



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 11, 2026

Vashu Patel
Collaborative Care Partners Inc
10900 James Way
Portage, MI 49002

RE: License #: AL030406376
Investigation #: 2026A0469017
Stanford Lodge

Dear Ms. Patel:

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.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the responsible party and a date.

If you desire technical assistance in addressing these issues, please contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

Please review the enclosed documentation for accuracy and contact me with any questions. If 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 cursive script that reads "Natasha Grew".

Natasha Grew, 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

License #:	AL030406376
Investigation #:	2026A0469017
Complaint Receipt Date:	05/18/2026
Investigation Initiation Date:	05/19/2026
Report Due Date:	07/17/2026
Licensee Name:	Collaborative Care Partners Inc
Licensee Address:	10900 James Way Portage, MI 49002
Licensee Telephone #:	(269) 718-9040
Administrator:	Kim Barber
Licensee Designee:	Vashu Patel
Name of Facility:	Stanford Lodge
Facility Address:	409 Naomi Street Plainwell, MI 49080
Facility Telephone #:	(269) 685-5821
Original Issuance Date:	01/21/2021
License Status:	REGULAR
Effective Date:	07/21/2025
Expiration Date:	07/20/2027
Capacity:	20
Program Type:	AGED

II. ALLEGATION(S)

	Violation Established?
There are not enough staff to meet resident needs.	No
The facility does not have staff trained in meal preparation.	No
Staff are not trained to pass medication.	No
Additional Findings	Yes

III. METHODOLOGY

05/18/2026	Special Investigation Intake 2026A0469017
05/19/2026	Special Investigation Initiated - Telephone APS Michelle O'Brien
05/19/2026	APS Referral Complaint received from Adult Protective Services
05/28/2026	Inspection Completed On-site
06/04/2026	Inspection Completed On-site
06/11/2026	Exit Conference Licensee Designee Vashu Patel and Administrator Kim Barber

ALLEGATION: There are not enough staff to meet resident needs.

INVESTIGATION: On 05/18/2026 I received a complaint from Adult Protective Services (APS) that stated: Resident A is 90 years old, under the care of hospice, has a diagnosis of COPD, and is legally blind. This facility has 20 residents with two staff on-site. In general, staff are not trained to administer medications to residents or care for them. The facility does not have proper staffing for meal preparation or distribution. Other residents require bag changes that are not being tended to, and residents are sitting in soiled briefs for long periods of time. There is another resident that is an amputee and another resident that is overweight. These two residents require two-person transfers, which leaves no staff for emergency needs of other residents. In addition to the limited direct care staff, there is no management or supervision on-site.

On 05/19/2026, I interviewed APS worker Michelle O'Brien. I asked Ms. O'Brien if she has an investigation with Resident A. Ms. O'Brien stated no. Ms. O'Brien stated she has an investigation with another resident at this facility that she is closing. I asked Ms. O'Brien the last time she was at this facility. Ms. O'Brien stated she was at this facility on 05/05/2026 and 04/07/2026. I asked Ms. O'Brien how many staff

she observed while there. Ms. O'Brien stated she saw more than two staff during both of her on-site visits. I asked Ms. O'Brien if she has any concerns about resident care at this facility. Ms. O'Brien stated no. I asked Ms. O'Brien if she observed or has concerns with residents sitting in soiled briefs for extended periods of time. Ms. O'Brien stated no. Ms. O'Brien stated during her on-site visits she did not observe any indications such as urine or defecation smell to suggest residents are sitting in soiled briefs for extended periods of time.

On 05/28/2026, I completed an unannounced on-site inspection at this facility. While at the facility, I interviewed administrator Kim Barber, kitchen manager Tanisha Majewski, direct care worker (DCW) Catie Lapham, Resident A, B, and C.

I asked Ms. Barber how many residents were at this facility currently. Ms. Barber stated there are currently 19, as a resident passed away recently. Ms. Barber stated there has been staff turnover at the facility. Ms. Barber stated she was hired as the administrator "a little over a month ago". Ms. Barber stated the facility historically maintained 15 residents even though they are licensed for 20. Ms. Barber stated staff are still adjusting to being at or near capacity with 19 or 20 residents. Ms. Barber stated the facility is working to hire additional staff and create a 10am-6pm shift to provide additional support to meet resident needs.

I interviewed Ms. Majewski. I asked Ms. Majewski how many staff typically work with her during her shift. Ms. Majewski stated she is the kitchen manager and only cooks during her shift. Ms. Majewski stated she was told management is trying to hire another cook. Ms. Majewski works Mondays-Fridays. Ms. Majewski stated there is always a med tech and caregiver, who both give direct care to residents during all shifts. I asked Ms. Majewski who works in the kitchen when she is not working. Ms. Majewski stated Ms. Lapham has been picking up shifts on Saturdays and Sundays in the kitchen to help with cooking. I asked Ms. Majewski if she has observed residents in soiled briefs for extended periods of time. Ms. Majewski stated no. I asked Ms. Majewski if residents receive timely care. Ms. Majewski stated yes. I asked Ms. Majewski if she was aware of how many residents require a two-person assist. Ms. Majewski stated there are four residents who require a two-person assist.

I interviewed Ms. Lapham individually. I asked Ms. Lapham how many staff work each shift. Ms. Lapham stated there are two direct care workers and a cook for each shift. Ms. Lapham stated one direct care worker is a med tech and the other direct care worker is a caregiver. I asked Ms. Lapham if she has observed residents in soiled briefs for extended periods of time. Ms. Lapham stated no. I asked Ms. Lapham how many residents require a two-person assist. Ms. Lapham stated there are four residents who require a two-person assist.

I interviewed Resident A. I asked Resident A if she had any concerns with her care at this facility. Resident A stated "no". I asked if Resident A noticed any concerns with the care of other residents, like if they sat in soiled briefs for extended periods of time. Resident A stated no. I asked Resident A how she would obtain assistance

from staff if she needed it. Resident A showed me the call button she was wearing and stated she would push the button. I asked Resident A how long she has to wait for staff to respond. She stated “not long” and that staff are “pretty responsive”.

I interviewed Resident B. Resident B stated he has been residing at this facility for four years and had no concerns with his care. I asked Resident B if he has concerns with the care of any other residents. Resident B stated no.

I interviewed Resident C. I asked Resident C if she had any concerns with the care she receives at this facility. Resident C stated no. I asked Resident C if she needs assistance, how quickly staff respond. Resident C stated she does not typically have needs, but that staff are “attentive to needs” of the residents. I asked Resident C if she needed assistance and how she would get staff to respond. Resident C stated she would use the call button she was wearing.

While on-site I requested the staff schedule for April 2026 and May 2026. I also requested to review assessment plans for all residents at this facility.

On 06/02/2026, I reviewed the staff schedule for April 2026 and May 2026. On both schedules, there are three shifts. First shift is 7am-3pm, second shift is 3pm-11pm, and third shift is 11pm-7am. All three shifts have two direct care workers. There are changes noted within the schedule that show coverage if there are any times that are not lined up with the scheduled shifts. There is also a shift for a cook from 6am-4:30pm every day with either Ms. Majewski or another direct care worker scheduled.

On 06/02/2026, I reviewed assessment plans for Resident A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, and S. The assessment plan for Resident J and Resident O noted use of a Hoyer lift, which requires a two-person assist. Resident L requires “total assistance” with bathing. Resident A, B, C, D, F, G, I, K, M, P, Q, and S require assistance with areas such as bathing, toileting, or grooming. Resident B, F, H, I, M, N, P, Q, and S require assistance with eating.

On 06/04/2026, I completed an unannounced on-site inspection for another investigation (AL030406376_SIR_2026A0469018). While on-site, I interviewed DCW Nickie Curtiss and DCW Brittney Smith.

I interviewed Ms. Curtiss. I asked Ms. Curtiss how many staff work each shift. Ms. Curtiss stated there are two direct care workers on each shift. Ms. Curtiss stated there is one kitchen staff every day to cook all meals. Ms. Curtiss stated there is administrative or management staff present Monday-Friday during first shift. I asked Ms. Curtiss how many residents require a two-person assist. Ms. Curtiss stated three residents who use a Hoyer lift which is a two-person assist. Ms. Curtiss stated there are other residents that if they fall, require a two-person assist. Ms. Curtiss stated all but one or two residents do not need assistance with bathing, grooming, hygiene, or eating. I asked Ms. Curtiss if she observed residents sitting in soiled briefs for extended periods of time. Ms. Curtiss stated yes. Ms. Curtis stated that

since most residents need some level of assistance, staff cannot get to residents as quickly. Ms. Curtiss stated if there were additional staff, resident care needs could be addressed more quickly.

I interviewed Ms. Smith. I asked Ms. Smith how many staff work each shift. Ms. Smith stated there are two direct care workers for each shift. Ms. Smith stated there is a cook during the day for all meals that is not a caregiver. Ms. Smith stated that Ms. Barber is usually at the facility on weekdays and during the day shifts. I asked Ms. Smith how many residents require a two-person assist. Ms. Smith stated there are four residents who require a two-person assist due to using a Hoyer.

While on-site, Ms. Barber provided me with an update that there will be staff starting on 06/08/2026 to cover a 10am-6pm shift for five days each week. Ms. Barber stated this staff will be in addition to the two staff that are scheduled during first shift and second shift. Ms. Barber stated she is working on hiring more staff still. I requested a copy of the staff schedule for June 2026.

On 06/04/2026, I reviewed the staff schedule for June 2026. There are three shifts. First shift is 7am-3pm, second shift is 3pm-11pm, and third shift is 11pm-7am. All three shifts have two direct care workers. Starting on 06/08/2026 there is an additional shift from 10am-6pm with another direct care worker. The 10am-6pm shift covers five days between Monday-Saturday each week. There are changes noted within the schedule that show coverage if there are any times that are not lined up with the scheduled shifts. There is also a shift for a cook from 6am-4:30pm every day with either Ms. Majewski or Ms. Lapham scheduled.

On 06/11/2026, I completed an exit conference with Licensee Designee Vashu Patel and Administrator Kim Barber. They were informed of the investigation findings and recommendations.

APPLICABLE RULE	
R 400.633	Staffing requirements.
	(1) A licensee shall always have sufficient direct care staff on duty for the supervision, personal care, and protection of residents and to provide the services specified in a resident's assessment plan, health care appraisal, and resident care agreement. At a minimum, the ratio of direct care staff to residents must not be less than 1 direct care staff to either of the following: (a) 15 residents during waking hours or 20 residents during sleeping hours for large group homes and congregate facilities.
ANALYSIS:	The complaint received stated there are not enough staff to meet resident needs.

	<p>During interviews with Resident A, B, and C, there were no concerns expressed regarding the response time of staff for care. Resident A, B, and C did not have concerns with the care they receive or what they observe with care staff provided to other residents.</p> <p>Staff interviews were mixed with whether there is enough staff to meet resident needs. While some staff did not have concerns, others expressed that there was not enough staff due to the level of care each resident needs.</p> <p>The staff schedule from April 2026 and May 2026 documented there are two direct care staff and one cook scheduled for all shifts. From interviews, it was reported there are four residents who require a two-person assist. Assessment plans indicated two residents require a two-person assist due to using a Hoyer lift and one resident who requires “total assistance” with bathing. Most residents need some assistance with areas such as toileting, grooming, bathing, and/or eating. There is adequate staffing based on the residents’ assessment plan needs. Therefore, there is no rule violation.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: The facility does not have staff trained in meal preparation.

INVESTIGATION: During my interview with Ms. Majewski on 05/28/2026, I asked what training and experience she had as the kitchen manager. Ms. Majewski stated she has worked at this facility for over a year as the kitchen manager. Ms. Majewski stated prior to employment at this facility, she worked in a skilled nursing home as a dietician for 29 years. Ms. Majewski stated she has her SafeServ Certificate that is up to date, and that she plans to renew it in August 2026 before it expires. I asked Ms. Majewski what days she works. Ms. Majewski stated she works Mondays-Fridays. Ms. Majewski stated she is currently the only employee designated for the kitchen. Ms. Majewski stated direct care workers have training in food preparation and help when she is not working. Ms. Majewski stated she does all the grocery shopping and plans the menu. I observed a pad of paper next to Ms. Majewski that listed several grocery items, and Ms. Majewski had a tablet that she was putting in an online order for groceries for the facility.

During my interview with Ms. Lapham on 05/28/2026, I asked if she has received training in food preparation. Ms. Lapham stated she has received training in food preparation. Ms. Lapham stated she has been helping with cooking meals and food preparation on Saturdays and Sundays when Ms. Majewski is not working. Ms. Lapham stated Ms. Majewski works Mondays-Fridays each week. Ms. Lapham

stated Ms. Majewski is responsible for food preparation, planning the menu, and grocery shopping.

While on-site on 05/28/2026, I reviewed staff training records for direct care workers Veronica Boyett, Catie Lapham, Rachel Hogle, Nickie Curtiss, Makayla Wells, and Brittney Smith. Ms. Boyett's training in food preparation was completed on 08/25/2025. Ms. Lapham's training in food preparation was completed on 01/26/2026. Ms. Hogle's training in food preparation was completed on 03/24/2026. Ms. Curtiss' training in food preparation was completed on 04/24/2026. Ms. Wells' training in food preparation was completed on 03/26/2026. Ms. Smith's training in food preparation has not been completed as she is a new hire as of 05/22/2025. Ms. Barber stated Ms. Smith is not and will not complete food preparation on her own until after training for food preparation is completed.

While on-site on 05/28/2026, I reviewed Ms. Majewski's training records. Ms. Majewski completed food preparation training on 04/12/2025. Ms. Majewski's SafeServ Certificate was reviewed and is current with an expiration date on 09/20/2026.

On 06/11/2026, I completed an exit conference with Licensee Designee Vashu Patel and Administrator Kim Barber. They were informed of the investigation findings and recommendations.

APPLICABLE RULE	
R 400.663	Nutrition; adoption by reference.
	(8) A facility that is licensed for 7 or more residents shall have a minimum of 1 staff who is qualified by training, experience, and performance to be responsible for food preparation. Additional food service staff shall be employed as necessary to ensure regular and timely meals.
ANALYSIS:	<p>The complaint stated staff are not trained in food preparation.</p> <p>While reviewing staff training records for Veronica Boyett, Catie Lapham, Rachel Hogle, Nickie Curtiss, and Makayla Wells, all staff received individual training regarding food preparation. Staff training records for Brittney Smith regarding food preparation were not completed yet as Ms. Smith was hired on 05/22/2026 for this facility.</p> <p>The facility employs Taniesha Majewski specifically for being responsible for food preparation and kitchen management. Ms. Majewski has her SafeServ Certification which is current and due for renewal on 09/20/2026. During the interview with Ms. Majewski, she reported having 29 years of work experience as a</p>

	<p>dietician. Ms. Majewski has been employed at this facility for over a year as a kitchen manager. Ms. Majewski works Monday-Friday and is responsible for all three meals for those days. On weekends, other staff who have been trained in food preparation will serve and cook the food that is on the menu which is prepared by Ms. Majewski.</p> <p>This facility has 19 residents currently, which requires that at least one staff is qualified by training, experience, and performance to be responsible for food preparation. Therefore, there is not a rule violation.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: Staff are not trained to pass medication.

INVESTIGATION: While on-site on 05/28/2026, I reviewed staff training records for direct care workers Veronica Boyett, Catie Lapham, Rachel Hogle, Nickie Curtiss, Makayla Wells, and Brittney Smith. Ms. Boyett’s training for medications was completed on 08/25/2025. Ms. Lapham’s training for medications was completed on 01/26/2026. Ms. Hogle’s training for medications was completed on 03/24/2026. Ms. Curtiss’ training for medications was completed on 04/24/2026. Ms. Wells’ training for medications was completed on 03/26/2026. Ms. Smith’s training for medications has not been completed as she is a new hire as of 05/22/2025. Ms. Barber stated Ms. Smith is not administering any medications and will not administer any medications on her own until after training for medication administration is completed. Ms. Barber stated that part of training for administering medications will be observations of the new hire administering medications.

During my interview with Ms. Lapham on 05/28/2026, I asked if she had received training for medication administration and management. Ms. Lapham stated she has received training for medication administration and management. Ms. Lapham stated she was not allowed to pass medications on her own until she completed the training. Ms. Lapham continued to state she received thorough training on each resident’s needs when she was being trained.

During my interview on 06/04/2026 with Ms. Smith, I asked Ms. Smith if she has passed medications on her own yet. Ms. Smith stated no. Ms. Smith stated she has been observed during training on passing medications and is working to complete training.

On 06/11/2026, I completed an exit conference with Licensee Designee Vashu Patel and Administrator Kim Barber. They were informed of the investigation findings and recommendations.

APPLICABLE RULE	
R 400.675	Resident medications.
	(4) A licensee, administrator, or direct care staff shall comply with the following when supervising the taking of medication by a resident: (a) Be trained in the proper handling and administration of medication.
ANALYSIS:	During the review of staff training records and through the interviews completed, staff who pass medications have received training in medication administration and management. Therefore, there is no evidence for a rule violation.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDINGS: Assessment plans for residents did not provide specific or detailed information on areas identified as a resident need.

INVESTIGATION: During my on-site individual interviews with Ms. Majewski and Ms. Lapham on 05/28/2026, both staff noted there were four residents who require a two-person assist. I asked Ms. Lapham which residents require a two-person assist. Ms. Lapham stated Resident J, L, M, and O.

On 06/02/2026, I reviewed assessment plans for Resident A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, and S. The assessment plans for Resident J and O documented these residents use a Hoyer lift, which requires a two-person assist. The assessment plan for Resident L noted “total assistance” needed for bathing, however there were no places within this report that indicated a two-person assist was needed. Several assessment plans had areas throughout the assessment plan that I reviewed that were incomplete, lacking explanations, or left blank.

On 06/11/2026, I completed an exit conference with Licensee Designee Vashu Patel and Administrator Kim Barber. They were informed of the investigation findings and recommendations. They agreed to complete and submit a corrective action plan.

APPLICABLE RULE	
R 400.685	Resident admission; resident assessment plan; resident care agreement; health care appraisal.
	(2) A licensee shall not accept or care for a resident until a written assessment has been completed. A written assessment plan must include all of the following: (a) The amount of personal care, supervision, and protection required by the resident that is available at the

	facility.
ANALYSIS:	There were several areas throughout the resident assessment plans that were not completed thoroughly or left blank when the area was identified as a need. Therefore, this is a violation.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Upon receipt of an acceptable corrective action plan, I recommend no changes with the current license status.



06/11/2026

Natasha Grew
Licensing Consultant

Date

Approved By:



06/11/2026

Jerry Hendrick
Area Manager

Date