GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 20, 2026

Janet McCarver
Creative Images Inc
PO Box 253
Southfield, MI 48037

RE: License #: AS820237466
Investigation #: 2026A0119037
Kingsville Home

Dear Ms. McCarver:

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 (313) 456-0380.

Sincerely,

Shatonla Daniel, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place Ste 2-730
3044 W Grand Blvd, Annex
Detroit, MI 48202
(313) 919-3003

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS820237466
Investigation #:	2026A0119037
Complaint Receipt Date:	05/20/2026
Investigation Initiation Date:	05/21/2026
Report Due Date:	07/19/2026
Licensee Name:	Creative Images Inc
Licensee Address:	28125 7 Mile Rd Livonia, MI 48152
Licensee Telephone #:	(313) 527-1098
Administrator:	Janet McCarver
Licensee Designee:	Janet McCarver
Name of Facility:	Kingsville Home
Facility Address:	21752 Kingsville Detroit, MI 48225
Facility Telephone #:	(313) 640-0315
Original Issuance Date:	07/16/2001
License **Status:**	REGULAR
Effective Date:	04/10/2026
Expiration Date:	04/09/2028
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED

II. ALLEGATION(S)

	Violation Established?
On 5/19/2026, Resident A was found with a large unexplained bruise on her right side and hip.	No
Additional Findings	Yes

III. METHODOLOGY

05/20/2026	Special Investigation Intake 2026A0119037
05/20/2026	APS Referral
05/20/2026	Referral - Recipient Rights Received
05/21/2026	Special Investigation Initiated - On Site No contact, left message
05/21/2026	Contact - Telephone call received Home Manager- Ms. Shipman
06/01/2026	Contact - Face to Face Residents A-D
07/17/2026	Contact - Telephone call made Home Manager- Stephanie Shipman, Staff- Ashely Lee and Staff- Kimberly Hopson, Guardian A1
07/20/2026	Exit Conference Licensee Designee- Janet McCarver

ALLEGATION:

On 5/19/2026, Resident A was found with a large unexplained bruise on her right side and hip.

INVESTIGATION:

On 05/21/2026, I attempted an on-site inspection, but no contact was made at the facility. I left a business card requesting someone to contact the department.

On 05/21/2026, I telephoned and spoke with home manager- Stephanie Shipman regarding the location of the day program in which the residents attend daily. Stephanie stated Residents A-B attend All Well Being (AWB) and Residents C-D attend Services to Enhance Potential (STEP).

On 06/01/2026, I completed face to face interviews with Resident B at All Well Being, Andriane Jones (Staff at AWB), and Resident C at Services to Enhance Potential (STEP). It should be noted that Residents A and D could not be interviewed due to their disabilities. Resident B stated she does not know how Resident A got the bruise. Resident B stated Resident A fell getting out of the shower and must have hurt herself at that time. Resident B stated Staff- Ashley helped her off the floor. Resident B stated Resident A fell again while in the kitchen. Resident B stated no staff are hitting or mistreating Resident A.

Andriane stated Resident A was unable to tell her where the bruise came from and this is concerning to her. Andriane stated Resident A is unstable in her walking but can catch herself before falling most times. Andriane denies that Resident A fell while at the day program.

Resident C stated she does not know Resident A had any bruise. Resident C stated Resident A falls a lot and sometimes staff will catch her and sometimes there is no one there to catch her. Resident C stated no staff are hitting or mistreating Resident A.

On 07/17/2026, I telephoned and interviewed home manager- Stephanie Shipman, Staff- Ashley Lee, Staff- Kimberly Hopson, and Guardian A1 regarding the above allegations. Stephanie denied that anyone in the home is mistreating or causing Resident A to have bruise injuries. Stephanie stated she assumed the bruise came from a fall at the day program. Stephanie stated Staff- Ashley Lee reported to her that the day program staff (name unknown) told her that Resident A fell. Stephanie stated an incident report was not completed by the facility because she was told that AWB was doing an incident report and sending it by Ashley as she was picking up Residents A- B.

Ashley stated she was told on Monday, 05/18/2026 by the day program staff (name unknown) that Resident A had fallen while attending the program. Ashley stated the day program staff told her that they completed an incident report. Ashley stated she was picking up Residents A- B from the day program. Ashley stated she has never observed Resident A have a hard fall that would cause a bruise. Ashley stated Resident A would slide out of a seated chair or stumble occasionally. Ashely denies observing any staff hit or mistreat Resident A.

Kimberly stated she was not the first person to observe the bruise on Resident A but was told about the bruise by Stephanie. Kimberly stated she did, however, observe the bruise on Resident A. Kimberly stated Resident A did not appear to be in pain. Kimberly denies observing any staff causing a bruise on Resident A. Kimberly stated she does not have any direct knowledge of what caused Resident A to have a bruise.

Guardian A1 stated he was aware of the bruise on Resident A. Guardian A1 stated he does not believe anyone harmed Resident A. Guardian A1 stated Resident A has since healed and appears to be doing well. Guardian A1 stated he has no concerns about the care of Resident A at the facility.

On 07/17/2026, I completed an exit conference with licensee designee- Janet McCarver regarding the above allegations. Janet stated she did not have anything additional to add to the report.

APPLICABLE RULE	
R 400.641	**Resident behavior interventions.**
	(5) Staff, volunteers, visitors, or other occupants of the facility shall not mistreat a resident. Mistreatment includes any intentional action or omission that exposes a resident to a serious risk, physical or emotional harm, or the deliberate infliction of pain by any means.
ANALYSIS:	Staff- Kimberly Hopson, Residents B-C, and Andriane Jones (Staff at All Well Being) stated they do not know how Resident A got the bruise. Home manager- Stephanie Shipman and Staff- Ashley Lee stated the day program staff reported to them that Resident A fell while attending the day program. Stephanie, Ashley, Kimberly and Residents B- C stated no staff are hitting or mistreating Resident A. Therefore, Resident A was not mistreated by staff, including intentional action or omission that exposed her to physical harm by any means.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

Additional Findings:

INVESTIGATION:

On 07/17/2026, I telephoned and interviewed home manager- Stephanie Shipman and Staff- Ashley Lee regarding the bruise observed on Resident A. Stephanie stated she and Ashley checked Resident A to see if she had any bruises on her body. Stephanie stated she asked Resident A if she was in pain and Resident A responded to her that she was not in any pain. Stephanie stated Resident A did not appear to be any pain as well. Stephanie stated Resident A's bruises were noticed a couple of days later. Stephanie stated Resident A did not receive medical treatment for the injury. Stephanie stated there is no internal procedure once bruises are seen by staff.

Ashley stated she reported the incident to Stephanie. Ashley stated she examined Resident A once they returned to the facility. Ashley stated she returned to work on Wednesday and observed Resident A with a bruise on her right side. Ashley stated when she asked Resident A about the bruise the only thing that she stated was the word "fall" but could not tell her when or where the bruise occurred. Ashley stated Resident A did not complain of any pain. Ashley stated she was not aware if Resident A received any type of medical care for her bruise.

APPLICABLE RULE	
R 400.689	**Resident health care.**
	(3) In case of an accident or sudden adverse change in a resident's health condition, a facility shall obtain needed health care immediately.
ANALYSIS:	Home manager- Stephanie Shipman and Staff- Ashley Lee stated they were aware of a sudden change in Resident A's physical appearance. However, Resident A did not receive immediate medical care.
CONCLUSION:	**VIOLATION ESTABLISHED**

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action, I recommend that the license remains the same.

07/20/2026

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Shatonla Daniel Date
Licensing Consultant

Approved By:

07/20/2026

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Ardra Hunter Date
Area Manager