GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 17, 2026

Beth Gorkisch
NRMI LLC
17199 N. Laurel Park Dr.
Livonia, MI 48152

RE: License #:	AS610411847
Investigation #:	2026A0356036
	River St. Home

Dear Ms. Gorkisch:

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,

Elizabeth Elliott

Elizabeth Elliott, Licensing Consultant
Bureau of Community and Health Systems
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 901-0585

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS610411847
Investigation #:	2026A0356036
Complaint Receipt Date:	04/20/2026
Investigation Initiation Date:	04/21/2026
Report Due Date:	06/19/2026
Licensee Name:	NRMI LLC
Licensee Address:	17199 N. Laurel Park Dr. Livonia, MI 48152
Licensee Telephone #:	(734) 481-1200
Administrator:	Beth Gorkisch
Licensee Designee:	Beth Gorkisch
Name of Facility:	River St. Home
Facility Address:	620 E. River St. Whitehall, MI 49461
Facility Telephone #:	(231) 893-4150
Original Issuance Date:	03/13/2023
License Status:	REGULAR
Effective Date:	09/13/2025
Expiration Date:	09/12/2027
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED, MENTALLY ILL, TRAUMATICALLY BRAIN INJURED

II. ALLEGATION(S)

	Violation Established?
Resident A's room is too cold.	No
Resident A's bowel protocol is not being followed.	Yes

III. METHODOLOGY

04/20/2026	Special Investigation Intake 2026A0356036
04/20/2026	APS Referral Denied for investigation.
04/21/2026	Special Investigation Initiated - Telephone Resident A.
05/12/2026	Contact - Telephone call made Andrea Steinbach, case manager, Indequest.
05/14/2026	Contact - Document Received Bowel protocol, from Andrea Steinbach, case manager Indequest.
05/18/2026	Contact - Document Received Bowel Protocol, A. Steinbach, case manager, Indequest.
05/27/2026	Contact - Telephone call received Resident A
05/29/2026	Inspection Completed On-site
05/29/2026	Contact - Face to Face DCW's Jasmine Diepen, Juniper Evergreen, Jenny Frees.
05/29/2026	Contact - Document Sent Resident A in a different facility, went to that facility but Resident A not there.
06/01/2026	Contact - Document Sent Several emails back and forth with LD, Beth Gorkisch.
06/02/2026	Contact - Telephone call made Resident A, interviewed.

06/02/2026	Contact - Telephone call made Andrea Steinbach, case manager, Indequest.
06/02/2026	Contact - Document Received Beth Gorkisch, Licensee Designee. Facility documents.
06/08/2026	Contact - Telephone call made Bethany TenBrock, LPN
06/09/2026	Contact-Telephone call received B. TenBrock.
06/11/2026	Contact - Telephone call made B. TenBrock, LPN, Neuro Restorative.
06/11/2026	Contact-Document Received B. TenBrock, bowel protocol, updated.
06/12/2026	Contact-Telephone call made DCW Lindsey Porter-Oak Creek, Bethany TenBrock.
06/12/2026	Contact-Document Received Dr. order from B. TenBrock.
06/17/2026	Exit conference-Beth Gorkisch, Licensee Designee.

ALLEGATION: Resident A's room is too cold.

INVESTIGATION: On 04/20/2026, I received a LARA-BCHS (Licensing and Regulatory Affairs, Bureau of Community Health Systems) online complaint. The complainant reported that the air was turned on in the facility on Friday, 04/17/2026 and the temperature in Resident A's room is 64 degrees. The complainant stated Resident A stays in the bathroom most of the day due to it being warmer.

On 04/21/2026 and 05/27/2026, I interviewed Resident A via telephone. Resident A stated it was cold in her room, the facility is cold, approximately 68 degrees. Resident A stated she goes into the bathroom and sits after her shower because it is warmer in the bathroom. Resident A stated she has asked "management" to turn the heat up in the facility, but nothing was done about it. Resident A stated she would like to live in her own apartment where she would not have to deal with these issues.

On 05/29/2026, I conducted an unannounced inspection at the facility and interviewed DCW's (Direct Care Workers) Jasmine Diepen and Juniper Evergreen. Ms. Diepen stated Resident A no longer resides at this facility and transferred to the sister facility Oak Creek. Ms. Diepen stated Resident A's room was kept at 72

degrees Fahrenheit and it is written in her Plan of Care (POC) that Resident A's room is kept at 72 degrees. Ms. Diepen stated Resident A spent a lot of time in the bathroom while at this facility and would have it like a sauna in there. She would be sweaty and red because she would make it so hot in there. Ms. Diepen stated other residents had to use that bathroom and they would complain it was too hot. Ms. Diepen stated she checked the temperature in Resident A's room every day. Ms. Diepen and Mr. Evergreen stated that none of the residents have complained about the facility being too cold other than (former) Resident A. Mr. Evergreen agreed with the information provided by Ms. Diepen.

On 05/29/2026, I checked the temperature on the thermostat in the hallway of the facility. It read 71 degrees Fahrenheit. I entered Resident A's former room. It is currently empty and the temperature felt like 71 degrees that the thermostat depicted. I entered other resident rooms and found them to be comfortable temperature.

On 05/29/2026, I interviewed Resident's B, and C in the dining room at the facility and the residents stated the temperature in the facility was good and is always at a comfortable temperature. On 04/16/2026, I had conducted an unannounced inspection at the facility and interviewed Resident A for another matter when she lived in this facility. I sat in Resident A's room and interviewed her for a period, the temperature was comfortable.

On 05/29/2026, I interviewed DCW Jenny Frees at the facility. Ms. Frees stated Resident A was often cold and had difficulty regulating her own body temperature due to quadriplegia. Ms. Frees stated they kept the facility as warm as possible for her but also had to accommodate the other residents and not make it too warm. Ms. Frees stated the temperature in the facility is usually around 72 degrees Fahrenheit.

On 05/29/2026, I attempted to interview Resident A at her new facility. Resident A was out of the facility and not available.

On 06/02/2026, I reviewed the POC, (Plan of Care) dated 03/20/2026. The POC documented the following, *'(Resident A) is unhappy with the temperature in the home and often sits in the bathroom with the heat on. Per licensing guidelines, the home is set to 72 degrees Fahrenheit.'*

On 06/02/2026, I reviewed Resident A's health care appraisal dated 11/20/2025. The health care appraisal documented, 'susceptibility of hyper/hypothermia and related limitations,' as 'increased risk.'

On 06/02/2026, I reviewed Resident A's assessment plan for AFC residents dated 12/01/2025. The assessment plan does not have any more information documented to describe Resident A's susceptibility to hypothermia or hyperthermia.

On 06/11/2026, I interviewed Bethany TenBrock, LPN (Licensed Practical Nurse) for

Neuro Restorative Care via telephone. Ms. TenBrock stated it was difficult for Resident A to regulate her body temperature due to her injury but the temperature in her room was fine.

On 06/12/2026, I interviewed DCW Lauren Smith via telephone. Ms. Smith stated Resident A no longer lives in this facility, but she complained at times that it was too cold, but the temperature was kept at 72 degrees Fahrenheit and none of the other residents complained about the temperature in the facility.

On 06/17/2026, I conducted an exit conference with Beth Gorkisch, Licensee Designee. Ms. Gorkisch stated she agreed with the information, analysis, and conclusion of this applicable rule.

APPLICABLE RULE	
R 400.653	**Room temperature.**
	Resident-occupied rooms must be heated at no less than 68 degrees Fahrenheit. While air conditioning is not required, precautions must be taken to prevent prolonged resident exposure to noncirculating air that is at a temperature of 90 degrees Fahrenheit or above. Variations must be based on a resident's health care appraisal and addressed in the resident's assessment plan.
ANALYSIS:	The complainant reported the temperature in Resident A's room is 64 degrees. Based on my investigative findings, Resident A's health care appraisal documented Resident A was at increased risk of hypo and/or hyperthermia but there was nothing addressed in Resident A's assessment plan to specifically explain any parameters surrounding the increased risk. I found the temperature at the facility to be 72 degrees Fahrenheit and in accordance with this applicable rule. Therefore, a violation of this applicable rule is not established.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: Resident A's bowel protocol is not being followed.

INVESTIGATION: On 04/20/2026, I received a LARA-BCHS (Licensing and Regulatory Affairs, Bureau of Community Health Systems) online complaint. The complainant reported Resident A is neglected by staff in the facility, staff refuse to take Resident A to use the commode when she must use the bathroom. Instead,

staff have Resident A defecate in her bed while she is laying on her side and then they will clean it up.

On 05/12/2026, I interviewed Andrea Steinbach, RN, case manager for Resident A, through Indequest. Ms. Steinbach stated Resident A's bowel regiment can take up to an hour and the facility did not have enough staff to provide 1:1 staffing during Resident A's bowel regiment. Ms. Steinbach stated Resident A had to urinate and defecate in briefs rather than staff getting her up and onto the commode as documented in the written bowel protocol. Ms. Steinback stated this has been an ongoing issue and Resident A had a bowel protocol when she was in a Neurorestorative Care facility on the East side of the State, but she (Ms. Steinbach) is not sure if the bowel protocol was enacted at this facility. Resident A moved into this facility on 12/17/2025.

On 05/18/2026, I received and reviewed the Neuro Restorative Nursing Clinical Directive bowel program, dated 11/12/2024. There is no signature or indication as to who authored the bowel protocol document. The following information is documented on the bowel program, 'Purpose: To provide participant with effective evacuation of her bowels, thus decreasing the likelihood of autonomic dysreflexia. Nursing is to lead (Resident A) bowel program as follows:

- Request staff get (Resident A) on her commode/shower chair at 4:45a.m.
- Nurse to administer enemeez enema while on the commode, allow it to dwell for about 5-10 minutes.
- She should not be left alone in the room unless she has a seat belt on the commode and has it on.
- Nurse to perform digital stimulation up to the first or second knuckle of the index finger.
- Continue to perform stimulation until finger comes out clean.
- Nursing/staff to wipe stool and then wash bottom with soap and water.
- Staff to assist (Resident A) in getting dressed and in her wheelchair.
- Bowel program must be performed every morning.

On 05/27/2026, I interviewed Resident A via telephone. Resident A stated staff make her stay in bed, they "stick a finger in my ass" and that is how she defecates. Resident A stated an RN and an LPN used to perform bowel care but currently it is "floor staff" and it is done every day. Resident A stated staff would not let her sit on the commode and that she must have a bowel movement in her bed but that it is against what the doctor ordered. Resident A stated the bowel protocol does not happen the way it is documented and staff have never put her on the commode as the protocol documents. Resident A stated she wants to be put on the commode.

On 05/29/2026, I conducted an unannounced inspection at the facility and interviewed DCW's Jasmine Diepen and Juniper Evergreen. Ms. Diepen stated Resident A no longer resides at this facility and transferred to the sister facility Oak Creek. Ms. Diepen stated only trained staff could do Resident A's bowel care regime

and she (Ms. Diepen) was not one of the trained staff to do the bowel protocol. Ms. Diepen stated Resident A told her (Ms. Diepen) that she (Resident A) asked staff to put her on the commode, and the 3rd shift staff told her no because they were “too lazy” too do it. Ms. Diepen stated she did not ever find Resident A soiled or in a state where it appeared as though she was not assisted with toileting as required. Mr. Evergreen agreed with the information provided by Ms. Diepen.

On 05/29/2026, I interviewed DCW Jenny Frees at the facility. Ms. Frees stated Resident A did have a bowel protocol and the facility nurse, Bethany TenBrock, tried to train more staff to follow Resident A’s bowel protocol other than 3rd shift staff so the procedure could be done at any time other than just 3rd shift hours. Mr. Frees stated she was not trained to perform Resident A’s bowel program and therefore, she did not perform Resident A’s bowel program. Ms. Frees stated Resident A often refused to get out of bed for 3rd shift to perform her bowel care and then bowel care was performed while Resident A remained in her bed. Ms. Frees stated all the steps except for putting Resident A on the commode, were done while Resident A was in bed. Ms. Frees stated staff gave Resident A medication, Resident A would have a bowel movement in bed, and staff would clean her up. Ms. Frees stated she has never seen Resident A’s bowel protocol done as it is documented. Ms. Frees demonstrated to me, by lying on the floor, how the staff would have had to get under Resident A’s commode to complete Resident A’s bowel care and that it was a difficult protocol to complete and so, again, Ms. Frees stated Resident A’s bowel protocol was not followed the way it was documented, but that bowel care was always provided to Resident A. Ms. Frees stated Bethany TenBrock, LPN, facility nurse, came to the facility to do Resident A’s bowel care in bed and to train certain staff. Ms. Frees stated to complete the bowel care the way it is documented in the program, is almost “undoable” because of the way staff must get down on the ground and go up to perform bowel care.

On 05/29/2026, I attempted to interview Resident A at her new facility. Resident A was out of the facility and not available.

On 06/02/2026, I interviewed Resident A via telephone. Resident A reiterated that staff did not put her on the commode and she received the bowel care in her bed.

On 06/02/2026, I interviewed Ms. Steinbach via telephone. Ms. Steinbach stated Alyssa Pelto, RN nurse who over saw Resident A’s care when she resided at Neuro Restorative Care facility located in Farmington Hills authored the original bowel protocol. Ms. Steinbach stated Resident A refused bowel care from staff and refused if it was going to be done in bed, if the time of day was not good for her or if she didn’t want it done at the time staff were trying to do it. Ms. Steinback stated staff did not do the commode part of the bowel protocol as documented in the bowel protocol at this facility because putting Resident A on the commode took a long time. Ms. Steinbach stated the bowel protocol without putting Resident A on the commode, was done as Resident A would allow but it was done in Resident A’s bed and not exactly as the bowel protocol laid out.

On 06/02/2026, I reviewed Resident A's health care appraisal dated 11/20/2025, signed by Chanell Robinson, LPN. The health care appraisal documented, *'Resident is alert and oriented, is able to advocate for self and makes needs known. Is unable to perform ADL's* (activities of daily living) *and is dependent for care needs*.' Diagnosis: '*quadriplegia, flaccid lower extremities with no movement, upper extremities with gross movement, no fine motor control.'*

On 06/02/2026, I reviewed Resident A's assessment plan for AFC residents dated 12/01/2025. The assessment plan documented Resident A requires staff assistance with toileting and describes Resident A's needs and how they will be met as follows, 'bowel program and urine bag assistance.'

On 06/02/2026, I reviewed Resident A's MARs (medication administration records) for the months of April and May 2026. The April 2026 and May 2026 MAR documented, '*Enemeez, mini 283MG/5ML-Enema, insert 1 applicator rectally one time a day for bowel program.*' The MARs do not document any information pertaining to the bowel protocol.

On 06/11/2026, I interviewed Ms. TenBrock via telephone. Ms. TenBrock stated she and select trained staff offered Resident A bowel care daily, she refused often. Ms. TenBrock stated she was "very limited" in who she could train for Resident A's bowel care because Resident A would only allow certain staff to provide care to her. Ms. TenBrock stated when Resident A came to this facility in December 2025, she was using a bed pan at the previous facility instead of being put on the commode, because it was extremely difficult for staff to do the bowel protocol as documented. Ms. TenBrock stated Resident A would use the bed pan in bed and then the rest of the bowel protocol was completed in bed while Resident A was on her side. Ms. TenBrock stated that when Resident A got to this facility in December 2025, Resident A requested staff throw the bed pan away, and staff threw it away. Ms. TenBrock stated staff tried to get Resident A on her commode each morning at 5:00a.m. or at another agreed upon time, but Resident A refused frequently, Resident A directs her care, and a lot of her bowel care was done in bed. Ms. TenBrock stated Resident A's doctor, Dr. Sam Ho wanted Resident A to get on the commode daily, but Resident A often refused. Ms. TenBrock stated Resident A's bowel care went one of three ways, depending on what Resident A wanted, Resident A would get enemas in bed and then get on the commode, she would receive in bed bowel care, or Resident A would refuse bowel care altogether. Ms. TenBrock stated if Resident A agreed to or requested the commode, she (Ms. TenBrock) instructed staff to get her on the commode but the digital stimulation by crawling under the commode was not done, the stimulation would be completed by the nurse or trained staff while Resident A was in bed and then if she agreed, she was moved to the commode. Ms. TenBrock stated staff did not leave Resident A alone while she was on the commode unless she had the seat belt on that is part of the commode. Ms. TenBrock stated when Resident A refused care, she refused the entire bowel protocol and then she would not have a bowel movement that day. Ms. TenBrock stated when Resident A refused her bowel care, an IR (incident report)

was written, and it was reported to her doctor. Ms. Tenbrock stated she was trying to get the bowel protocol, and the Enemeez adjusted by the doctor so Resident A was satisfied with it and staff were able to accomplish it every day as documented in the bowel protocol.

On 06/11/2026, I received an updated copy of the Clinical Directive Bowel Care Program, written by Ms. TenBrock, updated on 05/19/2026. The initial instructions on the updated bowel care program still documented that 'staff get (Resident A) on her commode/shower chair at an agreed upon time.' The following updated instructions were as follows: Purpose: To provide participant with effective evacuation of her bowels, thus decreasing the likelihood of autonomic dysreflexia.

- Request staff get (Resident A) on her commode/shower chair at agreed upon time.
- Nurse or trained staff to administer Enemeez enema while on the commode, allow it to dwell for about 5-10 minutes.
- She should not be left alone in the room unless she has a seat belt on the commode and has it on.
- Nurse or trained staff to perform digital stimulation up to the first or second knuckle of the index finger.
- Perform stimulation 3x or until glove comes out clean.
- Nursing/Staff to wipe stool and then wash bottom with soap and water.
- Nurse or Staff to assist PBS in getting dressed and in her wheelchair.
- Complete documentation on Enemeez order AND in POC tasks.
- Bowel Program must be performed daily.

On 06/12/2026, I interviewed DCW Lindsey Porter via telephone. Ms. Porter stated she was trained by Ms. TenBrock in Resident A's bowel protocol care. Ms. Porter stated Resident A's bowel protocol care is not consistent because Resident A does not agree with following the bowel protocol as documented. Ms. Porter stated that Resident A's bowel care was mostly done in her bed even though Resident A stated that she wanted the entire bowel care to be done on the commode. Ms. Porter stated the doctor wanted Resident A to sit on her commode to do the bowel procedure but the part where Resident A was sitting on her commode and staff were to administer the Enemeez and digitally stimulate her was something the nurse (Ms. TenBrock) said staff did not have to do because it was not sanitary and it was almost undoable physically to crawl under the commode and perform that part of the bowel care. Ms. Porter stated Resident A directs staff on how she wants her bowel care done and what happens is usually one of three ways, staff administer Enemeez, stimulation is done in bed, then Resident A is placed on the commode, or all bowel care is done in bed or Resident A refuses altogether and bowel care is not completed. Ms. Porter stated staff would try to accommodate Resident A in any of the ways she wanted the process completed but the only thing staff would not do on the bowel protocol is to go under the commode to administer the Enemeez enema and to stimulate, they wanted to complete that while Resident A was in bed and Resident A often refused.

On 06/12/2026, I reviewed a doctor's order dated 06/05/2026 and signed by Dr. Sam Ho, MD and Becky Bair, RN. The order documented, *'(Resident A) needs to have bowel program completed daily. Enemeez may be inserted in bed or up on the commode. If administered in bed,* (Resident A) *will need to be transferred to commode chair right away. After 20 minutes, begin digital stimulation to assist with bowel evacuation. Repeat digital stim every 5 minutes until bowel is clear.'* *Note: at the time of this doctor's order, Resident A no longer lives at this facility and has moved to a Neuro Restorative sister facility.

On 06/17/2026, I conducted an exit conference with Beth Gorkisch, Licensee Designee. Ms. Gorkisch stated she will make sure they are providing resident care according to doctor's orders and if there are issues, questions or concerns, they will keep in contact with the resident's physician or other designated health care professionals. Ms. Gorkisch stated she understands the information, analysis, and conclusion of this applicable rule and an acceptable corrective action plan will be submitted.

APPLICABLE RULE	
R 400.689	**Resident health care.**
	(1) A licensee, with a resident's cooperation, shall follow the instructions and recommendations of a resident's physician or other designated health care professional.
ANALYSIS:	The complainant reported staff refuse to take Resident A to the commode. Instead, staff have Resident A have a bowel movement in her bed and then they clean it up. Based on my investigative findings, there is a preponderance of evidence to show that Resident A's written bowel protocol was not followed as recommended by a designated health care professional. A violation of this applicable rule is established.
CONCLUSION:	**VIOLATION ESTABLISHED**

IV. RECOMMENDATION

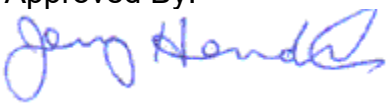
Upon receipt of an acceptable corrective action plan, I recommend the status of the license remain unchanged.

Elizabeth Elliott

06/17/2026

Elizabeth Elliott, Licensing Consultant Date

Approved By:



06/17/2026

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Jerry Hendrick, Area Manager Date