



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 15, 2026

Brenda White
21180 Gentner
Warren, MI 48089

RE: License #: AF500286756
Investigation #: 2026A0617012
White-CTH

Dear Ms. White:

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

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific time frames for each violation as to when the correction will be completed or implemented.
- Indicate how continuing compliance will be maintained once compliance is achieved.
- Be signed and dated.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days.

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 black ink, appearing to be 'EJ', written in a cursive style.

Eric Johnson, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place, Ste 9-100
3026 W Grand Blvd.
Detroit, MI 48202

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF500286756
Investigation #:	2026A0617012
Complaint Receipt Date:	02/11/2026
Investigation Initiation Date:	02/13/2026
Report Due Date:	04/12/2026
Licensee Name:	Brenda White
Licensee Address:	21180 Gentner Warren, MI 48089
Licensee Telephone #:	(810) 774-9559
Administrator:	N/A
Name of Facility:	White-CTH
Facility Address:	21180 Gentner Warren, MI 48089
Facility Telephone #:	(586) 774-9559
Original Issuance Date:	11/28/2007
License Status:	REGULAR
Effective Date:	06/09/2024
Expiration Date:	06/08/2026
Capacity:	3
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED

II. ALLEGATION(S)

	Violation Established?
Resident A, a non-verbal resident with a developmental disability, was hospitalized on 2/4/26 for blocked intestines; his guardians requests for a diet change were not implemented, and he will not return to the group home.	Yes

III. METHODOLOGY

02/11/2026	Special Investigation Intake 2026A0617012
02/12/2026	APS Referral Adult Protective Services Referral Received- Denied by APS
02/13/2026	Special Investigation Initiated - Telephone TC to Adult Protective Services
02/19/2026	Inspection Completed On-site I completed an unannounced onsite investigation at the White- CTH family home. I interviewed licensee Ms. Brenda White. Resident A was in the hospital and there were no other residents in care.
02/19/2026	Contact - Telephone call made TC to Resident A's mother
02/19/2026	Contact - Telephone call made TC to The University of Michigan Hospital
03/29/2026	Contact - Telephone call received TC with Ms. White

03/29/2026	Contact - Telephone call made TC to U of M Hospital
03/29/2026	Contact - Telephone call made TC to Resident A's mother
04/03/2026	Contact - Telephone call received, I interviewed Resident A's mother.
04/03/2026	Contact - Telephone call made I interviewed Resident A's case manager Tiffany Terenzi from Easter Seals MORC.
04/03/2026	Contact - Telephone call made I interviewed staff at the Eisenhower Center
04/10/2026	Exit Conference I held an exit conference with licensee Brinda White informing her of the findings of the investigation. Ms. White did not answer and a message was left.

ALLEGATION:

Resident A, a non-verbal resident with a developmental disability, was hospitalized on 2/4/26 for blocked intestines; his guardians requests for a diet change and increased supervision were not implemented, and he will not return to the group home.

INVESTIGATION:

On 02/11/26, I received a complaint regarding the White-CTH family home. The complaint indicated that Resident A (46) is diagnosed with a developmental disability. He is non-verbal and resides at White-CTH Adult Family Home. Resident A was admitted into the hospital on 2/4/26, for blocked intestines. Resident A's mother is concerned about Resident A's diet at his group home. She has expressed a diet change, but this did not occur. Resident A's mother believes that eating things like large bowls of oatmeal caused this blockage. Resident A will not be returning to the group home, and a long-term assisted living facility is being considered.

On 02/19/26, I completed an unannounced onsite investigation at the White-CTH family home. I interviewed licensee Ms. Brenda White. Resident A was in the hospital and there were no other residents in care.

According to Ms. White, Resident A has resided in her home for the last 41 years. Ms. White stated that Resident A has a history of intestine related issues and he is prescribed daily medication for it. Ms. White stated that Resident A first went to the hospital from 01/11/26 to 01/20/26 for constipation issues. Resident A went back to the hospital on 01/30/26 to 02/03/26 for the same issues. Ms. White stated that the doctors recommended colostomy surgery for Resident A but his mother disagreed. Resident A's mother requested that Resident A be transferred to the University of Michigan Hospital for a second opinion.

During the onsite investigation, I reviewed Resident A's file. According to his file, Resident A is diagnosed with a developmental disability and he is non-verbal. According to medical records, Resident A is also diagnosed with constipation and seizure disorder. According to Resident A's health care appraisal, he does not have any food restrictions. I reviewed the home menus, and the menus featured three nutritious meals per day. I completed a medication audit for Resident A. Resident A's medication logs have not been completed since January 3rd, 2026. Ms. White stated that she was behind on the logs because Resident A was in and out of the hospital, but she always gave him his medications.

On 03/29/26, I spoke with Ms. White. According to Ms. White, Resident A is still in the hospital. Ms. White stated that Resident A coded and had to be resuscitated. Resident A now has a virus. Ms. White stated that Resident A's mother is searching for a nursing home for Resident A, near her.

On 04/03/26, I interviewed Resident A's case manager Tiffany Terenzi from Easter Seals MORC. Ms. Terenzi stated that Resident A has a history of medical issues. Resident A is diagnosed with constipation and seizure disorder. Ms. Terenzi stated that Resident A originally was admitted to Corewell Health Gross Pointe. Resident A was admitted there from 1/30/26 to 2/3/26. The doctors at Corewell wanted to do a colostomy surgery on Resident A but his mother disagreed. Resident A's mother

wanted a second opinion and had him transferred to the University of Michigan Hospital on 2/4/26. The doctors at the University of Michigan hospital tried multiple different methods and medications as alternatives to surgery. The methods and medications were successful, and Resident A was able to be discharged. Ms. Terenzi stated Resident A's mother wanted him to move closer to her and Ms. Terenzi found placement for Resident A closer to his mother in Ann Arbor. According to Ms. Terenzi, Resident A was discharged from the University of Michigan Hospital on 03/25/26. Resident A was admitted into the Eisenhower Center in Ann Arbor, Michigan. Ms. Terenzi stated that she had no concerns about the care Resident A received at Ms. White's home.

On 04/03/26, I interviewed Resident A's mother. Resident A's mother stated that Resident A has a history of medical issues. Resident A is diagnosed with constipation and seizure disorder. Resident A has been in and out of the hospital for several months with related issues. Resident A's mother stated the doctors at Corewell wanted to do a colostomy surgery on Resident A, but she disagreed. Resident A's mother wanted a second opinion and had him transferred to the University of Michigan Hospital on 2/4/26. The doctors at the University of Michigan hospital tried multiple different methods and medications as alternatives to surgery. The methods and medications were successful, and Resident A was able to be discharged. Resident A's mother stated that she wanted him to move closer to her and Ms. Terenzi found placement for Resident A closer to her. According to Resident A's mother, Resident A was discharged from the University of Michigan Hospital on 03/25/26. Resident A was admitted into the Eisenhower Center in Ann Arbor, Michigan.

On 04/03/26, I interviewed staff at the Eisenhower Center. According to staff, Resident A is doing well and there are no concerns to report.

On 04/10/26, I held an exit conference with licensee Brinda White informing her of the findings of the investigation. Ms. White did not answer and a message was left.

APPLICABLE RULE	
R 400.681	Resident rights; licensee responsibilities.
	(1) A resident shall be treated with dignity and respect, free from exploitation, and protected and safe.

ANALYSIS:	According to medical records, Resident A is also diagnosed with constipation and seizure disorder. Resident A's mother stated that Resident A has a history of medical issues. Resident A has been in and out of the hospital for several months with related issues. Resident A's mother stated the doctors at Corewell wanted to do a colostomy surgery on Resident A, but she disagreed. According to Resident A's health care appraisal, he does not have any food restrictions. I reviewed the home menus, and the menus featured three nutritious meals per day. There is no evidence that Resident A's constipation were a result of the food or care provided by Ms. White.
CONCLUSION:	VIOLATION NOT ESTABLISHED

APPLICABLE RULE	
R 400.675	Resident medications.
	<p>(4) A licensee, administrator, or direct care staff shall comply with the following when supervising the taking of medication by a resident:</p> <p>(b) Complete an individual medication log that contains all of the following:</p> <p>(v) Initials of the individual who administered the medication at the time given.</p>
ANALYSIS:	During the onsite investigation, I completed a medication audit for Resident A. Resident A's medication logs have not been completed since January 3 rd , 2026. Ms. White stated that she was behind on the logs because Resident A was in and out of the hospital, but she always gave him his medications.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Contingent upon the receipt of an acceptable corrective action plan, I recommend no change to the status of the license.




4/14/26

Eric Johnson
Licensing Consultant

Date

Approved By:



For

04/15/2026

Denise Y. Nunn
Area Manager

Date