



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

April 8, 2026

Lance Livingston  
14221 E M89  
Augusta, MI 49012

RE: License #: AF390253659  
**Stoney Oaks**  
**14221 E M89**  
**Augusta, MI 49012**

Dear Lance Livingston:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license and specialized certification for the mentally ill and developmentally disabled, will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (517) 335-5985.

Sincerely,

A handwritten signature in black ink that reads "Cathy Cushman". The signature is written in a cursive, flowing style.

Cathy Cushman, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(269) 615-5190

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
RENEWAL INSPECTION REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF390253659
<b>Licensee Name:</b>	Lance Livingston
<b>Licensee Address:</b>	14221 E M89 Augusta, MI 49012
<b>Licensee Telephone #:</b>	(269) 731-4025
<b>Licensee Designee:</b>	N/A
<b>Administrator:</b>	N/A
<b>Name of Facility:</b>	Stoney Oaks
<b>Facility Address:</b>	14221 E M89 Augusta, MI 49012
<b>Facility Telephone #:</b>	(269) 731-5819
<b>Original Issuance Date:</b>	03/04/2003
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL TRAUMATICALLY BRAIN INJURED

## II. METHODS OF INSPECTION

Date of On-site Inspection: 04/07/2026

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: 01/13/2026

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 4

No. of others interviewed [redacted] Role: [redacted]

- Medication pass / simulated pass observed? Yes  No  If no, explain.
- Medication(s) and medication record(s) reviewed? Yes  No  If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes  No  If no, explain.
- Meal preparation / service observed? Yes  No  If no, explain.  
Inspection did not occur at meal time. The food at the facility appeared safe and free from spoilage and contamination, the food service equipment was in good repair, and the facility appeared equipped to prepare and serve adequate meals.
- Fire drills reviewed? Yes  No  If no, explain.
- Fire safety equipment and practices observed? Yes  No  If no, explain.
- E-scores reviewed? (Special Certification Only) Yes  No  N/A   
If no, explain.
- Water temperatures checked? Yes  No  If no, explain.
- Incident report follow-up? Yes  No  If no, explain.
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes  (please explain) No  N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

**R 400.611** Required information; fee; posting of license; change of information.

**(1) An applicant or licensee shall maintain the following documents:**

**(f) Organizational chart.**

**FINDING:** An organizational chart was not available for review during the inspection.

**R 400.611** Required information; fee; posting of license; change of information.

**(1) An applicant or licensee shall maintain the following documents:**

**(h) Floor plan of each level and basement of the entire structure, including the interior layout of foster care areas and room descriptions and specifics as to use, the number of beds, and the dimensions of floor space.**

**FINDING:** The basement, main level, and 2<sup>nd</sup> floor level floor plans with the required information were not available for review during the inspection.

**R 400.611** Required information; fee; posting of license; change of information.

**(4) An applicant or licensee shall give written notice to the department within 10 business days after a change occurs in information that was previously submitted in or with an application for a license.**

**FINDING:** Household member and live in staff, Theresa Gregg, has been residing in the facility for several months; however, the Department was not notified and a BCHS 100 form was not submitted.

**R 400.619** Emergency preparedness plan.

**(1) A licensee shall have a written emergency preparedness plan in case of fire, medical, weather, extended utility outage, or other emergencies. The plan must include where residents will receive care in the event the facility is no longer habitable.**

**FINDING:** The licensee's emergency preparedness plan did not identify where residents will receive care in the event the facility is no longer habitable.

**R 400.619                    Emergency preparedness plan.**

**(2) An emergency preparedness plan must include all of the following:**

- (a) Specify persons responsible for carrying out the emergency preparedness plan and their responsibilities.**
- (b) Persons to be notified during an emergency.**
- (c) Locations of alarm signals and fire extinguishers.**
- (d) Evacuation routes and designated point of safety.**
- (e) Procedures and special staff response for evacuating residents of limited mobility or special needs and visitors.**
- (f) Any special assistance needed by a resident.**

**FINDING:** The licensee's emergency preparedness plan did not include all the required information identified in the rule.

**R 400.619                    Emergency preparedness plan.**

**(3) A licensee must have a written fire safety plan that includes all of the following:**

- (a) Use of and response to alarms.**
- (b) Notification of an alarm to the fire department.**
- (c) Isolation of fire.**
- (d) Evacuation of the facility.**
- (e) Closure of bedroom doors and corridor access doors on exiting.**
- (f) Use of fire extinguishers.**

**FINDING:** The licensee's emergency preparedness plan did not have a fire safety plan that included all the required information identified in the rule.

**R 400.619                    Emergency preparedness plan.**

**(7) A licensee shall ensure that all staff are instructed and retrained quarterly per calendar year, and new staff on hire, with respect to their duties and responsibilities under the emergency preparedness plan, on the operation of the fire alarm and other fire protection equipment. A record of the instruction must be maintained for 2 years.**

**FINDING:** There was no verification staff had been instructed and/or retrained on the emergency preparedness plan quarterly, as required.

**R 400.629                      Direct care staff; qualifications and training.**

**(5) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be trained and competent in all of the following areas before performing assigned tasks independently:**

**(b) First aid.**

**FINDING:** There was no verification direct care staff, Theresa Gregg, had been trained and was competent in first aid, as required. The licensee stated Theresa Gregg was scheduled for first aid training on 04/16/2026.

**R 400.629                      Direct care staff; qualifications and training.**

**(5) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be trained and competent in all of the following areas before performing assigned tasks independently:**

**(c) Cardiopulmonary resuscitation, which includes a hands-on demonstration as part of the training.**

**FINDING:** There was no verification direct care staff, Theresa Gregg, had been trained and was competent in CPR, as required. The licensee stated Theresa Gregg was scheduled for in person CPR training on 04/16/2026.

**R 400.629                      Direct care staff; qualifications and training.**

**(5) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be trained and competent in all of the following areas before performing assigned tasks independently:**

**(h) Food safety, which includes food storage, preparation, distribution, and serving in a safe manner.**

**FINDING:** There was no verification direct care staff, Theresa Gregg, had been trained and was competent in food safety, including food storage, preparation, distribution, and serving in a safe manner, as required. The licensee stated Theresa Gregg was currently reviewing the Department's YouTube videos on this subject.

**R 400.629                      Direct care staff; qualifications and training.**

**(5) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be trained and competent in all of the following areas before performing assigned tasks independently:**

**(i) Nutrition and special diets.**

**FINDING:** There was no verification direct care staff, Theresa Gregg, had been trained and was competent in nutrition and special diets, as required. The licensee stated Theresa Gregg was currently reviewing the Department's YouTube videos on this subject.

**R 400.631                      Health screenings.**

**(2) A licensee shall have on file a statement signed by a licensed physician or physician's designee attesting to the physical health of the licensee, staff, and members of the household. Statements for the licensee and administrator must be signed no more than 6 months before the issuance of a temporary license and at any other time requested by the department. Statements for staff and members of the household must be obtained within 30 days of employment start date, assumption of duties, or occupancy in the facility.**

**FINDING:** The licensee did not have a signed statement by a licensed physician or the physician's designee attesting to direct care staff and household member, Theresa Gregg's, physical health, as required.

**R 400.645                      Environmental health.**

**(7) Poisons, caustics, and other dangerous materials must be stored and safeguarded in nonresident, non-food preparation areas, and storage areas.**

**FINDING:** During the inspection, I observed cleaning products stored on open shelves in the resident's 2<sup>nd</sup> level bathroom and on shelves in the basement, which were both accessible to residents. These items constitute caustic and/or dangerous

materials and were not stored in a nonresident, non food preparation or secured storage area, as required.

**R 400.647                    Safety and maintenance of premises.**

**(3) Living, sleeping, hallway, storage, bathroom, and kitchen areas must be well-lighted and ventilated.**

**FINDING:** During the onsite inspection, multiple light bulbs were not functioning in both the 2<sup>nd</sup> floor bathroom and the basement bathroom. When the light fixtures were turned on, some vanity lights illuminated; however, several bulbs did not, resulting in inadequate lighting.

**R 400.647                    Safety and maintenance of premises.**

**(9) Stairways with more than 1 step must have sturdy and securely fastened handrails. Handrails must be 30 to 34 inches above the upper surface of the tread.**

**FINDING:** During the inspection, I observed the stairway leading to the basement level resident bedroom with more than one step, but without a handrail.

**R 400.655                    Bathrooms.**

**(3) Bathrooms must have doors with positive-latching, non-locking-against-egress hardware. Hooks, bolts, bars, and other similar devices are prohibited on bathroom doors.**

**FINDING:** The ensuite bathroom connected to the main level resident bedroom did not have a door and was instead covered by a curtain. As a result, the bathroom is not equipped with a door with positive latching, non locking against egress hardware, as required.

Additionally, the 2<sup>nd</sup> level bathroom was locking against egress.

**R 400.663                    Nutrition; adoption by reference.**

**(6) Menus, excluding special diets, must be written at least 1 week in advance and posted. Any change or substitution must be documented.**

**FINDING:** During the inspection, menus were not posted or available for review.

**R 400.665            Food service.**

**(7) When food is removed from its original packaging and stored, it must be clearly labeled to identify the prepared or opened date and an expiration or discard date. The discard date must be no more than 7 days on all perishable foods that are opened or if food is prepared and held at safe storage temperatures. The day of opening or day of preparation must be counted as day 1. If there are signs of spoilage, food must be discarded immediately. If any residents of the home have known food allergies, the label must also indicate that this food contains the food or ingredient that the resident is allergic to.**

**FINDING:** Leftovers were observed in the refrigerator without labels to identify when they were prepared and when they should be discarded.

**R 400.725            Means of egress.**

**(3) Doors that form a part of a required means of egress must be equipped with positive-latching, non-locking-against-egress hardware and have a width to allow for residents requiring wheelchairs or other devices to easily navigate through doorways.**

**FINDING:** The facility's primary and secondary means of egress on the facility were equipped with locking against egress hardware. These doors also had storm doors that were equipped with locking against egress hardware.

**R 400.731            Flame-producing equipment; enclosures.**

**(2) Heating plants and other flame-producing equipment located on the same level as the residents must be enclosed in a room that is constructed of material that has a 1-hour-fire-resistance rating and has a door made of 1-3/4-inch solid core wood. The door must be hung in a fully stopped wood or steel frame and must be equipped with an automatic self-closing device and positive-latching hardware.**

**FINDING:** During the inspection, I observed a resident bedroom located in the basement on the same level as the facility's boiler system, which serves as the heating plant. The boiler system was not enclosed in a room constructed of material with a 1 hour fire resistance rating, did not have a door made of 1 3/4 inch solid core wood, and was not hung in a fully stopped wood or steel frame with an automatic self closing device and positive latching hardware.

#### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license and specialized certification for the mentally ill and developmentally disabled populations, is recommended.



04/08/2026

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Cathy Cushman  
Licensing Consultant

Date