



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

May 8, 2026

Linda K. M. Quaye and Samuel Quaye  
15357 Chippewa Street  
Buchanan, MI 49107

RE: License #: AS110237511  
Investigation #: 2026A1030024  
Samlind Services US-31

Dear Linda K. M. Quaye and Samuel Quaye:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan was required. On 3/19/26, you submitted an acceptable written corrective action plan.

It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan.

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 (616) 356-0100.

Sincerely,

A handwritten signature in black ink that reads "Nile Khabeiry, LMSW".

Nile Khabeiry, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS110237511
<b>Investigation #:</b>	2026A1030024
<b>Complaint Receipt Date:</b>	03/17/2026
<b>Investigation Initiation Date:</b>	03/17/2026
<b>Report Due Date:</b>	05/16/2026
<b>Licensee Name:</b>	Linda K. M. Quaye and Samuel Quaye
<b>Licensee Address:</b>	15357 Chippewa Street Buchanan, MI 49107
<b>Licensee Telephone #:</b>	(269) 683-4108
<b>Administrator:</b>	Linda M. Quaye
<b>Licensee Designee:</b>	Linda M. Quaye
<b>Name of Facility:</b>	Sam lind Services US-31
<b>Facility Address:</b>	2031 US-31 North Niles, MI 49120
<b>Facility Telephone #:</b>	(269) 683-4108
<b>Original Issuance Date:</b>	09/28/2001
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	12/04/2024
<b>Expiration Date:</b>	12/03/2026
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. ALLEGATION(S)

	<b>Violation Established?</b>
The facility restricted the movements of the residents by having a locked gate.	No
Additional Findings	Yes

## III. METHODOLOGY

03/17/2026	Special Investigation Intake 2026A1030024
03/17/2026	Special Investigation Initiated - Telephone Interview with referral source
3/17/2025	Contact – Document Received Review of Single Rule Set
03/17/2026	APS Referral APS referral
03/19/2026	Inspection Completed On-site Interview with Resident A
03/19/2026	Contact - Face to Face Interview with Linda Quaye
03/19/2026	Contact - Document Received Received and reviewed documentation
04/01/2026	Contact - Document Received Received and reviewed updated documentation
05/06/2026	Contact - Document Received Receive and reviewed updated documentation
05/08/2026	Exit Conference Exit conference by phone.

**ALLEGATION:**

**The facility restricted the movements of residents by having a locked gate.**

**INVESTIGATION:**

On 3/17/26, I interviewed the referral source by phone. The RS reported she went to the facility yesterday to see one of her clients and was unable to get to the facility because there was a fence with a locked gate. The RS reported it had never been locked before but was unsure if the facility was able to have a fence with a locked gate. The RS also reported the licensee is the payee of Resident A and was unsure if that is acceptable according to the State guidelines. I informed the RS that the facility had a variance for administrative rules 304 (1) (b) and 304 (2) regarding restricting freedom of movement, however the concern regarding the licensee being Resident A's payee will be investigated.

<b>APPLICABLE RULE</b>	
<b>R 400.681</b>	<b>Resident rights, licensee responsibilities</b>
	<b>(3) A licensee and staff shall respect and safeguard all of the following resident rights to:</b>  <b>(b) Exercise individual constitutional rights including right to vote, right to practice religion of choice, freedom of movement, and freedom of association.</b>
<b>ANALYSIS:</b>	It was alleged the facility restricted the movement of residents by having a locked fenced area. Based on review of the facility's file this violation will not be established as the facility had a rule variance allowing the restriction of movement.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ADDITIONAL FINDINGS:**

**INVESTIGATION:**

On 3/17/26, I reviewed the single rule set regarding the handing of resident funds and valuables, administrative rule R 400.637 (1) that stated "A licensee may accept resident funds and valuables to be held in trust on request from the resident or a resident's designated representative."

On 3/19/26, I conducted an inspection at the facility and attempted to interview Resident A, however she was unable to be interviewed due to cognitive defects.

On 3/19/26, I interviewed Linda Quaye at the facility. Ms. Quaye reported Resident A was placed at the facility by Adult Protective Services and they asked her to become her representative payee as she suffers from dementia and did not have any relatives. Ms. Quaye reported that she had never been a resident's payee but agreed because Resident A needed a home. Ms. Quaye reported Resident A was recently appointed a legal guardian and would welcome the guardian becoming the payee as well, so she did not have to manage Resident A's monies.

I reviewed Resident A's file and noted the Resident Care Agreement indicated she pays \$1,056.50 per month in rent. I also noted that there was not a Resident Funds Part II form or it's equivalent that documented the funds managed by the facility and was informed of the administrative rule regarding handling of resident funds. Ms. Quaye acknowledged that she was overdue in completing the necessary documentation. Ms. Quaye reported Resident A received 1,650.00 per month. Ms. Quaye reported Resident A currently had a balance of \$910.46. Ms. Quaye was informed that the facility will be cited and we completed an on-site corrective action plan (CAP.)

On 4/1/26, I received and reviewed the Resident Funds Part II for Resident A per the CAP signed by Ms. Quaye. Ms. Quaye reported Resident's A legal guardian will soon be assigned as Resident A's representative payee.

On 5/6/26, I received and reviewed an updated Resident Care Agreement for Resident A from Resident A's legal guardian.

<b>APPLICABLE RULE</b>	
<b>R 400.637</b>	<b>Handling of resident funds and valuables.</b>
	<b>(4) A licensee shall record in the resident record a resident funds and itemized transactions including payment for services provided for each resident.</b>
<b>ANALYSIS:</b>	During the course of the investigation, it was discovered that the facility had been managing Resident A's monies, however, had not completed the appropriate documentation required by the administrative rule. A corrective action plan was completed, and Resident A's funds have been accounted for in a Resident Funds Part II document. In addition, Resident A's legal guardian became her representative payee.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

On 5/8/26, I shared the findings of the investigation with licensee designee, Linda Quaye by phone. Ms. Quaye signed an on-site CAP on 3/19/26 which was verified by reviewing updated documentation submitted by Ms. Quaye.

**IV. RECOMMENDATION**

An acceptable corrective action plan was completed on-site. No changes are recommended to the current license status.

*Nile Khabeiry, LMSW*

5/10/26

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Nile Khabeiry  
Licensing Consultant

Date

Approved By:

*Russell Misiak*

5/13/26

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Russell B. Misiak  
Area Manager

Date