GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 31, 2026

Patti Holland
801 W Geneva Dr.
Dewitt, MI 48820

RE: License #: AM330073582
Investigation #: 2026A1024038
Simken Adult Foster Care

Dear Patti Holland:

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 (616) 356-0183.

Sincerely,

Ondrea Johnson

Ondrea Johnson, Licensing Consultant
Bureau of Community and Health Systems

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM330073582
Investigation #:	2026A1024038
Complaint Receipt Date:	06/16/2026
Investigation Initiation Date:	06/17/2026
Report Due Date:	08/15/2026
Licensee Name:	Patti Holland
Licensee Address:	801 W Geneva Dr. Dewitt, MI 48820
Licensee Telephone #:	(517) 669-8457
Administrator:	Patti Holland
Licensee Designee:	Patti Holland
Name of Facility:	Simken Adult Foster Care
Facility Address:	3600 Simken Lansing, MI 48910
Facility Telephone #:	(517) 394-3058
Original Issuance Date:	03/12/1997
License Status:	REGULAR
Effective Date:	03/23/2026
Expiration Date:	03/22/2028
Capacity:	12
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL ALZHEIMERS AGED

II. ALLEGATION(S)

	Violation Established?
Staff failed to supervise Resident A while taking his medication. Resident A has medication pills stored in his bedroom.	Yes

III. METHODOLOGY

06/16/2026	Special Investigation Intake 2026A1024038
06/17/2026	APS Referral not warranted
06/17/2026	Special Investigation Initiated – Telephone with Staff Member #1
07/07/2026	Inspection Completed On-site with Resident A, direct care staff members Alicia B, Bertha Cager and Yolanda Cager
07/30/2026	Exit Conference with licensee designee Patti Holland
07/30/2026	Inspection Completed-BCAL Sub. Compliance
07/30/2026	Corrective Action Plan Requested and Due on 08/14/2026

ALLEGATION: Staff failed to supervise Resident A while taking his medication. Resident A has medication pills stored in his bedroom.

INVESTIGATION:

On 6/16/2026, I received this complaint through the LARA-BCHS online complaint system. This complaint alleged that direct care staff failed to supervise Resident A while taking his medication, so Resident A stored medication pills in his bedroom.

On 6/17/2026, I conducted an interview with Staff Member #1 who stated that she regularly worked at this facility until May of 2026 and has no knowledge of Resident A having any medications stored in his bedroom. Staff Member #1 further stated that she often administered Resident A's medications when she worked at the facility and supervised him while he took his medication. Staff Member #1 denied having any knowledge of any direct care staff member not supervising Resident A when his medication was administered to him by direct care staff.

On 7/7/2026, I conducted an onsite investigation at the facility with Resident A and direct care staff members Alicia Baker, Bertha Cager and Yolanda Cager. Resident A stated in the past staff members did not always supervise him when they administered his medications, therefore, he would hide his medication pills in his drawer. Resident A stated these few incidents occurred about two months ago however lately staff

members have consistently monitored him while administering his medications. Resident A stated therefore he is no longer able to hide the medications in his drawer. Resident A stated that staff members administer his medications to him on a regular basis and he has no concerns.

Alicia Baker, Bertha Cager and Yolanda Cager all stated that they have no knowledge of Resident A hiding medication pills in his bedroom dresser drawer and to their knowledge Resident A takes his medications regularly without incident. Bertha Cager and Yolanda Cager stated that they have been working at the facility for a couple of months now and supervise Resident A while he is taking his medications without any issues.

While at the facility, Resident A showed me about 10 medication pills loosely stored in his dresser drawer in his bedroom under his clothes.

While at the facility, I reviewed Resident A's Medication Administration Record (MAR) and found no concerns. I reviewed Resident A's prescribed medications which were stored in the original prescription bottles. These medications resembled medication pills stored in his bedroom dresser drawer.

APPLICABLE RULE	
R 400.675	**Resident medications.**
	(2) Prescribed medication must be kept in the original pharmacy container and labeled for a specific resident. Over-the-counter medication must be kept in the original manufacturer's container. Prescription and over-the-counter medication must be kept in a locked cabinet or drawer and refrigerated if required. Equipment necessary to administer a medication must be easily accessible and used only for the resident for whom it is prescribed unless generally used for all residents. **(3) Giving, taking or applying of prescription medications must be supervised by a licensee, or direct care staff unless otherwise directed by an appropriately licensed health care professional in writing.**

ANALYSIS:	Based on my investigation which included interviews with Staff Member #1, Resident A, direct care staff members Alicia Baker, Bertha Cager, Yolanda Cager, and review of Resident A's MAR and original prescription medications, there is evidence that direct care staff did not supervise Resident A while taking his medication providing Resident A with the opportunity to hide medications in his bedroom. According to Resident A, in the past staff members did not always supervise him when they administered his medications, so he hid medication pills in his drawer. While at the facility, Resident A showed me about 10 medication pills loosely stored in his dresser drawer in his bedroom under his clothes. I noted that these medications resembled medications prescribed to Resident A. Therefore, medications were not kept in its original prescription bottle stored in a locked cabinet/drawer and staff members did not supervise Resident A when taking his prescription medications.
CONCLUSION:	**VIOLATION ESTABLISHED**

On 7/30/2026, I conducted an exit conference with licensee designee Patti Holland. I informed Patti Holland of my findings and allowed her an opportunity to ask questions and make comments.

IV. RECOMMENDATION

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

Ondrea Johnson 07/30/2026

Ondrea Johnson
Licensing Consultant
Date

Approved By:

Dawn Timm 07/31/2026

Dawn N. Timm
Area Manager
Date