GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 24, 2026

Lisa Cavaliere-Mancini
Windemere Park Assisted Living I
31900 Van Dyke Avenue
Warren, MI 48093

RE: License #: AH500315395
Investigation #: 2026A0585043
Windemere Park Assisted Living I

Dear Ms. Cavaliere-Mancini:

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 feel free to 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. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (517) 335-5985.

Sincerely,

Brender L. Howard

Brender Howard, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664, Lansing, MI 48909
(313) 268-1788
enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH500315395
Investigation #:	2026A0585043
Complaint Receipt Date:	06/04/2026
Investigation Initiation Date:	06/09/2026
Report Due Date:	08/04/2026
Licensee Name:	Van Dyke Partners LLC
Licensee Address:	Suite 300 30078 Schoenherr Rd. Warren, MI 48088
Licensee Telephone #:	(586) 563-1500
Authorized Representative/Administrator:	Lisa Cavaliere-Mancini
Name of Facility:	Windemere Park Assisted Living I
Facility Address:	31900 Van Dyke Avenue Warren, MI 48093
Facility Telephone #:	(586) 722-2605
Original Issuance Date:	11/15/2012
License Status:	REGULAR
Effective Date:	08/01/2026
Expiration Date:	07/31/2027
Capacity:	90
Program Type:	ALZHEIMERS AGED

II. ALLEGATION(S)

	Violation Established?
Resident A went to the hospital with soiled clothing on and Resident B had head lice.	Yes
One staff member on shift for each floor.	Yes
Bed sheets are not being changed or cleaned.	No
The facility has roaches.	No
Residents' rooms are not being cleaned.	No
Additional Findings	Yes

III. METHODOLOGY

06/04/2026	Special Investigation Intake 2026A0585043
06/09/2026	Special Investigation Initiated - Telephone Attempt to contact witness 1 for additional information. A message was left to return call.
06/09/2026	Contact - Telephone call received PACE Representative #1 called to discuss allegation reported.
06/09/2026	Contact - Document Received Additional allegation received for intake 210938.
06/11/2026	Inspection Completed On-site Completed with observation, interview and record review.
06/11/2026	Inspection Completed-BCAL Sub. Compliance
07/24/2026	Exit Conference Conducted via email to authorized representative Lisa Cavaliere-Mancini.

ALLEGATION:

Resident A went to the hospital with soiled clothing on and Resident B had head lice.

INVESTIGATION:

On 06/04/2026, the licensing department received an anonymous complaint alleging that a resident had head lice.

On 06/09/2026, the department received additional allegations alleging that Resident A was sent to the hospital covered in feces and urine. The complaint alleged that no one helped Resident A.

On 06/09/2026, I interviewed the complainant by telephone. The statements of the complainant were consistent with what was written in the complaint. The complainant stated that when EMS brought Resident A to the hospital, she was covered in feces and urine. The complainant stated that the facility staff did not clean Resident A.

On 06/11/2026, an onsite investigation was completed at the facility. I interviewed the administrator Lisa Cavaliere-Mancini who stated that Resident A and Resident B are PACE recipients that reside on the second floor of the facility. She said that she does not know anything about Resident A going out to the hospital and PACE did not give her any paperwork regarding what happened. She could not tell me the conditions of the resident or the reason she was sent to the hospital. She said that last week, they got a complaint that Resident B on the third floor had head lice. She said that Resident B was checked for head lice and she did not have them.

On 06/11/2026, I interviewed Employee #1 during the onsite. Employee #1 said that they didn't know until the next day about Resident A going to the hospital and didn't know if she was clean at the time of transfer to the hospital. Employee #1 stated that PACE is responsible for all the residents on the second floor. Employee #1 said that they got a complaint about one of the PACE residents on the third floor (Resident B) that she had head lice. She said they checked on her and she did not have any. She said PACE washed Resident B's hair.

During the onsite, I interviewed Employee #2 who stated that they take care of their residents and PACE take care of their residents. She said they were responsible for showering Resident A and didn't know if they did it.

During the onsite, I interviewed PACE Representative # 1 who stated that a family member thought Resident B had head lice and they checked her. PACE Representative #1 said they isolated Resident B in her room, and it was confirmed that she did not have head lice. PACE Representative #1 said that she didn't know

anything about Resident A going to the hospital without being clean but she does know that Resident A has refusals for taking showers. She did not have shower sheets showing whether Resident A was getting showers.

Pace Representative #2 said they encourage Resident A to shower because sometimes she refuses to. She said they wash Resident A's clothes. PACE Representative #2 said she can't recall if Resident A had a shower before she went to the hospital and could not find the shower sheets.

APPLICABLE RULE	
R 325.1931	**Employees; general provisions.**
	(2) A home shall treat a resident with dignity and his or her personal needs, including protection and safety, shall be attended to consistent with the resident's service plan.
ANALYSIS:	The complaint alleged that Resident A was sent to the hospital covered in feces and urine. The complaint alleged that Resident B had head lice. There is insufficient evidence to support the claim about Resident B having head lice. However, the facility did not have any records showing Resident A getting showers or showing refusals for showers. The facility staff was unable to tell me if Resident A was covered in feces in urine when she was sent out to the hospital. There is no service plan available for review to show the care the facility is supposed to be providing to Residents A and B. Therefore, this claim is substantiated.
CONCLUSION:	**VIOLATION ESTABLISHED**

ALLEGATION:

One staff member on shift for each floor.

INVESTIGATION:

The complaint alleged there is one staff member on shift for each floor.

The administrator stated there are one staff on the first floor, one on the second floor and one on the third floor.

Upon request, the administrator gave me copies of staffing sign in sheets.

Employee #1 said there is one staff member on the first and third floor. She said that PACE have their own staff on the second floor. She said that PACE is responsible for residents on the second floor and they don't go on the second floor.

Employee #2 said there are one staff member on each floor of the facility. She said PACE is on the second floor. She said there are no two person assist in the facility.

I reviewed staffing schedule dated 05/29/2026 – June 11, 2026. The staffing schedule showed there were one staff on the first and third floor during the morning and afternoon shift. The staffing schedule showed there was only one staff for the first and third floor during the midnight shift.

APPLICABLE RULE	
R 325.1931	**Employees; general provisions.**
	(5) The home shall have adequate and sufficient staff on duty at all times who are awake, fully dressed, and capable of providing for resident needs consistent with the resident service plans.
ANALYSIS:	The complaint alleged there is one staff member on shift for each floor. A review of the staffing schedule showed that there was one staff member on each of the first and third floors during the morning and afternoon shifts. The staffing schedule showed there was only one staff member for both the first and third floors during the midnight shift. The facility does not have adequate and sufficient staff on duty to take care of the needs of the residents.
CONCLUSION:	**VIOLATION ESTABLISHED**

ALLEGATION:

Bed sheets are not being changed or cleaned.

INVESTIGATION:

The complaint alleged that bed sheets are not being changed or cleaned.

Employee #1 stated laundry is done twice a week and more if needed.

During the onsite, I inspected rooms on all three floors of the facility. The beds appeared to be cleaned, and no dirty sheets were noted at that time.

APPLICABLE RULE	
R 325.1935	**Bedding, linens, and clothing.**
	(1) Bedding shall be washable, in good condition, and clean, and shall be changed at least weekly or more often as required.
ANALYSIS:	The complaint alleged bed sheets are not being changed or cleaned. There is not enough evidence to support this claim.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION:

The facility has roaches.

INVESTIGATION:

The administrator stated that the facility has regular pest control and they do not have cock roaches. She said the maintenance director investigates the facility for pests.

Employee #1 said that they have pest control that comes out to inspect for bugs. Her statements were consistent with the administrator.

A review of the invoices from January 2026 to May 2026 showed the facility has routine pest control. The invoice read no activities for roaches.

APPLICABLE RULE	
R 325.1978	**Insect and vermin control.**
	(1) A home shall be kept free from insects and vermin.(2) Pest control procedures shall comply with MCL 324.8301 et seq.
ANALYSIS:	The complaint alleged the facility has roaches. The facility has regular pest control in the facility. During the onsite, no pests were noted. Therefore, the facility reasonably complied with this rule.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION:

Residents' rooms are not being cleaned.

INVESTIGATION:

The administrator said that residents' rooms are cleaned bi-weekly. She said that some residents' rooms require more cleaning.

Employee #1 stated residents' rooms are cleaned twice a week but sometimes more if needed.

The rooms inspected were clean and no issues noted at that time.

APPLICABLE RULE	
R 325.1979	**General maintenance and storage.**
	(1) The building, equipment, and furniture shall be kept clean and in good repair.
ANALYSIS:	The complaint alleged residents' rooms are not being cleaned. During the onsite, the rooms inspected appeared to be clean. Therefore, this claim could not be substantiated.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ADDITIONAL FINDINGS

INVESTIGATION:

The administrator reported Resident A is a PACE recipient and they provide all of his care. She stated, PACE has the file, and she must get it from them. She did not have a copy of his records. She explained that they have meetings with PACE to get updates and to discuss the residents.

Employee #1 stated that PACE does all care for their residents and they do not have any records. Employee #1 said she does not have access to PACE records and cannot tell me anything about their residents.

Employee #2 said they take care of their residents and PACE take care of their residents. She said they don't have access to any information about PACE residents.

APPLICABLE RULE	
R 325.1921	**Governing bodies, administrators, and supervisors.**
	(**1) The owner, operator, and governing body of a home shall do all of the following: (a) Assume full legal responsibility for the overall conduct and operation of the home.**
ANALYSIS:	Resident is a PACE recipient who resided on the second floor of the facility. The administrator did not maintain a file on their own resident.
CONCLUSION:	**REPEAT VIOLATION [2025A0585066]**

INVESTIGATION:

Administrator could not provide documents for Resident A, Resident B and Resident C. The administrator said PACE have their own files.

APPLICABLE RULE	
R 325.1922	**Admission and retention of residents.**
	(1) A home shall have a written resident admission contract, program statement, admission and admission and discharge policy and discharge policy, and a resident's service plan for each resident.

ANALYSIS:	The facility did not maintain a file for each resident. Therefore, the facility did not comply with this rule.
CONCLUSION:	**VIOLATION ESTABLISHED**

INVESTIGATION:

During the onsite, I requested service plans for Resident A, Resident B and Resident C.

The administrator stated that PACE have the service plans and they would have to get it from them.

Employee #1 said that she is in the process of updating the service plans that she have.

A review of Resident A, Resident B, and Resident C service plans showed that they were not updated.

APPLICABLE RULE	
R 325.1922	**Admission and retention of residents.**
	(5) A home shall update each resident's service plan at least annually or if there is a significant change in the resident's care needs. Changes shall be communicated to the resident and his or her authorized representative, if any.
ANALYSIS:	Facility did not update service plans for Resident A, Resident B and Resident C. Therefore, the facility did not comply with this rule.
CONCLUSION:	**REPEAT VIOLATION [2025A0585066]**

IV. RECOMMENDATION

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

07/24/2026

Brender Howard — Date
Licensing Staff

Approved By:

07/24/2026

Andrea L. Moore, Manager — Date
Long-Term-Care State Licensing Section