GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 28, 2026

Lexi Cousino
Allegria Village
15101 Ford Road
Dearborn, MI 48126

RE: License #: AH820409060
Investigation #: 2026A1035044
Allegria Village

Dear Licensee:

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.

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,

Jennifer Heim, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
Lansing, MI 48909
(313) 410-3226
enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH820409060
Investigation #:	2026A1035044
Complaint Receipt Date:	06/11/2026
Investigation Initiation Date:	06/15/2026
Report Due Date:	08/11/2026
Licensee Name:	HFV Opco, LLC
Licensee Address:	Suite K 395 Pearsall Avenue Cedarhurst, NY 11516
Licensee Telephone #:	(516) 371-9500
Administrator:	Lexi Cousino
Authorized Representative:	Dasha Hollingshed
Name of Facility:	Allegria Village
Facility Address:	15101 Ford Road Dearborn, MI 48126
Facility Telephone #:	(313) 584-1000
Original Issuance Date:	09/30/2021
License Status:	REGULAR
Effective Date:	08/01/2026
Expiration Date:	07/31/2027
Capacity:	132
Program Type:	AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
Resident A is not receiving care in accordance with her service plan. Resident A's care plan has not been updated to reflect current care needs. Power of Attorney has not been provided with a current copy of Resident A's service plan.	Yes
Resident A did not receive prescribed Keflex, A&D, and Nystatin cream as ordered.	No
Additional Findings	No

III. METHODOLOGY

06/11/2026	Special Investigation Intake 2026A1035044
06/15/2026	Special Investigation Initiated - Letter
06/15/2026	Contact - Telephone call made phone interview conducted with complainant
07/08/2026	Contact - Face to Face
07/28/2026	Inspection Complete. BCAL Sub Compliance.
07/28/2026	Exit Conference.

ALLEGATION:

Resident A is not receiving care in accordance with her service plan. Resident A's care plan has not been updated to reflect current care needs. Power of Attorney has not been provided with a current copy of Resident A's service plan.

INVESTIGATION:

On June 11, 2026, the Department received a complaint through the online complaint system which read:

> "The facility has failed to provide required care planning, medication administration, and injury treatment. 1. CARE PLAN VIOLATIONS: No care plan has been provided since January 2025. Following multiple recent falls and

declining mobility, a care plan meeting was held on May 20, 2026, with SP2, SP3, and SP4 failed to attend. Despite repeated requests, the facility refuses to provide a copy of the signed care plan and agreed-upon mobility/dressing interventions are not being implemented. 2. MEDICATION NEGLECT: On April 9, 2026, Resident A was discharged from Corewell Health Hospital with orders for immediate daily cephalexin (Keflex) for acute cystitis. The medication was directly delivered to staff. Staff failed to administer it until the following evening, causing four critical consecutive doses to be missed. 3. WOUND TREATMENT FAILURE: Her physician recently prescribed Nystatin cream and Vitamin A&D ointment for Stage II pressure injuries on both buttocks. Over a week later, staff completely failed to administer the treatment. Resident A is dangerously attempting to apply it herself despite severe physical limitations. I reported this to ADON Amanda Balding, but no action or follow-up occurred. The facility's failure to implement safety protocols, ignore ordered clinical treatments, and withhold care planning documentation places a vulnerable 104-year-old resident at immediate, severe health and safety risk. I request a comprehensive state investigation into these medical and administrative failures."

On June 15, 2026, a phone interview was conducted with the complainant. The complainant states the facility has not updated Resident A's service plan to meet Resident A's care needs. The facility failed to provide prescribed antibiotics and wound care treatments as ordered.

On July 8, 2026, an onsite investigation was conducted. While onsite I interviewed Dasha Hollingshed Authorized Representative (AR) who states she has been working with Resident A and Family A to meet the needs of Resident A. The AR states Family A was recently provided with a service plan.

While onsite, I interviewed Staff Person (SP)1 who states she is new to the position and has been working on updating each resident's service plan. SP1 states she has not updated Resident A's service plan as of today.

While onsite, I interviewed Resident A who states she does not get showers or bed baths. Resident A states her care needs are not being met.

Through direct observation Resident A's room is cluttered and soiled with debris, Dust, and dirt on the floor, side table, and furniture. Resident A's room has a foul smell of urine.

Through record review Resident A's service plan had been last updated 1/30/2025. Lily Hospice has documented showers being provided to Resident A two times a week for the months of June and July.

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:	Resident A's service plan had not been updated since 1/30/2025. Resident A's room is dirty and smells of urine. Through record review and direct observation Resident A's care needs are not being met.
CONCLUSION:	**VIOLATION ESTABLISHED**

ALLEGATION:

Resident A did not receive prescribed Keflex, A&D, and Nystatin cream as ordered.

INVESTIGATION:

Through record review, the order for Cephalexin 500mg four times a day for five days starting April 9, 2026, at 8:00 p.m. and ending April 14, 2026, at 4:00 p.m. had been administered as ordered.

Through record review, the order for Nystatin cream four times a day had been administered as ordered except two missed doses throughout the month of April 2026.

Through record review, the A&D cream did not appear on the medication administration record (MAR) as an ordered medication. Therefore, this could not be evaluated.

SP1 states facility staff do not complete wound care services; wound care services are provided by the home care nurse.

APPLICABLE RULE	
R 325.1932	**Resident's medications.**
	(1) A service plan must identify prescribed medication to be self-administered or managed by the home.

ANALYSIS:	Through record review Resident A received Cephalexin as ordered. Nystatin had been administered as ordered. Medication administration record reviewed for the month of April; medication was administered as ordered.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action, I recommend the status of this license remain unchanged.

07/28/2026

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Jennifer Heim, Health Care Surveyor Date
Long-Term-Care State Licensing Section

Approved By:

07/28/2026

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