and Regulatory Affairs
Cadillac Place, Ste 9-100
Detroit, MI 48202
Cell: 248-308-6012

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
 BUREAU OF COMMUNITY AND HEALTH SYSTEMS
 SPECIAL INVESTIGATION REPORT
 THIS REPORT CONTAINS QUOTED PROFANITY**

I. IDENTIFYING INFORMATION

License #:	AS630387840
Investigation #:	2026A0465013
Complaint Receipt Date:	01/30/2026
Investigation Initiation Date:	02/02/2026
Report Due Date:	03/31/2026
Licensee Name:	Beacon Specialized Living Services, Inc.
Licensee Address:	Suite 110 890 N. 10th St. Kalamazoo, MI 49009
Licensee Telephone #:	(269) 427-8400
Administrator:	Ramon Beltran
Licensee Designee:	Ramon Beltran
Name of Facility:	Beacon Home at Lake Orion
Facility Address:	175 E. Silverbell Rd. Lake Orion, MI 48360
Facility Telephone #:	(269) 427-8400
Original Issuance Date:	10/10/2017
License Status:	REGULAR
Effective Date:	08/08/2024
Expiration Date:	08/07/2026
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED

	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED
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II. ALLEGATION(S)

	Violation Established?
<p>The hand soap dispensers in the kitchen are broken and there is no hand soap available for use.</p> <p>Mice droppings have been observed in the kitchen over the last several months without resolve.</p> <p>Residents' bedrooms are filthy, with feces and urine on floors, walls and in closets.</p>	Yes
Additional Findings	Yes

III. METHODOLOGY

01/30/2026	Special Investigation Intake 2026A0465013
02/02/2026	Special Investigation Initiated - Telephone I spoke to Complainant via telephone
02/11/2026	Inspection Completed On-site I conducted an onsite investigation. I completed a walk-through of the facility, observed residents, interviewed Resident B, Resident C, Resident D, Resident E, and direct care staff and home manager, Amanda Rondo and maintenance staff, Alex Hartley
02/11/2026	Contact - Telephone call made I spoke to AFC Licensing Consultant, Frodet Dawisha, via telephone
02/11/2026	Contact - Telephone call made I spoke to Complainant via telephone
02/17/2026	Contact - Telephone call made I spoke to direct care staff, Kyle Wilson, via telephone
02/17/2026	Contact - Telephone call made I spoke to direct care staff, Janelle Coaster, via telephone
02/18/2026	Contact - Telephone call made I spoke to Ms. Rondo via telephone and follow-up email

02/25/2026	Contact - Document Received Email and pictures (via text message) received from Ms. Rondo
03/09/2026	Contact - Telephone call made I spoke to direct care staff, Precious Porter, via telephone
03/09/2026	Contact - Telephone call made I spoke to Complainant via telephone
03/09/2026	Contact - Telephone call made I spoke to direct care staff, Dorothy Burton, via telephone
03/09/2026	Contact - Telephone call made I spoke to direct care staff, Aaron Conner, via telephone
03/09/2026	Contact - Telephone call made I spoke to direct care staff, Zoe Leach, via telephone
03/10/2026	APS Referral Adult Protective Services Referral made; Assigned to Candid Jamerson for investigation
03/10/2026	Contact - Document Sent Recipient Rights Complaint made; Assigned to Office of Recipient Rights Officer – Oakland County, Rishon Kimble
03/11/2026	Contact – Telephone call made I spoke to ORR Officer, Rishon Kimble, via telephone
03/17/2026	Contact – Telephone call made I spoke to Lapeer County Community Mental Health Case Manager, Jennifer Martus, via telephone
03/17/2026	Contact – Document sent Email exchange with Ms. Rondo
03/18/2026	Contact – Telephone call made I spoke to Tuscola County Community Mental Health Supports Coordinator, Matt Nagy, via telephone
03/19/2026	Contact – Telephone call received I received a call from APS Manager, Marcie Fincher, regarding investigation
03/20/2026	Contact – Telephone call made

	I spoke to APS Worker, Ms. Jamerson, via telephone; Sent subsequent documents to her via email
03/20/2026	Contact – Telephone call made I spoke to Community Mental Health of Central Michigan Case Manager, Alivia Paetz, via telephone
03/24/2026	Contact – Telephone call made I spoke to Central Michigan Office of Recipient Rights Officer, Katie Hohner, via telephone
03/25/2026	Contact – Telephone call made I spoke to Guardian D1 via telephone
03/25/2026	Contact – Telephone call made I spoke to Ms. Rondo via telephone
03/25/2026	Contact – Telephone call made I spoke to Guardian C1 via telephone
03/25/2026	Exit Conference I conducted an Exit Conference with Nichole VanNiman via telephone

ALLEGATION:

The hand soap dispensers in the kitchen are broken and there is no hand soap available for use.

Mice droppings have been observed in the kitchen over the last several months without resolve.

Residents’ bedrooms are filthy, with feces and urine on floors, walls and in closets.

INVESTIGATION:

On 1/30/2026, a complaint was received, alleging multiple concerns related to the physical condition, health and safety of the home. The complaint stated that mice droppings have been observed in the kitchen area, including under the kitchen sink, in the oven drawer, and in numerous cabinets. The complaint also stated that the residents’ bedrooms are filthy, with feces and urine on floors, walls and in closets. The complaint stated that living conditions of the home are unhealthy. The complaint stated that the residents’ bathrooms and bedrooms are often saturated in urine and

feces, which has caused a strong odor throughout the home. The complaint stated that Resident A and Resident B often urinate, defecate and vomit in their bedrooms, and this will go uncleaned or unnoticed by staff for great lengths of time. The complaint stated that Resident A's bedroom closet has permanent feces stains on the floor and wall due to how long this has been occurring. The complaint stated that Resident B's bedroom floor is permanently stained with a blackened color due to saturated urine stains. The complaint stated that Resident C and Resident D have recently had scabies and Hand Foot and Mouth Disease due to the conditions of their bedrooms. The complaint stated that these conditions have existed in the home since August 2025. The complaint stated that these concerns were vocalized to management, including licensee designee, Ramon Beltran, and home manger, Amanda Rondo, but nothing has been done to address these issues. The complaint stated that the condition of the home continues to worsen.

On 2/2/2026, I spoke to Complainant via telephone. Complainant confirmed that the information contained in the complaint is accurate. Complainant stated she would provide additional documentation. On 2/11/2026, Complainant sent me a text message that contained a photo taken of a large grey storage bin inside Resident C's bedroom closet. Complainant stated that this photo was taken in December 2025. Complainant stated, "This photo was taken in December 2025. There was a strong odor coming from the home and staff followed the odor into Resident C's bedroom. Inside his room there was a large grey storage bin that was filled with a mixture of urine and vomit inside his closet. This photo is of that bin." Complainant stated that multiple concerns have been vocalized to management, including licensee designee, Ramon Beltran, home manger, Amanda Rondo, and Don Adams, but nothing has been done to address these issues. The complaint stated that the condition of the home continues to worsen and there is concern that residents are being exposed to unsafe conditions and neglected by staff.

On 2/11/2026, I spoke to Adult Foster Care Licensing Consultant, Frodet Dawisha. Ms. Dawisha stated that she previously conducted a special investigation at the facility under SIR #2026A0605001, dated 11/18/2025, and cited rule violations related to the unclean and poorly maintained condition of the home.

On 2/11/2026, I conducted an unannounced onsite investigation. The home specializes in caring for the mentally ill and developmentally disabled population. At the time of my onsite investigation, there were five residents residing in the home. All five residents receive specialized case management services through community mental health agencies in various counties in Michigan. I completed a walk-through of the facility, observed residents, interviewed Resident B, Resident C, Resident D, Resident E, and direct care staff and home manager, Amanda Rondo and maintenance staff, Alex Hartley. It is important to note that I took several photos of the condition of the home, during this onsite investigation.

Upon entering the home, I completed a walk-through of the kitchen and bedroom areas, and was accompanied by home manager, Amanda Rondo. I first inspected

the kitchen area. I observed two large soap dispensers mounted above the kitchen sink. Both dispensers were empty and did not contain hand soap. I observed a gallon-size Dawn Dish Soap commercial size container and a smaller dish soap container on the kitchen counter. I did not observe any hand soap in the kitchen area readily available for use. I observed several mice traps under the kitchen sink. I observed a large 7-inch x 4-inch hole under the kitchen sink. I observed the hole to have drywall and mesh wiring that appeared to have been chewed through by rodents. I observed the hole as a likely entry-point for rodents to enter the home. After inspecting the kitchen area, I conducted a walk-through of all the residents' bedrooms. While in the hallway, directly outside of the resident bedrooms, I smelled a strong odor of urine. The first bedroom I entered was bedroom #1, a double-occupancy room, occupied by Resident A and Resident B. I observed this room to be very cluttered with clothing and large amounts of dirt on the floor. The floors and walls were stained and filthy and did not appear to have been cleaned in a while. The mattresses were worn, with tears in the plastic material and visible mesh showing through. The mattresses did not contain bed linens. Bedroom #2, is a single-occupancy room, occupied by Resident C. I observed several large areas of brown stains on the baseboards and walls inside of the bedroom closet, which were brown and contained a strong odor of feces. I observed visible liquid stains on the walls that smelled of a urine odor. Resident C's dresser was broken with one drawer missing. Bedroom #3, is a single-occupancy room, occupied by Resident D. Upon entering Resident D's bedroom, I smelled a strong odor urine, and I observed two plastic urinals inside the closet, with large amounts of fruit flies sitting on top of, and inside, of the urinals. Resident D's bedroom floors and walls were unclean. The mattress in this room also did not contain bed linens. I observed a table lamp with large liquid stains with a strong odor of urine. Bedroom #4, is a single-occupancy room, occupied by Resident E. I observed the floors and walls to be unclean, with dirt and stains on the floors and walls.

I reviewed resident files. Resident A's *Face Sheet* stated that he was admitted to the facility on 9/25/2020, has a legal guardian, Guardian A1, and receives case management services from Easter Seals in Oakland County, Michigan. The *Health Care Appraisal* listed Resident A's medical diagnosis as Schizophrenia, Anxiety and Constipation. The *Assessment Plan for AFC Residents*, dated 1/21/2025, and the *Individual Plan of Service (IPOS)*, dated 7/5/2025, stated that Resident A requires line-of-sight when in the community, has minimal behavioral issues, can independently complete self-care tasks with staff prompting, is working towards a primary goal of transitioning to independent housing, participates in household chores with prompts when needed, and does not require use of assistive devices.

Resident B's *Face Sheet* stated that he was admitted to the facility on 4/29/2020, has a legal guardian, Guardian B1, and receives case management services from Tuscola County Community Mental Health. The *Health Care Appraisal* listed Resident B's medical diagnosis as Bipolar Disorder and Anxiety. The *Assessment Plan for AFC Residents*, dated 1/22/2025, and the *Individual Plan of Service*, dated 10/21/2025, stated that Resident B moves independently in the community,

sometimes needs redirection to control aggressive behavior, independently completes self-care tasks, needs assistance for personal care needs, and does not require use of assistive devices for mobility.

Resident C's *Face Sheet* stated that he was admitted to the facility 3/25/2025, has a legal guardian, Guardian C1, and receives case management services from Lapeer County Community Mental Health. The *Health Care Appraisal* listed Resident C's medical diagnosis as Schizophrenia, Bipolar and Depression. The *Assessment Plan for AFC Residents*, dated 3/11/2025, and the *Individual Plan of Service*, dated 11/10/2025, stated that Resident C requires supervision in the community, has a history of aggressive behavior, requires staff assistance with daily personal care, history of hoarding food, requires verbal reminders to complete personal care tasks and does not require use of assistive devices.

Resident D's *Face Sheet* stated that he has been residing at the facility since 4/29/2025, has a legal guardian, Guardian D1, and receives case management services from Community Mental Health of Central Michigan. The *Health Care Appraisal* listed Resident D's medical diagnosis as Schizoaffective Disorder. The *Assessment Plan for AFC Residents* stated that Resident D requires line-of-sight in the community, has a history of aggressive behavior and substance abuse, can independently complete self-care tasks, and is an amputee, requiring use of a wheelchair for mobility. The *Individual Plan of Service*, dated 1/21/2026, stated that the following protocol for Resident D: Staff will support Resident D in maintaining a clean and organized room each day by offering prompts, encouragement, and assistance as needed. Resident D is able to independently complete most tasks related to cleaning his room, such as making his bed, organizing his belongings and keeping surfaces tidy; however, he does require some help with sweeping and mopping to ensure these areas are completed safely and thoroughly. Staff will provide gentle reminders to begin his daily cleaning routine, check in to see whether he needs assistance with sweeping or mopping, and offer support only when requested or when he is unable to complete those tasks independently. Positive reinforcement will be used when Resident D initiates cleaning on his own or appropriately asks for help. Staff will document his participation and any assistance provided on the *Daily Data Log*, which will be submitted to his CMHCM Case Manager monthly or upon request.

Resident E's *Face Sheet* stated that he has been residing at the facility since 4/3/2023, has a legal guardian, Guardian E1, and received case management services from Easter Seals in Oakland County. The *Health Care Appraisal* listed Resident E's medical diagnosis as Bipolar I Disorder. The *Assessment Plan for AFC Residents*, dated 1/21/2025, stated that Resident E does not require supervision in the community, independently completes self-care tasks, history of substance use, and does not require use of assistive devices for mobility. The *Individual Plan of Service*, dated 12/13/2026, and the *Behavioral Treatment Plan*, dated 1/10/2025, documented that Resident E requires 12 hours of 1:1 staffing and supervision when in the community due to poor insight into mental health needs, history of substance

abuse, elopement, medication refusal and verbal aggression, will need to shower five times per week, will work on completing chores such as cleaning his room, making his bed, helping bring in bags after shopping, and any chores that staff ask him to do.

I was unable to locate any documentation of assessment plans, individual plans of services, behavioral plans and/or safety plans specific to personal care and hygiene for Resident A, Resident B, and Resident C. I was unable to locate any documentation in reference to Resident D's personal hygiene and urinary concerns.

I reviewed the *Beacon Specialized Living Incentive Program Tracking Form*, which listed the following categories: Chose to take medication; Chose to participate in skill building/activities program; Chose not to participate in any negative behavior; Chose to complete all hygiene tasks; Chose to attend all appointments; Chose to maintain a clean room.

I reviewed the *Chart Progress Notes* for the last three months, which documented the following hygiene and personal care needs for Resident C:

12/30/2025; Completed by Aaron Connor: Resident C refused to shower today, took all medications as prescribed.

1/4/2026; Completed by Janelle Coaster: It is very difficult for us to get Resident C to do anything around the house. He don't even shower when we ask him to.

1/5/2026; Completed by Janelle Coaster: It is very difficult for us to get Resident C to do anything around the house. We ask him to shower which he refuses.

1/8/2026; Completed by Janelle Coaster: It is very difficult for us to get Resident C to do anything around the house. We ask him to shower which he refuses.

1/11/2026; Completed by Janelle Coaster: It is very difficult for us to get Resident C to do anything around the house. We ask him to shower which he refuses.

1/12/2026; Completed by Janelle Coaster: It is very difficult for us to get Resident C to do anything around the house. We ask him to shower which he refuses.

1/13/2026; Completed by Nichole Palmer: Resident C is sneaking food and eating it out of the trash after staff has cleaned his room.

1/14/2026; Completed by Nichole Palmer: Resident C was prompted three times to go to the bathroom and clean up his mess.

1/15/2026; Completed by Janelle Coaster: Resident C has rashes and bumps all over his body. I really believe he has a disease and this is putting staff and residents in jeopardy.

1/15/2026; Completed by Janelle Coaster: Completed by Janelle Coaster: Resident C got verbally aggressive with me when I asked him to go take a shower after he urinated and defecated on himself today.

1/15/2026; Completed by Janelle Coaster: Resident C got verbally aggressive with me when I asked him to go take a shower after he urinated and defecated on himself today.

1/15/2026; Completed by Janelle Coaster: Resident C has rashes and bumps all over his body. I really believe he has a disease and this is putting staff and residents in jeopardy.

1/16/2026; Completed by Janelle Coaster: This is the 2nd day in a row that Resident C has refused to take a shower or a bath. Resident C was asked multiple times during the day shift to take a shower after he urinated on himself multiple times. He refused all of the prompts. When I arrived on my shift tonight, I gave him his medications and asked him to take a shower cause of the smell he was putting off, and I even offered to run him a bath, and he got mad and went to his room. He also has bumps all over his body and I think he might have a disease and did not want them {staff} to take him to urgent care today. Something needs to be done about what he is doing and how he is putting all the other residents in jeopardy.

1/16/2026; Completed by Janelle Coaster: Resident C is still refusing to go take a shower or a bath. The rashes on his body is still there. He refused to go to urgent care today.

1/17/2026; Completed by Dorothy Burton: Resident C slept most of the shift. Staff prompted him on several occasions to shower so he could be taken to urgent care.

1/18/2026; Completed by Janelle Coaster: Resident C got verbally aggressive with me when I asked him to go take a shower after he urinated and defecated on himself today.

1/18/2026; Completed by Janelle Coaster: Resident C is still refusing to go take a shower or a bath. The rashes and bumps on his body is still there. He refused to go to urgent care today. He went to urgent care today and he does have HAND, FOOT AND MOUTH disease. Even though he knows he have this disease, he is still refusing to get in the bath and/or a shower. This is really putting all the other residence in jeopardy because he is touching and sitting all over the couches and it's just beyond him quarantining at this point.

1/19/2026; Completed by Janelle Coaster: Resident C got verbally aggressive with me when I asked him to go take a shower after he urinated and defecated on himself today.

1/19/2026; Completed by Janelle Coaster: Resident C still has not taken a shower or bath knowing that he has hand foot and mouth disease.

1/19/2026; Completed by Nichole Palmer: Resident C had to be prompted three times to go get his laundry.

1/29/2026; Completed by Janelle Coaster: Resident C got verbally aggressive with me when I asked him to go take a shower after he urinated and defecated on himself today.

1/29/2026; Completed by Janelle Coaster: When I arrived on my shift tonight, I gave Resident C his medications and asked him to take a shower cause of the smell he was putting off. He refused and went to bed without doing any chores or taking a shower.

1/30/2026; Completed by Janelle Coaster: Resident C got verbally aggressive with me when I asked him to go take a shower after he urinated and defecated on himself today.

1/30/2026; Completed by Janelle Coaster: When I arrived on my shift tonight, I gave him his medications and asked him to take a shower cause of the smell he was putting off. He refused and went to bed without doing any chores or taking a shower.

2/1/2026; Completed by Janelle Coaster: Resident C does not like to clean up after himself or take a shower. He gets upset any time I ask him to clean up or even just wash up.

2/1/2026; Completed by Janelle Coaster: Resident C refused to take a shower when I arrived to my shift last night. He is not doing what he needs to do to get rid of the disease he has.

2/2/2026; Completed by Janelle Coaster: Resident C took his medication without being prompted more than once, however, everything else I ask him to do he does not want to do any of it.

2/2/2026; Completed by Janelle Coaster: Resident C does not like to clean up after himself or take a shower. He gets really upset any time I ask him to clean up or to even just wash up.

2/2/2026; Completed by Janelle Coaster: Resident C refused to take a shower when I arrived to my shift last night. He is not doing what he needs to do to get rid of the disease he has.

2/5/2026; Completed by Janelle Coaster: Resident C does not like to clean up after himself or take a shower. He gets really upset any time I ask him to clean up or to even just wash up

2/5/2026; Completed by Janelle Coaster: Resident C refused to take a shower when I arrived to my shift last night. We are not sure if he still has HAND, FOOT AND MOUTH disease.

2/5/2026; Completed by Janelle Coaster: Resident C took his medications without being prompted more than once, however, everything else I ask him to do he does not want to do any of it.

2/5/2026; Completed by Janelle Coaster: Resident C refused to take a shower when I arrived to my shift last night. He is not doing what he needs to do to get rid of the disease he has.

2/9/2026; Completed by Janelle Coaster: Resident C does not like to clean up after himself or take a shower. He gets really upset any time I ask him to clean up or to even just wash up

2/9/2026; Completed by Janelle Coaster: Resident C refused to take a shower when I arrived to my shift last night. We had to get him antibiotics because he refused to use his cream and take showers. He was smelling so bad when I arrived for my shift last night and asked him to get in the shower and he got mad and went into his room.

2/11/2026; Completed by Dorothy Burton: Resident C didn't complete any chores or hygiene.

2/12/2026; Completed by Janelle Coaster: Resident C does not like to clean up after himself or take a shower. He gets really upset any time I ask him to clean up or to even just wash up. I asked him to shower because of the smell that was coming off of him and he said no.

2/13/2026; Completed by Janelle Coaster: Resident C does not like to clean up after himself or take a shower. He gets really upset any time I ask him to clean up or even just wash up.

2/13/2026; Completed by Janelle Coaster: Resident C refused to take a shower when I arrived to my shift last night. He is still taking his antibiotics for the infection.

I reviewed the *Incident/Accident Reports* for the last six months and documented the following incidents related to personal care and hygiene for residents:

12/19/2025 at 9:00am; Completed by Dorothy Burton: Resident C explained to staff that he defecated in his closet. Upon further investigation, he also urinated in a container in his room. Resident C was prompted to dispose of the urine and feces. He got angry when the urine spilled and he became destructive. Throwing his dresser and other bedroom furniture around the room. Staff offered to assist Resident C with cleaning his room. He refused. Staff prompted him to utilize his Depends. Resident C states he isn't able to make it to the bathroom. Resident C will be encouraged to use the bathroom appropriately and utilize his briefs to combat his incontinence issues; Document was electronically signed by licensee designee and administrator, Ramon Beltran

12/21/2025 at 7:00am; Completed by Margaret Yearby: While taking out the trash early this morning, staff witnessed Resident C sitting on his bed in his window, smoking a cigarette. When staff when back inside to encourage Resident C not to smoke in the home, his door was open. Resident C was observed naked from the waist down, squatting in the middle of his bedroom defecating on the floor. Contacted home manager and completed appropriate documentation. Resident C will be encouraged to utilize the toilet for bowel movements and not to smoke in the home. Document was electronically signed by licensee designee/administrator, Ramon Beltran

1/6/2026 at 9:30am; Completed by Precious Porter and Dorothy Burton: Staff went to clean Resident C's room and observed urine soiled clothing in his closet and a bag that contained feces and urine. Resident C stated that he was going to continue using his closet as a toilet. Document was electronically signed by licensee designee/administrator, Ramon Beltran

1/13/2026 at 10:00am; Completed by Amanda Rondo and Nichole Palmer: When staff went in to clean Resident C's room this morning, it was discovered that he had urinated in his closet again and in other places throughout the room. He had dishes and old food from the night before laying in bed with him. Staff prompted him to clean his room initially, when he refused, staff offered to clean his room for him. He refused and asked us to leave his room. Staff will continue to encourage and assist Resident C with keeping his room clean. Staff will prompt and encourage Resident C to urinate only in the bathroom and not sneak food to eat in his room in accordance with his plan. {**This IR is in reference to Photo #1 and Photo #2 provided by Ms. Rondo on 2/25/2026}

1/13/2026 at 10:00am; Completed by Nichole Palmer: Around 10am this morning, Resident C was sitting on the couch, observed eating the six chicken patties that he got out of his trash. The staff let the CTM know and documented accordingly. Resident C will be prompted to not eat discarded food from the

trash. {**This IR is in reference to Photo #1 and Photo #2 provided by Ms. Rondo on 2/25/2026}

1/16/2026 at 10:00am; Completed by Nichole Palmer: The staff went to help Resident C clean his room and found frosted flakes along with beef sticks on the side of his bed. And on the other bed in the room, was his blanket covered with his human feces. Staff, along with Resident C, went into the room to assist with helping Resident C clean his room. Resident C will continue to be encouraged to not sneak food to eat in his room. Resident C will be encouraged to let staff know when he has an accident and allow them to assist him.

1/28/2026 at 8:15am; Completed by Dorothy Burton: When staff arrived on shift, Resident C was observed to be sitting wrapped in a blanket on the couch. Resident C smelled strongly of urine. Staff tried prompting Resident C to shower and let them help him clean up. Once staff went into his room, it was discovered that Resident C had urinated all over the clean blankets and clothes in his room leaving them in a large pile on the floor. Resident C also urinated in his bed. Once staff started cleaning his room, staff observed a large puddle of urine in his closet. Staff prompted Resident C to shower and clean up after himself. Resident C refused to shower or clean his room. Staff were able to get Resident C to allow them to clean up his room and wash the soiled linen. He did not take a shower until later in the evening. Resident C will be encouraged to only urinate in the bathroom, and he will be encouraged to complete his hygiene regularly and especially when he has accidents.

2/9/2026 at 8:15pm; Completed by Janelle Coaster: When staff went to prompt Resident C for evening medication pass, staff noticed what appeared to be a gallon of milk in Resident C's room. Staff found urine in the jug. When Resident C came to the medication room, it was also discovered that Resident C had urinated and defecated on himself. When prompted to shower, Resident C became verbally aggressive, so staff gave him space. Resident C went back to his room slamming his door. Resident C was not observed to have showered and went to sleep in this condition. Staff tried to prompt and encourage Resident C to shower and offered to assist with cleaning his room. Resident C will be encouraged to utilize the bathroom appropriately. Resident C will continue to be encouraged to shower and clean up appropriately when he has accidents.

2/10/2026 at 9:00am; Completed by Precious Porter: Home staff thoroughly cleaned Resident D's room. Then, when staff went to wake Resident D up for morning medication, staff observed areas throughout bedroom where there were piles of urine throughout the room. It was also discovered that Resident D had been smoking in his room. Resident D refused to allow staff to clean his room. Tried to encourage Resident D to clean his room and offered assistance with cleaning his room. Resident D will continue to be encouraged to only urinate in appropriate places and Resident D will be encouraged to not smoke in the home.

2/10/2026 at 9:40am; Completed by Precious Porter: Resident C refused to shower after urinating on himself. Also, when staff went to do the daily cleaning of his room, they found dirty dishes and food stuffed behind his bed, partially soaked in urine. Staff encouraged Resident C to take a shower and put clean clothes on. Staff also cleaned up the mess in his bedroom. Resident C will be encouraged not to eat in his room and Resident C will be encouraged to complete his hygiene regularly and especially after urinating on himself.

I reviewed the *Rose Pest Solutions Inspection Reports*, confirming pest control services have been provided as follows:

2/14/2025: Various areas were inspected, including all insect monitors, rodent traps, and rodent bait stations. No pest activity was found.

3/14/2025: Various areas were inspected, including all insect monitors, rodent traps, and rodent bait stations. No pest activity was found.

10/16/2025: Mice found in kitchen, bath and laundry. Evidence of minor rodent activity was found in the kitchen today during my service. I spoke with Amanda, who informed me that some of the residents leave doors open often. She informed me that she and her boss want to have exterior bait boxes set up to combat this issue. I explained that there is an added cost in doing so and that they will need to speak to Robinn to have this added and then I can add the bait stations asap.

11/11/2025: Various areas were inspected, including all insect monitors, rodent traps, and rodent bait stations. No pest activity was found.

12/9/2025: Various areas were inspected, including all insect monitors, rodent traps, and rodent bait stations. No pest activity was found.

1/15/2026: Various areas were inspected, including all insect monitors, rodent traps, and rodent bait stations. No pest activity was found.

I spoke to direct care staff and home manager, Amanda Rondo, who stated that she has worked at the facility for four years. Ms. Rondo accompanied me through the home during my onsite investigation. Ms. Rondo stated, "We did have a pest issue. Three months ago, staff saw a mouse in the facility, and I called pest control to come out. Rose Pest Control Company came out and addressed the issue. They set traps out around the kitchen area. I am not sure how they got in, but the problem has been taken care of." When I asked Ms. Rondo if she was aware that there was a large hole under the kitchen sink, she replied, "I was not aware there was a big hole back there. I will have maintenance cover it up right away." In regard to the broken soap dispensers above the kitchen sink, Ms. Rondo stated, "They are both broken. If I fill them with hand soap, they leak from the bottom. So, I stopped using them. I have not ordered new ones, but I plan to replace them. Right now, I am filling up a Dawn

Dish Soap container with hand soap and that is what staff are using to wash their hands. Ms. Rondo stated the following in regard to the conditions of residents' mattresses and bedrooms, "We do need to order new mattresses. I can do that right away. The rooms are not very clean right now. I try to encourage the residents to clean their bedrooms and clean up after themselves, but sometimes they don't want to. We can't make them clean if they don't want to. And we can't go into their rooms without their permission. It's their right. They are used to living a certain way and we have to respect their rights. There are urine stains and feces stains in Resident C and Resident D's bedrooms and closet. Resident C urinates and defecates in his bedroom and closet area often. Resident C has kept containers of urine in his bedroom. He refuses to use the bathroom area and will pee in his room instead. We try to clean it multiple times throughout the day but if he refuses to allow us access to his bedroom, then we can't go against his rights. Resident C did have Hand Foot and Mouth Disease in January 2026, but he no longer has it. Resident A had Scabies, but I believe he got that from someone in his family while he went home to visit. Resident D is incontinent and refuses to use briefs. He keeps urinals in his room. Every day he urinates in his bedroom {floor} and throws cigarette butts on the floor. We encourage him to empty the urinals several times a day, but we can't go into his room without his permission. The rooms are dirty, but all we can do is encourage the residents to clean up, but if they refuse, we can't make them. We can't force residents to shower either. It's a rights issue. We can only prompt them three times, and if they don't agree, then we have to stop asking and document it. I will make sure we replace the mattresses right away. They are worn and we need new ones."

I spoke to maintenance staff, Alex Hartley, who stated that he has worked at the facility for two years. Mr. Hartley stated, "I was aware that there were some rodent issues in the home. But I did not know there was a hole under the kitchen sink. If I had known, I would have covered it. I will cover it immediately."

I spoke to Resident B, who stated, "There are a lot of issues living here. I saw mice around Christmas time. And I saw a few last month and this month. I saw them in the kitchen and on the counters. I saw one in the bread box and one of them chewed through some of our taco seasoning packets and we had to throw them away. The staff know about the mice. We've told them. I haven't seen any lately. There is a lot of messes that happen. Staff make us clean the house and clean our own messes. They say it's to help us to get ready to live on our own. Resident A and Resident C shit and pee in the toilet and I have to plunge and snake it all the time. I go in the bathroom and there is poop all over the toilet and pee on the floor. It smells bad and I hate doing it. I tell the staff and they make me do it. So, I do it for rewards and energy/monster drinks. Staff give me cash to clean the house for them. Precious {Precious Porter/Direct Care Staff} gave me \$5.00 to take the trash to the curb. I was pissed because she woke me up at 5:00am to take it out. It was cold out and I didn't want to do it, but she gave me money. I guess she didn't want to go outside because it was cold. Amanda {Amanda Rondo/Home Manager} gives me rewards for cleaning her office and plunging the toilet. I sweep and mop her office, and she gives

me money or drinks. Staff expect us to clean our rooms. They don't usually help. And if we don't clean up our mess, then staff ask another resident to clean it. I usually end up cleaning. I've cleaned shit off the toilet, and I mop and sweep the house. Staff get mad if we don't want to clean so I do it, and I like getting rewards. We {residents} do our best to clean and keep things clean, but it doesn't always end up the best, but we try."

I spoke to Resident C, who was hesitant to provide information or respond to my questions. Resident C did state, "I do have to clean up my own messes." Resident C did not provide any additional information.

I spoke to Resident D, who stated, "I saw mice here before Christmas. They were in the kitchen and at the side of the home. I told Amanda {Amanda Rondo/Home Manager} and she called pest control. I haven't seen any mice lately. For cleaning, we get \$10 a week to clean and do chores. We are expected to clean on our own and clean up our own messes. There are some people {residents} here that make a lot of messes. I have seen poop in the bathroom, all over the toilet and floor. Staff will ask whoever made the mess to clean it up. To clean up their mess, poop and pee, if they made the mess. We clean. Not staff. If the resident refuses, and Resident C doesn't clean up his messes, then staff ask another one of us to clean it for him. I have cleaned the doorknobs and doors, and I have swept and mopped the floors in the house. Amanda {Ms. Rondo} has had us clean her office and sweep and mop it and she gives us money. Sometimes an extra \$5.00. If a resident refuses to clean, staff will help but only as a last resort. They want us to clean on our own. To make us more independent. I am in a wheelchair and have to clean like everyone else {residents} here."

I spoke to Resident E, who stated, "I haven't seen mice in the house. I heard other people have seen them though. I keep my room clean, but the rest of the house gets really dirty. There is feces in our bathroom a lot. It sits there until someone cleans it up. Staff ask us to clean it up. If we don't clean it, it doesn't get cleaned. When I get in the shower, there will be feces on the {shower} floor, and I have to clean it myself or move it to the side to take a shower. Staff give us rewards to clean the house. They pay us to clean. We clean up our own messes."

On 2/17/2026, I spoke to direct care staff, Kyle Wilson, via telephone. Mr. Wilson stated that he has worked at the facility for almost four years. Mr. Wilson stated, "I saw a mouse in the house in November 2025. Nichole Palmer and I captured it and I took it outside. I let Amanda {Rondo} know and I never saw any mice after that. I haven't had any other rodent issues. We have two residents, Resident C and Resident D, that defecate and urinate in their bedroom and closets. We do try to clean the messes up right away. I don't leave it sitting. There is clutter in their rooms and we try to encourage them to get rid of items. One resident, Resident B, will ask to help clean. I say no, but I don't know what other staff say to him. We have a chore program and encourage residents to clean their rooms and help with house cleaning."

On 2/17/2026, I spoke to direct care staff, Janelle Coaster, via telephone. Ms. Coaster stated that she has worked at the facility for three years and is a Lead Worker. Ms. Coaster stated, "The soap dispensers are broken. They leak onto the floor when they are filled with soap. They haven't been replaced yet. I asked Amanda {Rondo} to replace them but that hasn't happened yet. A mouse was seen in the home in December. I saw mouse droppings in the bottom cabinet in the kitchen and I cleaned them up. We set traps out to catch it. We have also had pest control come out as well. The residents' bedrooms smell really bad. Resident C and Resident D refuse to comply with things we ask them to do. Resident C and Resident D urinate and defecate on themselves and in their rooms. Resident C and Resident D will pee on their beds and will refuse to shower. Resident C has milk cartons or containers filled with urine in his room. I have seen the urine containers in his room for the last month. I asked him to clean it up and throw them away in the bathroom. His bed has been soaked in urine, and he will refuse to shower. I know at least once when Resident C refused to shower for three weeks. Yesterday, I smelled a strong odor of feces on Resident C's body, and I prompted him to take a shower and he refused. I have observed feces on Resident C's wall. Resident D will defecate and urinate on himself in his room. He will often have puddles of urine on his bedroom floor, and sometimes he will allow staff to clean it. We can't make the residents do anything if they don't want to. We can't clean their rooms if they don't give us permission. I have tried to change bed sheets, and they won't let me clean them or the sheets off their bed to put clean ones on. We really try, but there is nothing we can do. They have their rights. We can ask and encourage them to clean, but we can't do it if they don't want us to. We give the residents' incentives to clean their room, do chores and take showers, but we can't make them. We can't violate their rights. We have to follow recipient rights and it's a constant battle. I have seen Resident B clean the bathroom. Resident C put a whole roll of toilet paper down the toilet and backed it up. Resident B has helped with cleaning."

On 2/18/2026, I spoke to Ms. Rondo via telephone to obtain follow-up information. Ms. Rondo stated, "The issues with Resident C and Resident D have been going on for a while. We've been dealing with the situation for Resident C for the last 4 – 5 months, but the last 2 -3 months we've seen a major increase in behaviors. I have been working with a committee along with Guardian C1 to try and address Resident C's behaviors. We are trying to find ways to encourage further interventions, but Resident C and Resident D do not have safety/behavioral plans yet."

On 2/25/2026 and 3/17/2026, I spoke to Ms. Rondo via email and text message exchange. Ms. Rondo sent me six photos that she had taken of Resident C's bedroom over the last two to three months. Ms. Rondo sent two emails to elaborate on the extent of the content contained in the photos. Ms. Rondo's emails stated the following:

2/25/2026 at 10:59am: That was from Resident C's room. That was one day after being cleaned on two different occasions I don't normally take pictures of the

guy's rooms. These pictures were taken for Beacon to understand the severity of the situation with Resident C. To add more context, the picture of the burgers and chicken patties were soaked in urine. The staff cleaned everything and threw it away. Those food items were removed from the trash and eaten by Resident C.

2/25/2026 at 11:01am: Resident C and Resident D don't really ever clean their rooms; I have staff assigned to clean them at least once a day. Sometimes they refuse but we are normally able to persuade them to allow us to clean up at some point throughout the day.

3/17/2026 at 1:48pm: Those pictures were sent to our clinical department, and they were shared with the operations team. To encourage further intervention.

3/17/2026 at 1:51pm: Yes, especially with Resident C as his has been the worst. We've had multiple CPRT meetings with our upper management, clinical department and Resident C's case manager and her supervisor. Still trying to find a resolution.

On 3/17/2026, I conducted a follow-up phone call with Ms. Rondo via telephone. Ms. Rondo stated, "Maybe I was overwhelmed when I spoke to you before and I don't think I communicated things properly. We are told during resident rights training that we can't go into residents' bedrooms without permission. I believe the only exception is if it is a biohazard concern. I am always telling my staff to clean and what I think is the issue is sometimes staff don't like to clean. Most of the time I am at work, I sit in my office and manage a lot of the paperwork and take care of meetings and phone calls." During this phone call, I asked Ms. Rondo about the chores and household cleaning duties being completed by residents. Ms. Rondo stated, "There is truth to that. The residents have chores that they do to help get them ready for independent living. They mop floors and clean other parts of the home. We don't have chore list or chart. We {staff} decide on a weekly basis what chores they will do. We do allow Resident B to help clean. He has volunteered to unclog the toilet. He has swept and cleaned my office before. He spends a lot of time in my office hanging out, and he doesn't like things messy, and wants to clean and organize for me. He probably has snaked the toilet. He did it from his own accord. He knows what he was doing. We don't make him. He offers. I am not aware of any staff giving him energy drinks. Maybe staff have given him a case as an incentive. I was just made aware of one staff {Precious Porter} that gave Resident B money to take the trash out for her."

I reviewed the six photos of Resident C's bedroom and observed the following:

Photo #1: Resident C's bed contained a hamburger patty, a bottle of salad dressing and a bottle of mustard. {hamburger patty soaked in urine}

Photo #2: Resident C's dresser is observed, with a plate containing five chicken patties and a bowl filled with a yellow liquid {urine}

Photo #3: Resident C's bedroom closet is observed with a large grey container containing a large quantity of light red liquid {urine and vomit mixture}

Photo #4: Resident C's bedroom floor observed with large amounts and areas of food crumbs and trash, including bowls of food and wrappers/trash.

Photo #5: Resident C's bedroom floor observed with large amounts of crumbs and trash on the floor, including a dirty spoon, a salad dressing bottle and numerous food and candy wrappers.

Photo #6: Resident C's room floor observed with large area of trash items and food crumbs, including popsicle sticks, food and candy wrappers, and dirt/debris and liquid on the floor.

On 3/9/2026, I spoke to direct care staff, Precious Porter, via telephone. Ms. Porter stated that she has worked at the facility for two months. Ms. Porter stated, "We have had an issue with mice, and we do have an exterminator company coming out now to address it. I have not seen any mice in the home. It is mainly dirty in the residents' bedrooms. The residents' leave things scattered. Resident C's room is the worst. He urinates in his room frequently and refuses to clean it. We've told him to use the bathroom. Resident C will leave food in his room. Resident D urinates on his floor and in his closet. He has urinals in his room that sometimes overflow and spill onto the floor. He is more than capable of cleaning up after himself. We ask the residents to clean but I will go behind them to redo it. I have seen handheld urinals in Resident D's bedroom, and it has caused fruit flies when the urine sits for too long. It will smell in the hallway, and we have to go into the bedroom to check. We do allow Resident D to have urinals in his bedroom if he can't make it to the bathroom. When Resident D refuses to allow us to clean his room, we will give him time to cope and staff will clean after. If we see any urine in their bedrooms, we give them a little time to get up and get going. After they have eaten breakfast or showered, around 10:30am or 11:00am, we will prompt them to clean their rooms. We give them time to prevent any behaviors. We have to wait and see how the residents are feeling that day to feel things out. With them having their rights, we can only come in and help clean. Every day we encourage residents to take showers. But we can only prompt residents three times and then we have to stop asking. If a resident refuses three times, we document it and let the manager know. The residents have the right to let us into their room or not. I think staff are good at cleaning the home, but the residents have the right to refuse to allow us to clean their rooms. We try to clean every day, if they let us. It's a daily issue because even if we clean its back to bad in a few hours. It's the residents' right to not clean their room and not take a shower. I have never seen fecal matter in the resident's bedrooms, but I have witnessed the urine in the rooms, and I tried to clean it. I don't think it is healthy and can lead to infections." I asked Ms. Porter who told her that there was a resident's right rule that limited her ability to provide personal care to residents, to which she replied, "I don't remember where I heard it, but I think it was from my last manager at the AFC I worked at before this one. I just know that whenever we {staff} hear anything to do

with rights, we freeze up. We have an incentive program for the residents to do chores and complete hygiene and showering. The residents do help with cleaning. Resident B offers to help clean a lot. He helps a lot with chores, and he does other residents' chores too. I believe he has plunged the toilet. There was a day when I was about to get off work and toilet was clogged. He said he would do it and had the plunger in his hand, so I told him okay and I let him do it." When I asked Ms. Porter if she asked Resident B to take to the trash to the curb recently for her, she stated the following, "There is some truth there. That morning {5:00am}, the trash needed to go to the curb, and I did not have boots on that day. And there was a lot of snow on the ground. I had on clogs. Resident B had boots, so I asked him to take the trash out for me. I offered to pay him \$4.00 and he said yes. But he didn't have to do it. He could've told me no. I know I wasn't supposed to give him money, but no one else was up to ask."

On 3/9/2026, I spoke to direct care staff, Dorothy Burton, via telephone. Ms. Burton stated that she has worked at the facility for six months. Ms. Burton stated, "We thought there was a mouse. I saw droppings under the kitchen cabinet and I told Amanda {Rondo} and pest control came out. I have not seen any mice. Resident C has problems with urinating in his room, and it is addressed daily. We talk to him daily about it. Resident C has stomach problems, and he went in his closet to poop and pee. I don't think we were aware it happened and it went unnoticed until we did a more thorough search. We didn't notice the severity of his behavior. Resident C will refuse to bathe and get upset when he is heavily prompted. He will sometimes go for several days without a shower, and he will smell like a plethora of urine, feces and body odor and we can only prompt three times then we have to stop asking and document it. Resident D has urinals in his room, but he is required to empty and dump them himself. We will prompt him to clean his room daily. If he refuses, we document it. Our policy is to prompt the residents three times, and then that's it. Resident D's room is usually dirty in the mornings, but he is very angry and doesn't want to be pressured in the morning so we will wait until he is awake and agreeable to clean his room. Resident B helps a lot but not because we prompt him. He invites himself to help clean. We do ask the residents to clean up their own messes, including feces and urine. If they don't clean it, then we will clean it for them. When I was first hired, I was told that residents have the right to refuse to do things and that we can't make them do things they don't want to. I think it was part of my rights training. But I don't think that's right. I also believe that residents have the right to live in a clean environment."

On 3/9/2026, I spoke to direct care staff, Aaron Conner, via telephone. Mr. Conner stated that he has worked at the facility for four months. Mr. Conner stated, "I have not observed any mice in the home, but pest control has been here. There was one time when Resident C's room smelled like there was rotten food and pee in his room. Resident C's room smells like urine. I have seen feces on his floor, in his closet and along the trim. He wouldn't let us into his room, we waited 30 minutes until he left his room, and then we went in to clean it. Resident C won't tell us where he soils and tells us nothing is needed and he won't let us go in and see. So, we

don't know until we go in at a future date and that can be a while. It can be 30 – 45 minutes before we can get in the room. For Resident D, when I go in his room to pass medication or tell him it's time to eat, I smell a urine odor. I have seen fruit flies around the urinal in Resident D's bedroom. We are supposed to encourage Resident D to empty his own urinal, but if he doesn't, we will do it. But if Resident D doesn't give us permission to empty the urinal or go into his room, then the urine sits there. We can't just barge in their rooms and clean it without their permission. It's a rights issue. It's part of what we are taught in rights training. If they don't give us permission, we can't do it. I haven't personally heard staff say this, but I learned it in training. The residents' bedrooms have gotten to a pretty bad point, but because residents wouldn't let us in their rooms. I've seen the residents' bedrooms close to being biohazard status. Sometimes we can clean and sometimes we can't. It's frustrating because we know the rooms need to be cleaned. We don't want to get in trouble and invade their privacy. It's very frustrating. We have had meetings with Amanda {Rondo} we brainstorm ideas and speak about not being allowed to force them or trigger or behavior. We are told we can only do incentives but that also doesn't work all the time. We do ask the residents to help clean. We prompt them to clean-up after themselves. Resident B does clean up other residents' messes and has done other cleaning things that we let him assist with. I have seen him snake the toilet. He snaked the toilet today because the resident that clogged the toilet refused to do it. I would of done it, but I don't know how to. Resident B offered to do it. We do offer incentives to the residents for helping with cleaning, but I think they get cash from an allowance. I'm not sure how that works.

On 3/9/2026, I spoke to direct care staff, Zoe Leach, via telephone. Ms. Leach stated she has worked at the facility for two months. Ms. Leach stated, "The soap dispensers in the kitchen are broken. We have been using Dawn dish soap to wash our hands. I haven't seen any mice recently, but I did see mice droppings in the kitchen cabinets next to the dishwasher in January 2026. I don't remember if I ever told anyone and I did not clean the mice droppings up. I think someone else cleaned it up. The residents refuse to let us clean. Resident C and Resident D urinate and defecate in their rooms. They refuse to let us clean their rooms and urine and feces will sit in their rooms until they let us in. We do try to keep the home cleaned but I don't want to go against the residents' rights. The home will smell after two days, when they refuse to clean and shower. Resident C has a tendency to hoard in his room. He urinates and defecates in his closet. I have seen Resident C keep containers of urine in his bedroom. We encourage him to use the bathroom, but he refuses. Resident D also keeps urinals in his bedroom. And urine spills on his floor. Amanda {Rondo} told me that Resident D had cardboard boxes soaked with urine in his bedroom closet for two weeks. Staff did clean it up because I went into his room the other day and I saw the boxes were gone and his room was clean. We spray Febreze to help with the odor. We do ask the resident that made the mess to clean it up. We encourage them to clean their own messes entirely or help us clean it up. We strive to help them be independent. Other residents do sometimes offer to help us clean up the messes. Resident B will offer to help. He is our unofficial staff. We offer residents cigarettes and energy drinks as rewards. I have seen Resident A,

Resident B, and Resident E help with mopping and unclogging the toilet. They help with sweeping and mopping the floors, cleaning counter tops.”

On 3/11/2026, I spoke to Office of Recipient Rights Officer, Rishon Kimble, via telephone. Ms. Kimble stated that she has been assigned to investigate this complaint on behalf of Resident A and Resident E. Ms. Kimble stated, “All residents have the right to live in a safe environment. It makes no logical sense that this is how residents are being treated.” Ms. Kimble stated that her investigation is currently in progress.

On 3/17/2026, I spoke to Lapeer County Community Mental Health Case Manager, Jennifer Martus, via telephone. Ms. Martus stated that she has been the case manager for Resident C for five years. Ms. Martus stated, “I am aware of Resident C’s behaviors, the peeing and pooping in his room and peeing and vomiting in buckets. He hides poop and pee in his closet and room. I have witnessed it myself and also, Amanda {Rondo} has told me. He has a history of bingeing food, regardless of the condition of the food. His behavior is the worst it has been over the last two months. I have moved him to six different homes for these same behaviors. Resident C does not currently have a safety plan or behavioral plan. He used to have one, but our behavioral/treatment planner is no longer employed, and we never refilled the position, so there is no one here to create a new one and the old one expired over a year ago. I thought the plan was that Amanda {Rondo} would ensure staff went into Resident C’s room every day or every other day to help him clean. I assumed that staff were providing support by prompting Resident C to complete his ADL’s. I did receive IR’s from the facility, stating that he was refusing to clean or complete hygiene. I know he recently pooped on the living room couch. I told Resident C that he was supposed to clean up his poop and pee. He was supposed to clean it up. I never asked Amanda {Rondo} what was being done to clean up the feces and urine, but I guess I saw it as Resident C needed to clean his own feces and urine. The plan was that staff would prompt him to clean to promote independence. But there were no chores or job duties in the home that were specified for him to do. I didn’t know that staff were having him clean on his own and not helping. I guess I thought if he refused, staff would still do it. But nothing was ever outlined. I never agreed to, or told Amanda {Rondo} or the staff, that they could not enter Resident C’s bedroom. I never told staff that they could not enter Resident C’s room without permission. I have never heard of a three-prompt maximum and then staff have to stop. I never agreed to that either. I know they would be prompting him, but not only three times. I last saw Resident C at the facility on 1/30/2026 and 3/5/2026. The last time I was in his room was in January 2026, and I just passed by it. I did not go in. He was sleeping and so I didn’t go in. But I did smell a strong odor of urine coming from his room. I didn’t know these things were happening. I didn’t ask a lot of questions and maybe I should have, but to be honest, I was just glad that they were continuing to allow him to stay there.”

On 3/18/2026, I spoke to Tuscola County Community Mental Health Supports Coordinator, Matt Nagy, via telephone and email. Mr. Nagy stated that he has

provided case management services for Resident B for 17 years. Mr. Nagy stated, "Resident B is very independent and has made a lot of progress recently. He is preparing to transition to a more independent living placement soon. I am working on that currently. He has met all of his goals. Resident B is only supposed to be managing his ADLS's, and nothing above and beyond that. He should not have any job duties other than basic skills, and staff are supposed to be helping and guiding him with these tasks. Resident B told me that he helps out a lot around the house, but I didn't know it was to this extent. I didn't know he was cleaning the house and doing duties that staff are supposed to be doing. Snaking a toilet is a job that a plumber would do, not a resident. I always see Resident B with a Monster or energy drink, and I was wondering how he was affording to buy them. Those drinks are expensive and I know he does not receive enough money to cover that cost. I asked Resident B recently how he is affording to pay for them, and he just didn't respond. I am worried that the things staff are having Resident B do, could trigger a behavior or affect the progress he has made and his step-down program. I never told the staff anything regarding not having to clean because it was a rights issue. Residents do have rights, but they also have the right to live in a clean and safe environment." Mr. Nagy stated that Tuscola County Office of Recipient Rights has opened an investigation and Recipient Rights Officer, Victor Gomez, has been assigned.

On 3/20/2026, I spoke to APS Worker, Ms. Jamerson, via telephone. Ms. Jamerson stated that she has been assigned to investigate this complaint. Ms. Jameson stated that her investigation is in process, and she has not made a determination as of yet.

On 3/20/2026, I spoke to Community Mental Health of Central Michigan Case Manager, Alivia Paetz, via telephone. Ms. Paetz stated, "Resident D has behaviors and will urinate in his bedroom and keep urinals in there. He keeps urine in his room and sometimes it spills. I visit Resident D at the facility monthly, but we usually meet in the common area at the table. I have never smelled urine, but I also tell the staff when I am coming so they expect me. Usually, when I go to the facility, I smell cleaning supplies. In January 2026, I was at the home and a female staff, I don't know her name, came up to me and told me that she didn't think Resident D was appropriate to be living there. She told me that he was urinating on the floor. I told the staff to please send me the incident reports, because I don't know what is happening if no one tells me. I told her to send me the reports so that I can address any issues. I also spoke to Amanda {Rondo} about it and she minimized the concerns. I haven't received any incident reports. I feel a bit blindsided right now. I had no idea there were issues. If I knew, I would have updated Resident D's plan to reflect this. Resident D is a challenging person to keep placed, and I expect him to clean his own room. He is capable of cleaning and able to clean. But I absolutely think that there is a health and safety risk if feces or urine is left uncleaned in the home or bedroom. I cannot imagine that our rights department would be okay with this."

3/24/2026, I spoke to Central Michigan Office of Recipient Rights Officer, Katie Hohner, via telephone. Ms. Hohner stated, "I, nor anyone in my office, has been

contacted by the facility regarding these issues. I would never have directed staff to allow residents to keep urine and/or feces in their bedrooms. This is a safety issue, and we have a protocol for this. We have a Search and Seizure Procedure that allows staff to prompt the resident and notify him/her that the room needs to be cleaned and to offer him/her the option to remain in the room or to leave the room while cleaning is done by the staff.”

On 3/25/2026, I spoke to Guardian D1 via telephone. Guardian D1 stated that she has been providing guardianship services to Resident D for several years. Guardian D1 stated, “Resident D has had issues with cleanliness and urination in his bedroom for a long time. He urinates in his room daily. He urinates anywhere in his room and does not clean it and will not let staff clean it either. He will urinate in his room and then not allow staff to come in and about every three days he will allow staff in to clean it. And until he allows staff to clean it up, it just sits in his room, and it is hazardous. He won’t invite staff into his room for days at a time and this is not normal behavior. Resident D is always extremely uncooperative with allowing assistance with personal care. He has never been willing to clean his room or allow staff to clean, so if the expectation has been that Resident D is responsible for cleaning his own room and his messes, it is not going to get done, so the plan needs to be that staff are going to clean the messes. He has done these same behaviors in previous homes and so I am not surprised to hear he is displaying these same behaviors, but his issues have not been addressed by CMH or through a behavioral plan and it needs to be. I assumed that Resident D’s behavior hadn’t changed for the better, but I have not been contacted by the facility and told anything about these concerns. I have not received any incident reports since April 2025. I have not received one call from anyone at the facility to vocalize concerns and I did not know he had scabies until now. I also did not know that staff are requesting residents to clean other residents’ messes as well. Recipient Rights does limit staff’s ability to enter a resident’s room and clean, and it is not okay.”

On 3/25/2026, I spoke to Guardian C1 via telephone. Guardian C1 stated, “I am aware of Resident C’s behavioral issues. He has a history of urinating and defecating in his room, as well as hoarding fooding and then regurgitating it. Resident C has been displaying this behavior for a very long time. He has displayed this behavior in prior homes that he has lived in. I visit him once per quarter, but I normally meet with him in the main office, not in his bedroom. I’m unaware of what his bedroom conditions have looked like, but I am aware of his behavior. Resident C does not have a behavioral plan because the county he is from is unable to provide one for him at this time. I’ve been working with Mr. Beltran, Mrs. Rondo, and other people on a committee to try and figure out how to assist him without a behavioral plan, but it has been very difficult. Resident C does not clean after himself and does need staff to clean up his messes. I was not aware that staff are having Resident C clean up his own urine and feces. I assumed that staff were doing this because this is a health and safety issue that should be handled by staff. Also, I didn’t think that Resident C was responsible for cleaning up his own messes because he just won’t do it. I never specifically spoke to staff about the expectation around cleaning his

room, but Resident C never has cleaned and never will, so this never should be an expectation for him.”

APPLICABLE RULE	
R 400.629	Direct care staff; qualifications and training.
	(4) Direct care staff shall possess all of the following qualifications before working independently: (a) Be capable of meeting the physical, emotional, intellectual, and social needs of each resident.
ANALYSIS:	<p>According to the <i>Incident/Accident Report</i>, dated 12/19/2025, Ms. Burton directed Resident C to dispose of his own urine and feces.</p> <p>According to Resident B, Resident C, Resident D and Resident E, they are expected to clean the home, including sweeping and mopping their rooms and the common areas, wiping doors and doorknobs, cleaning feces and urine (both their own and other residents’), plunging/snaking the toilet, and taking trash out to the curb.</p> <p>According to Ms. Rondo, Ms. Coaster, Ms. Porter, Ms. Burton, Ms. Conner and Ms. Leach, Resident B has assisted in cleaning the home and taking on job duties of direct care staff, including plunging and snaking the toilet, cleaning Ms. Rondo’s office, and cleaning up other residents’ messes. Ms. Porter acknowledged that she paid Resident B \$4.00 to take the trash to the curb for her. Ms. Conner acknowledged that she has allowed Resident B to snake the toilet because she does not know how to. Ms. Leach referred to Resident B as an “unofficial staff.”</p> <p>Ms. Rondo, Ms. Coaster, Ms. Porter, Ms. Burton, Ms. Conner and Ms. Leach stated that it is the residents’ right to live how they chose and that they cannot clean bedrooms without the residents’ permission. Ms. Porter and Ms. Conner stated that they have observed the residents’ bedrooms to be unsafe and near-bio-hazardous, however they both acknowledged that they have allowed the rooms to remain in this condition due to concerns of violating recipient rights guidelines.</p> <p>Ms. Rondo, Ms. Coaster, Ms. Porter, Ms. Burton, Ms. Conner and Ms. Leach acknowledged the severity of the residents’ bedrooms and the expectation that residents clean their rooms and the home independently.</p> <p>According to Ms. Kimble, Ms. Martus, Nagy and Ms. Paetz denied knowledge of a recipient rights rule that prevents direct</p>

	<p>care staff from cleaning residents' bedrooms and/or completing their job duties. Ms. Kimble, Ms. Martus, Ms. Nagy and Ms. Paetz stated that all residents have to right to live in a clean and safe home environment.</p> <p>Based on the information above, direct care staff are using recipient rights guidelines as the reason for not meeting the daily physical and emotional needs of the residents. By allowing the residents to live in these conditions, direct care staff are failing to provide a safe and sanitary living environment and a significant lack of dignity and respect. Direct care staff lack problem-solving skills and are not properly completing their job responsibilities and duties, due to being unable, or unwilling to do so.</p>
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.641	Resident behavior interventions.
	(2) Interventions must be specified in the resident's assessment plan and performed in accordance with that plan. Interventions must ensure that the safety, welfare, and rights of the residents are adequately protected. If an intervention is needed to address the unique programmatic needs of a resident, the intervention must be developed in consultation with, or obtained from, a professional or professionals licensed, certified, or registered in that scope of practice.
ANALYSIS:	<p>I reviewed Resident C's file and was unable to locate a behavioral intervention plan. I reviewed Resident D's IPOS, dated 1/21/2026, which did not include a behavioral intervention protocol to address Resident D unsanitary bedroom conditions and his refusal to allow staff to clean his room.</p> <p>According to the <i>Incident/Accident Reports, Chart Progress Notes</i>, and Ms. Rondo, Ms. Coaster, Ms. Porter, Ms. Burton, Ms. Conner and Ms. Leach, Resident C and Resident D have been displaying significant behaviors related to defecation and urination in their bedrooms since December 2025.</p> <p>According to Ms. Rondo, Resident C does not have a behavioral plan. Ms. Rondo stated that Resident D has a behavioral plan but acknowledged it does not include a protocol to address the current bedroom conditions and refusal to allow staff to clean his room.</p>

	<p>According to Ms. Martus, Resident C does not currently have a behavioral treatment plan. Ms. Martus stated that Resident C's behavioral plan expired over a year ago and due to staffing shortages, the plan has not been updated.</p> <p>According to Guardian C1 and Ms. Paetz, Resident D's behavioral plan does not address the current issues and will need to be updated.</p> <p>According to Ms. Paetz, Guardian C1 and Guardian D1, they were not informed by the facility of Resident C and Resident D's recent behavioral issues and the condition of their rooms.</p> <p>Based on the information above, the facility has not created/updated and/or implemented a behavioral intervention plan for Resident C and Resident D to address the current issues that have been present for the last several months.</p>
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.645	Environmental health.
	(6) An insect, rodent, or pest control program must be maintained and carried out in a manner that continually protects the health of residents.
ANALYSIS:	<p>On 2/11/2026, I conducted an onsite investigation at the facility. I did not observe any signs of rodents or mice in the home. I observed mouse traps in multiple areas throughout the home. I did not observe mice droppings.</p> <p>I reviewed the <i>Rose Pest Control Solutions Inspection Reports</i>, which documented that the facility has been receiving pest control services since February 2025.</p> <p>According to Ms. Rondo, mice were first observed in the facility in October 2025, and pest control services have been maintained on a monthly basis since this time. According to Ms. Rondo, Mr. Wilson, Ms. Coaster, Ms. Porter, Ms. Burton, Ms. Conner and Ms. Leach, they have not observed mice in the home in the last one to two months.</p> <p>Based on the information above, the facility has been utilizing and maintaining pest control services through Rose Pest Control</p>

	since February 14 th , 2025, and has consistently continued these services on a monthly basis as needed.
CONCLUSION:	NO VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.645	Environmental health.
	(9) Hand-washing fixtures must be provided in both the kitchen and bathroom areas and include hot and cold water, soap, and individual towels.
ANALYSIS:	<p>On 1/30/2026, a complaint was received, stating that the soap dispensers have been broken since prior to 1/29/2026.</p> <p>On 2/11/2026, I conducted an onsite investigation and observed the two soap dispensers above the kitchen sink were broken. I did not observe hand soap available for staff use.</p> <p>According to Ms. Rondo, Ms. Coaster and Ms. Leach, the soap dispensers are broken and have been for several weeks. Mrs. Rondo stated that she is filling empty dish soap containers for hand soap use. Mrs. Leach stated that staff are currently using Dawn Dish soap for handwashing.</p> <p>Based on the information above, the facility is not providing adequate hand soap for staff use.</p>
CONCLUSION:	VIOLATION ESTABLISHED

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:	<p>According to the <i>Chart Progress Notes</i>, dated 1/15/2026, 1/16/2026 and 1/18/2026, Ms. Coaster documented concerns that Resident C's lack of adequate hygiene and access to the common areas {touching and sitting on couches} was placing other residents and staff in jeopardy of exposure to Hand Foot and Mouth Disease. According to the <i>Incident/Accident Report</i>, dated 2/9/2026, Ms. Coaster entered Resident C's bedroom and found a milk jug filled with urine.</p>

	<p>On 2/2/2026, Complainant sent me a photo of Resident C's bedroom closet, which contained a large grey storage bin filled with urine and feces.</p> <p>On 2/11/2026, I conducted an onsite investigation at the facility. I observed a large hole in the cabinet beneath the kitchen sink. I observed the residents' bedrooms to be unclean, with large amounts of dirt, debris, clutter, food crumbs, trash and urine stains on walls and furnishings. I smelled a strong odor of urine in the resident bedrooms. In Resident C's bedroom, I observed a table lamp with multiple stains that smelled of urine as well as several areas of his bedroom walls that had dried liquid stains that also smelled of urine. I observed feces stains on Resident C's closet floor and his bedroom dresser was missing a drawer. In Resident D's room, I observed two urinals in his closet, one of which was filled with urine and had numerous fruit flies swarming around it. I also observed urine stains on his</p> <p>On 2/25/2026, Ms. Rondo sent me six photos of Resident C's bedroom, taken in the last two – three months, which included images of urine-soaked burgers and chicken patties {which Resident C later ate}, a grey storage bucket filled with urine and vomit, and multiple areas of the floor covered with trash, food, and debris.</p> <p>Ms. Rondo, Ms. Coaster, Ms. Porter, Ms. Burton, Ms. Conner and Ms. Leach acknowledged that the conditions of the residents' bedroom are unclean and unsafe.</p> <p>Ms. Rondo stated that she was unaware that there was a large hole under the kitchen sink.</p> <p>Based on the information above, the facility is not properly maintaining the home to provide adequately for the health, safety and well-being of the residents.</p>
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.647	Safety and maintenance of premises.
	(2) Home furnishings and housekeeping standards must present a comfortable, clean, and orderly appearance.
ANALYSIS:	I observed the residents' bedrooms to be unclean, with large amounts of dirt, debris, clutter, and urine stains on walls and furnishings. I smelled a large odor of urine in the resident

bedrooms. I observed feces stains on Resident C's closet floor and his dresser was broken. I observed two urinals in Resident D's closet, one of which was filled with urine and had numerous fruit flies swarming around it. I observed a lamp shade with large liquid stains on it, with the strong odor of urine.

According to Resident B, Resident C, Resident D and Resident E, they are expected to clean the home, including sweeping and mopping their rooms and the common areas, wiping doors and doorknobs, cleaning feces and urine (both their own and other residents'), plunging/snaking the toilet, and taking trash out to the curb. Resident B, Resident D and Resident E stated that it is common to find feces and urine in and around the toilet seat, as well as in the shower of the bathroom, which they are expected to clean.

On 2/25/2026, Ms. Rondo sent me six photos of Resident C's bedroom, taken in the last two – three months, included urine-soaked food, a grey storage bucket filled with urine and vomit, and multiple areas of trash, food, and debris on the floor.

Ms. Rondo, Ms. Coaster, Ms. Porter, Ms. Burton, Ms. Conner and Ms. Leach acknowledged severity of the unsafe condition of residents' bedrooms but also stated there is an expectation that residents clean their own rooms and complete other household chores independently.

Ms. Rondo, Ms. Coaster, Ms. Porter, Ms. Burton, Ms. Conner and Ms. Leach stated that it is the residents' right to live how they chose and that they cannot clean bedrooms without the residents' permission. Ms. Porter and Ms. Conner stated that they have observed the residents' bedrooms to be unsafe and near-bio-hazardous, however they acknowledged that they have allowed the rooms to remain in this condition due to concerns of violating recipient rights guidelines.

According to Ms. Paetz, Guardian C1 and Guardian D1, the facility never informed them of the ongoing behavioral concerns and healthy/safety issues related to Resident C and Resident D.

According to Ms. Kimble, Ms. Martus, Nagy and Ms. Paetz, they denied knowledge of a recipient rights rule that prevents direct care staff from cleaning residents' bedrooms and completing housekeeping duties. Ms. Kimble, Ms. Martus, Ms. Nagy and Ms. Paetz stated that all residents have the to right to live in a clean and safe home environment. Ms. Hohner stated that ORR

	<p>has a policy titled, "Search and Seizure," to address safety and health concerns and allows staff to enter and clean residents' rooms without their permission when necessary.</p> <p>Based on the information above, direct care staff have failed to provide adequate housekeeping services to maintain a clean and comfortable home environment. Direct care staff are using recipient rights guidelines as the reason for not providing adequate housekeeping standards to provide a comfortable, clean and orderly home for the residents.</p>
CONCLUSION:	<p>REPEAT VIOLATION ESTABLISHED:</p> <p>Reference Special Investigation Report dated 11/18/2025</p>

APPLICABLE RULE	
R 400.661	Bedroom furnishings.
	<p>(1) Bedroom furnishings must include all of the following: (b) A mattress that is clean, in good condition, and not less than 5 inches thick or 4 inches thick if made of synthetic materials.</p>
ANALYSIS:	<p>On 2/11/2026, I observed the vinyl-sealed waterproof mattresses in the residents' bedrooms to be in poor condition. I observed multiples tears in the seams of the top of the mattresses.</p> <p>According to Ms. Rondo, the residents need new mattresses, but she has not ordered them as of yet.</p> <p>Based on the information above, the facility is not providing residents with mattresses in good condition.</p>
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.677	Resident hygiene, clothing.
	<p>(2) A licensee shall ensure the resident receives or has access to all of the following: (c) Assistance with resident hygiene as needed.</p>
ANALYSIS:	<p>According to the <i>Chart Progress Notes</i>, dated 12/30/2025 – 2/13/2026, Resident C refused to shower on 12/30/2025, 1/4/2026, 1/5/2026, 1/8/2026, 1/11/2026, 1/12/2026, 1/15/2026, 1/16/2026, 1/17/2026, 1/18/2026, 1/19/2026, 1/29/2026, 1/30/2026, 2/1/2026, 2/2/2026, 2/5/2026, 2/9/2026, 2/11/2026, 2/12/2026 and 2/13/2026. The chart progress notes</p>

	<p>documented the following: Resident C urinated and defecated on himself on 1/15/2026, 1/18/2026 and 1/19/2026, and refused to shower/bathe during this four-day period; Resident C urinated and defecated on himself on 1/29/2026 and 1/30/2026 and refused to shower/bathe during this 2-day period. On 1/15/2026, 1/16/2026 and 1/18/2026, Ms. Coaster documented concerns that Resident C's lack of adequate hygiene was placing other residents and staff in jeopardy of exposure to Hand Foot and Mouth Disease.</p> <p>According to the <i>Incident/Accident Reports</i>, on 1/28/2026, Ms. Burton smelled a strong odor of urine coming from Resident C's person at approximately 8:15am and he refused to shower/bathe until later in the evening. On 2/9/2026, at approximately 8:15pm, Ms. Coaster noted that Resident C defecated and urinated on himself, refused to shower and went to sleep in this condition.</p> <p>Ms. Rondo, Ms. Coaster, Ms. Porter, Ms. Burton, Ms. Conner and Ms. Leach stated that it is the residents' right to choose to shower/bathe. Ms. Rondo, Ms. Coaster, Ms. Porter, Ms. Burton, Ms. Conner and Ms. Leach acknowledged that there are significant concerns related to the unhealthy hygiene practices of Resident C and Resident D and their refusal to accept personal care assistance from staff.</p> <p>Based on the information above, the facility is not providing adequate hygiene and toileting assistance to Resident C and Resident D.</p>
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.681	Resident rights; licensee responsibilities.
	(2) Work that is performed by a resident must be in accordance with the resident's assessment plan.
ANALYSIS:	<p>According to the <i>Assessment Plans for AFC Residents</i>. Resident A, Resident B, Resident C, Resident D and Resident E, they are encouraged to participate in household chores with staff prompting. However, the assessment plans do not specify nor outline the specific work duties to be performed.</p> <p>According to the <i>Beacon Specialized Living Incentive Program Tracking Form</i>, the tasks consist of the following: Chose to take medication; Chose to participate in skill building/activities</p>

	<p>program; Chose not to participate in any negative behavior; Chose to complete all hygiene tasks; Chose to attend all appointments; Chose to maintain a clean room.</p> <p>According to Resident B, Resident C, Resident D and Resident E, they are expected to clean the home, including sweeping and mopping their rooms and the common areas, wiping doors and doorknobs, cleaning feces and urine (both their own and other residents'), plunging/snaking the toilet, and taking trash out to the curb.</p> <p>Based on the information above, there is sufficient information to confirm that direct care staff are having residents perform work duties that are not specified in their assessment plans.</p>
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.689	Resident health care.
	(3) In case of an accident or sudden adverse change in a resident's health condition, a facility shall obtain needed health care immediately.
ANALYSIS:	<p>According to the <i>Chart Progress Notes</i>, Ms. Coaster first observed Resident C with bumps all over his body on 1/15/2026. On 1/15/2026 and 1/16/2026, Ms. Coaster again documented observing bumps all over his body, stated concerns that he had a disease that was placing other residents in the home at risk, and that Resident C refused to go to urgent care. On 1/17/2026, Ms. Burton documented that Resident C was prompted to take a shower so that he could be taken to Urgent Care but was not taken to Urgent Care on this date. On 1/18/2026, Ms. Coaster documented that Resident C was taken to urgent care and diagnosed with Hand Foot and Mouth Disease.</p> <p>Based on the information above, direct care staff did not obtain needed medical care for Resident C until three days after observing bumps all over his body.</p>
CONCLUSION:	VIOLATION ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION:

On 2/13/2026, I reviewed the *Assessment Plan for AFC Residents* for Resident A, Resident B, Resident C, Resident D and Resident E. I observed the following discrepancies:

Resident A: Assessment plan was completed on 1/21/2025; signed by case manager, Amber Wray on 2/5/2025; signed by Mr. Beltran on 4/3/2025; Missing signature of Guardian A1

Resident B: Assessment plan completed date was blank; signed by Guardian A1 on 1/22/2025; signed by case manager, Mr. Nagy, on 1/28/2025; Signed by Mr. Beltran on 4/3/2025

Resident C: Assessment plan was completed on 3/7/2025; signed by family placing agency, Violet Couture, on 3/11/2025; Missing signature of Mr. Beltran; The assessment plan did not reference Resident C's personal care needs, including defecating and urinating in his bedroom, urination of food items that he consumes, need for staff assistance with personal care needs, and refusal to clean and/or allow staff to clean his room.

Resident D: Assessment plan was completed on 4/7/2025; signed by Guardian D1 on 4/7/2025; signed by case manager, Rebecca Shebester, on 4/8/2025; Missing signature of Mr. Beltran. The assessment plan did not reference Resident D's personal care needs, including use of a urinal in his bedroom, storing urination in containers and cardboard boxes, and refusal to clean and/or allow staff to clean his bedroom.

Resident E: Assessment plan was completed on 1/21/2025; signed by Resident E on 2/6/2025; signed by Mr. Beltran on 4/3/2025. Resident E's assessment plan stated that he does not participate in household chores, which directly contradicts his IPOS, dated 1/16/2026, which specified participation in household chores.

On 3/26/2026, I spoke to Ms. Rondo via telephone. Ms. Rondo stated, "The assessment plans have not been signed as smoothly as they should be. I generally try to have Mr. Beltran sign the assessment plans as soon as the case managers and guardians have signed, but sometimes it is a struggle to get signatures back. And as I've mentioned before, I've been short-staffed and this caused me to get behind on things. I didn't know we need to update assessment plans when there are behavioral changes with residents. This is ignorance on my part, I guess, that I didn't know this. It makes sense now that they should be updated. I will work on getting them updated."

On 3/25/2026, I attempted to conduct an Exit Conference with licensee designee/administrator, Ramon Beltran, via telephone. However, Mr. Beltran is currently out of the office until 4/1/2026. Therefore, I conducted an Exit Conference with Nichole VanNiman, via telephone on 3/25/2026. Ms. VanNiman stated, "I was not aware of these concerns in the home, but this is not a home I normally oversee. Residents do have rights and there is a three-prompt rule, but there is a protocol that after the three prompts, we will direct the staff to clean the room to ensure resident health and safety. I am aware the recommendation is revocation but am not accepting it. I will ensure these issues are addressed immediately."

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>According to the <i>Assessment Plan for AFC Residents</i> for Resident A, Resident B, Resident C, Resident D and Resident E. I observed the following discrepancies:</p> <p>Resident A's assessment plan was completed on 1/21/2025 but was not signed by case manager, Ms. Wray until 2/5/2025, and not signed by Mr. Beltran on 4/3/2025. The assessment plan did not contain the signature of Guardian A1. Resident B's assessment plan completion date was blank and was signed by Guardian A1 on 1/22/2025, signed by case manager, Mr. Nagy, on 1/28/2025 and signed by Mr. Beltran on 4/3/2025. Resident C's assessment plan was completed on 3/7/2025, but was not signed by family placing agency, Ms. Couture, until 3/11/2025 and did not contain the signature of Mr. Beltran. Resident D's assessment plan was completed on 4/7/2025, was signed by Guardian D1 on 4/7/2025, signed by case manager, Ms. Shebester on 4/8/2025, but was missing the signature of Mr. Beltran. Resident E's assessment plan was completed on 1/21/2025 but was not signed by Resident E until 2/6/2025 and Mr. Beltran on 4/3/2025.</p> <p>Additionally, Resident C and Resident D's assessment plans were not up-to-date and did not reference the recent significant behavioral concerns they have been displaying over the last 2 -3 months, related to defecation/urination in their bedrooms,</p>

	<p>increased need for staff assistance with personal care needs, refusal to complete personal care/hygiene tasks and refusal to clean and/or allow staff to clean their bedrooms.</p> <p>Resident E's assessment plan was not up to date regarding participation in household chores, and directly contradicts his IPOS, dated 1/16/2026, which specified participation in household chores.</p> <p>According to Ms. Rondo, the reason for missing and delayed signatures on the assessment plans was due to being short-staffed and lack of follow-through by case managers and legal guardians. Ms. Rondo stated that she was also not aware that assessment plans need to be updated when there is a change in the residents' care needs.</p> <p>Based on the information above, assessment plans are not being completed with, and/or signed by legal guardians and/or Mr. Beltran at the time of completion, as required per licensing.</p>
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Due to the severity of the rule violations established, I recommend revocation of the license.

Stephanie Gonzalez

3/25/2026

Stephanie Gonzalez
Licensing Consultant

Date

Approved By:

Jay Caluwart

For

03/25/2026

Denise Y. Nunn
Area Manager

Date