



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

June 8, 2026

Amy Smith-Martinez  
12085 Nicholas Lane  
Plymouth, MI 48170

RE: License #: AF820418541  
Investigation #: 2026A0575021  
Water Lily Inn

Dear Ms. Smith-Martinez:

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.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (517) 284-9720.

Sincerely,

A handwritten signature in blue ink that reads "Jeffrey J. Bozsik".

Jeffrey J. Bozsik, Licensing Consultant  
Bureau of Community and Health Systems  
(734) 417-4277

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF820418541
<b>Investigation #:</b>	2026A0575021
<b>Complaint Receipt Date:</b>	03/18/2026
<b>Investigation Initiation Date:</b>	03/18/2026
<b>Report Due Date:</b>	04/17/2026
<b>Licensee Name:</b>	Amy Smith-Martinez
<b>Licensee Address:</b>	12085 Nicholas Lane Plymouth, MI 48170
<b>Licensee Telephone #:</b>	(248) 719-2003
<b>Administrator:</b>	N/A
<b>Licensee Designee:</b>	
<b>Name of Facility:</b>	Water Lily Inn
<b>Facility Address:</b>	12085 Nicholas Lane Plymouth, MI 48170
<b>Facility Telephone #:</b>	(248) 719-2003
<b>Original Issuance Date:</b>	02/27/2025
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	08/27/2025
<b>Expiration Date:</b>	08/26/2027
<b>Capacity:</b>	6
<b>Program Type:</b>	AGED

**II. ALLEGATION(S)**

	<b>Violation Established?</b>
In the last 6 months they have not completed a fire drill.	No
The facility does not properly document medications.	Yes
There is currently no power at the facility.	No
Cleaning supplies are not safeguarded.	Yes
Space heaters were used when the power was out at the facility.	No

**III. METHODOLOGY**

03/18/2026	Special Investigation Intake-2026A0575021
03/18/2026	APS Referral made
03/18/2026	Special Investigation Initiated – Letter
03/19/2026	Contact- Telephone call made-complainant
03/19/2026	Inspection Completed On-site-interview with Amy Smith-Martinez, licensee
03/19/2026	Inspection Completed-BCAL Sub. Compliance
03/19/2026	Contact-Telephone call made-(a) Guardian A1; (b) Guardian B1; (c) direct care staff: (1) Christina Jenkins; (2) Jennelle Donaldson; (3) Valerie Lucas; (4) Rochelle Warden
03/19/2026	Exit Conference with Amy Smith-Martinez, licensee
04/10/2026	Inspection Completed On-Site-interview with Amy Martinez-Smith, licensee designee
04/23/2026	Contact- Telephone call made- (a) Amy Smith-Martinez, licensee designee and (b) Alex Smith, direct care staff

**ALLEGATION:**

**In the last 6 months they have not completed a fire drill**

**INVESTIGATION:**

On 3/19/2026, I contacted the complainant, who refused to discuss her complaint.

On 3/19/2026, I made an APS referral. The APS staff stated this is not a case of neglect but took the referral.

On 3/19/2026, I did not interview any of the 6 residents due to their age and disability.

On 3/19/2026, I interviewed both Guardian A1 and B1. They both stated that they were aware of the complaints and were very satisfied with the services provided by the facility staff. They stated that they did not have specific knowledge of fire drills being conducted but were satisfied with how Amy Smith was operating the facility.

On 3/19/2026, I interviewed Amy Smith-Martinez, licensee. She explained that they were conducting fire drills under the Family Home rules promulgated prior to the new rule change on 11/3/2025, which required 4 fire drills per year. I reviewed the facility fire drill log and found there were documented fire drills during 2025 for this facility. Therefore, they are still within the requirements of this new fire safety rule since they have until the end of March 2026 to complete the required one fire drill per quarter per shift.

On 4/23/2026, direct care staff Alex Smith stated that he conducted the fire drills during 2025 and he would conduct more fire drills to be in compliance with the new single ruleset that applies to Family homes.

<b>APPLICABLE RULE</b>	
<b>R 400.619</b>	<b>Emergency preparedness plan.</b>
	<b>(8) A licensee shall practice the emergency preparedness plan, including the fire safety plan, at least once a quarter per calendar year during each shift, 7 a.m. to 3 p.m., 3 p.m. to 11 p.m. and 11 p.m. to 7 a.m. A record of the practices must be maintained for 2 years.</b>

<b>ANALYSIS:</b>	Even though the licensee conducted the last fire drill in December 2025 under the Family Home rules promulgated prior to the new rule change on 11/3/2025, they are still within the requirements of this new fire safety rule since they have until the end of March 2026 to complete the required one fire drill per quarter per shift. Therefore, the licensee practiced the fire safety plan, at least once per quarter per calendar year during each shift.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION:**

**The facility does not properly document medications**

**INVESTIGATION:**

On 3/19/2026, I reviewed the current medication record for Residents A-F. All of the residents' medication records were properly documented except Resident C's medication record, specifically, the staff initials were missing for one medication. Amy Martinez-Smith stated that Resident C's medications were dispensed as prescribed, but that staff Jennelle Donaldson failed to initial the medication administration record for Resident C's Parkinson's medication on 3/13/2026 and 3/14/2026. She stated that all the staff will be retrained in medication administration.

<b>APPLICABLE RULE</b>	
<b>R 400.675</b>	<b>Resident medications.</b>
	<b>(4) A licensee, administrator, or direct care staff shall comply with the following when supervising the taking of medication by a resident:</b> <b>(b) Complete an individual medication log that contains all of the following:</b> <b>(v) Initials of the individual who administered the medication at the time given.</b>
<b>ANALYSIS:</b>	Staff Jennelle Donaldson dispensed Resident C's medications but did not complete his medication record because it does not contain all of the initials of the staff who administered Resident C's medications at the time they were dispensed.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**ALLEGATION:**

**There is currently no power at the facility**

**INVESTIGATION:**

On 3/19/2026, I interviewed Amy Smith-Martinez regarding the allegation of lack of power at the facility. She stated that when the utilities were shut off, she paid the utility bill and her whole house generator turned on and there was no negative consequence for the residents. I went outside of the facility and observed the whole house generator.

On 4/10/2026, I interviewed Amy Smith-Martinez and she provided the documentation from DTE that her utility bill has been paid up to date. She also provided the DTE documentation that she enrolled in auto payment so there will be no more missed or late utility payments. She stated that the DTE representative told her that they did not know this was an adult foster care facility because if they did, they would not shut off her utilities regardless of the overdue bill. She stated that when she sold her previous home, she did not know that the new owner did not switch the utilities to their name and did not pay the utility bill. So, after several months of accumulated unpaid utility bills and DTE not knowing this is an adult foster care facility, they shut off her utilities.

On 3/19/2026, I interviewed the four direct care staff, Christina Jenkins, Jennelle Donaldson, Valerie Lucas and Rochelle Warden. Both Christina Jenkins and Jennelle Donaldson stated that on 3/18/26 when the power went off, the generator turned on and everything was normal. They stated that the power was off for about half of the day. On 3/20/2026, Valerie Lucas and Rochelle Warden returned my telephone calls and confirmed that when the power went off, the generator turned on and there was power in the facility.

On 3/19/2026, I conducted an exit conference with Amy Smith-Martinez. She understood and agreed with my findings.

<b>APPLICABLE RULE</b>	
<b>R 400.647</b>	<b>Safety and maintenance of premises.</b>
	<b>(1) A facility must be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.</b>

<b>ANALYSIS:</b>	Since the facility whole house back-up generator turned on as designed when the power went out, then heat was provided by an approved central heating plant.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION: Cleaning supplies are not safeguarded.**

**INVESTIGATION:**

On 3/19/2026, as part of my onsite inspection, I found bathroom cleaning supplies left in the open and not safeguarded in one of the bathrooms that residents could access.

<b>APPLICABLE RULE</b>	
<b>R 400.645</b>	<b>Environmental health.</b>
	<b>(7) Poisons, caustics, and other dangerous materials must be stored and safeguarded in nonresident, non-food preparation areas, and storage areas.</b>
<b>ANALYSIS:</b>	Since I found bathroom cleaning supplies left out in a bathroom a resident could access, then poisons, caustics, and other dangerous materials were not be stored and safeguarded in nonresident, non-food preparation areas, and storage areas.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**ALLEGATION:**

**Space heaters were used when the power was out at the facility.**

**INVESTIGATION:**

On 3/19/2026, as part of my onsite inspection I inspected all of the residents' bedrooms and did not find any resident using a space heater. I asked Amy Martinez Smith if any resident(s) had used a space heater and she acknowledged that one of the residents had used a space heater during the winter months. Also, since the facility has an operating whole house generator that turned on when the facility power was off, then there was no need for using space heaters.

<b>APPLICABLE RULE</b>	
<b>R 400.729</b>	<b>Heating equipment.</b>
	<b>(4) Portable heating units are allowed if they are Underwriters Laboratories (UL) listed and equipped with a tip over sensor and a temperature overheat sensor. Portable heating units must not be plugged into an extension cord or power strip.</b>
<b>ANALYSIS:</b>	Since the whole house generator turned on when the facility power was off and none of the resident(s) was using a space heater at the time of my inspection, there is no violation.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

#### **IV. RECOMMENDATION**

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

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Jeffrey J. Bozsik  
Licensing Consultant

Date: 5/14/2026

Approved By:

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Ardra Hunter  
Area Manager

Date: 6/8/2026