GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 20, 2026

Lynn MacKenzie
Meadows On McCarty LLC
3520 Davenport Avenue
Saginaw, MI 48602

RE: License #: AL730419736
Investigation #: 2026A0576039
Meadows On McCarty AL

Dear Lynn MacKenzie:

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.
- Be signed and dated.

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) 643-7960.

Sincerely,

Christina Garza, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(810) 240-2478

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL730419736
Investigation #:	2026A0576039
Complaint Receipt Date:	05/27/2026
Investigation Initiation Date:	05/28/2026
Report Due Date:	07/26/2026
Licensee Name:	Meadows On McCarty LLC
Licensee Address:	3520 Davenport Avenue, Saginaw, MI 48602
Licensee Telephone #:	(989) 293-4621
Administrator:	Lynn MacKenzie
Licensee Designee:	Lynn MacKenzie
Name of Facility:	Meadows On McCarty AL
Facility Address:	2485 McCarty Road, Saginaw, MI 48603
Facility Telephone #:	(989) 293-4621
Original Issuance Date:	03/05/2026
License Status:	TEMPORARY
Effective Date:	03/05/2026
Expiration Date:	09/04/2026
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED AGED

II. ALLEGATION(S)

	Violation Established?
Concern that there is inadequate staffing at the facility.	Yes

III. METHODOLOGY

05/27/2026	Special Investigation Intake 2026A0576039
05/28/2026	Special Investigation Initiated - Telephone Left message for Complainant to return call
06/25/2026	Inspection Completed On-site Interviewed Suenae Blankenship, Wellness Director, Resident A, Resident B, Resident C, Relative D1, viewed Resident D, Staff Lazeya Gray, Staff Taylor Kane, and Cherri Shaw Resident Care Coordinator
07/17/2026	APS Referral
07/17/2026	Exit Conference

ALLEGATION:

Concern that there is inadequate staffing at the facility.

INVESTIGATION:

On June 25, 2026, I interviewed Suenae Blankenship Wellness Director regarding the allegations. Director Blankenship reported there are currently 19 residents who reside at the facility and the staffing pattern for the facility is as follows:

1st Shift 6am-2pm there are 2 direct care staff
2nd Shift 2pm-10pm there are 2 direct care staff
3rd Shift 10pm-6am there is 1 direct care staff
1 Floater Staff 10am-10pm
1 Floater Staff 10pm-10am

Director Blankenship explained that there are 2 neighboring facilities, Meadows on McCarty AL and Meadows on McCarty MC, and the floater staff works at both facilities. When the floater is needed at Meadows on McCarty AL staff will call or radio over that the floater is needed. The floater will come to Meadows on McCarty AL assist with whatever is needed and return to Meadows on McCarty MC.

Wellness Director Blankenship described the residents at the facility. Nine (9) residents are independent, and they walk and can get up on their own. Some residents (5-6) are minimum assist and need help with showers and mobility (i.e. push resident wheelchair or walk with them). Some residents are fully assisted and require hoyer lifts, help with showers, dressing, and other activities of daily living. Full assist residents require 2 staff to transfer from bed to wheelchair and wheelchair to toilet.

On June 25, 2026, I interviewed Resident A who reported he has lived at the home for approximately one year and “it’s good”. Resident A reported he does not need much help from staff and he has no concerns regarding staff. Resident A can walk and he gets his needs met timely.

On June 25, 2026, I interviewed Resident B who reported he uses a walker however he can walk. Resident B does not need much help from staff other than to bring him towels for showering. Resident B reported there are other residents who do not need much assistance, and he believes there are 2-3 staff working at this time. Resident B reported he likes his home.

On June 25, 2026, I interviewed Resident C who reported they have lived at their home for over one year. Resident C does not need much help from staff and Resident C leaves the building quite often. On midnight shift there is one staff person. The staff are friendly and the facility is family oriented. Resident C denied any concerns with staffing.

On June 25, 2026, I viewed Resident D in their bedroom. Resident D was sitting in a wheelchair and was dressed neatly. Resident D looked at me and did not speak. Resident D’s feet were wrapped with bandaging. I interviewed the relative that was visiting Resident D, Relative D1 who reported Resident D has resided at the facility for a few years and Relative D1 visits the facility often. Relative D1 reported Resident D cannot use their legs due to neuropathy. Resident D requires staff to help with sitting and standing. Two staff are needed to put Resident D into bed at night or to put Resident D in a chair. Relative D1 reported staff “are good to me” and Resident D. Relative D1 denied any concerns.

On June 25, 2026, I interviewed Staff Lazeya Gray regarding the allegations. Staff Gray reported that the facility is adequately staffed. Dinner is at 5pm and lots of things happen during the day. On 3rd shift they should have 2 staff.

On June 25, 2026, I interviewed Staff Taylor Kane. Staff Kane has worked 2nd and 3rd shift at the facility. Staff Kane explained that she would start 3rd shift at 10pm and end

at 6am. Staff Kane was a 3rd shift floater and would go to Meadows on McCarty AL from Meadows on McCarty MC every 2 hours to assist with resident changes. When she was done assisting with changes at Meadows on McCarty Staff Kane would return to Meadows on McCarty MC leaving one staff at Meadows on McCarty AL.

On June 25, 2026, I interviewed Cherri Shaw Resident Care Coordinator who reported she works Monday through Friday. Coordinator Shaw works open shifts and, on the weekends, when needed, and is also on-call 24/7. Coordinator Shaw reported that there is one full-time staff person on duty from 10pm-6am and there is a 2nd staff person, a floater that works at the facility also. The floater comes from the neighboring facility every two hours to assist with 2 person assists and as needed. I asked Coordinator Shaw how staff would handle an emergency such as a fire on 3rd shift with one staff. Coordinator Shaw reported that residents closest to the fire would be evacuated first. Staff would tell residents that are mobile to evacuate. Staff would use cell phones and radios to call for the floater to come and help with residents that require 2-person assistance.

On June 30, 2026, I reviewed care plans for 16 residents from Meadows on McCarty. The plans reveal the following:

- Resident D cannot ambulate even with assistance and is a 2 person assist for turning and positioning. Staff are to provide some or all physical assistance for safe evacuation.

- Resident E staff are to observe for safe ambulation inside and assist outside. Requires staff assistance with transfers. Staff are to provide some or all physical assistance for safe evacuation.

- Resident F staff are to walk with Resident F with a walker and gait belt. Staff are to provide some or all physical assistance for safe evacuation.

- Resident G staff are to assist with ambulation and perform all transfers, resident cannot assist. Staff are to provide some or all physical assistance for safe evacuation.

- Resident H staff are to observe for safe ambulation inside and assist outside. Staff are to provide some or all physical assistance for safe evacuation.

- Resident I cannot ambulate even with assistance and is a 2 person assist for transfers. Staff are to provide some or all physical assistance for safe evacuation.

- Resident J staff are to observe for safe ambulation and assist with transfers. Staff are to provide some or all physical assistance for safe evacuation.

- Resident K staff are to assist with all ambulation and some staff assistance with transfers. Staff are to provide some or all physical assistance for safe evacuation.

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:	It was alleged that there is inadequate staffing at the facility. Upon conclusion of investigative interviews and a review of documentation there is a preponderance of evidence to conclude a rule violation. On June 25, 2026, there were 19 residents living at the facility. According to staff and residents, there is one staff person who is scheduled to work at the facility from 10pm-6am. There is a floater who is stationed at a neighboring facility who comes over to assist with resident changes every two hours or as needed. Resident records reveal 2 residents cannot ambulate even with assistance and are a 2-person assist. At least 3 residents require staff assistance with ambulation. At least 8 residents require some or all physical assistance for safe evacuation. One staff on duty is not adequate to ensure resident safety given the needs of the residents who reside at the facility. There is a preponderance of evidence to conclude there is not 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.
CONCLUSION:	**VIOLATION ESTABLISHED**

On July 17, 2026, I conducted a conference with Licesnee Designee Lynn MacKenzie regarding the findings of my investigation. I advised Licensee Designee MacKenzie I would be requesting a corrective action plan for the cited rule violation.

IV. RECOMMENDATION

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

7/17/2026

Christina Garza — Date
Licensing Consultant

Approved By:

7/20/2026

Mary E. Holton — Date
Area Manager