



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 4, 2026

Hari Singh
Carey's Young at Heart LLC
2167 Vernor Road
Lapeer, MI 48446

RE: License #: AL790342299
Investigation #: 2026A0580046
Carey's Young at Heart

Dear Hari Singh:

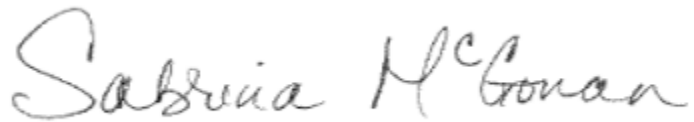
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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) 643-7960.

Sincerely,

A handwritten signature in cursive script that reads "Sabrina McGowan". The ink is dark and the signature is fluid, with the first name and last name clearly distinguishable.

Sabrina McGowan, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(810) 835-1019

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL790342299
Investigation #:	2026A0580046
Complaint Receipt Date:	07/22/2026
Investigation Initiation Date:	07/24/2026
Report Due Date:	09/20/2026
Licensee Name:	Carey's Young at Heart LLC
Licensee Address:	2167 Vernor Lapeer, MI 48446
Licensee Telephone #:	(810) 656-3568
Administrator:	Hari Singh
Licensee Designee:	Hari Singh
Name of Facility:	Carey's Young at Heart
Facility Address:	1341 S Colling Road Caro, MI 48723
Facility Telephone #:	(810) 656-3568
Original Issuance Date:	07/26/2013
License Status:	REGULAR
Effective Date:	01/26/2026
Expiration Date:	01/25/2028
Capacity:	20
Program Type:	MENTALLY ILL ALZHEIMERS AGED

II. ALLEGATION(S)

	Violation Established?
AFC home staff are not giving Resident A his as prescribed.	Yes
Residents have received inadequate care, including prolonged exposure to soiled conditions, failure to reposition residents, and inadequate assistance with meals, resulting in skin breakdown and unmet care needs.	No
Additional Findings	Yes

III. METHODOLOGY

07/22/2026	Special Investigation Intake 2026A0580046
07/22/2026	APS Referral Opened by APS for investigation.
07/24/2026	Special Investigation Initiated - Telephone Call to Gerald Edwards of APS.
07/29/2026	Inspection Completed On-site Unannounced onsite.
07/29/2026	Contact - Face to Face Interview with Resident A.
07/29/2026	Contact - Face to Face Interview with Residents B, C, and D.
08/05/2026	Contact - Telephone call made Call to LD Singh.
08/05/2026	Contact - Document Received Documents received.
08/06/2026	Contact - Document Received Additional documents received.
08/31/2026	Contact - Telephone call made Call to Guardian A.

08/31/2026	Contact - Telephone call made Call to Jennifer Wright, former staff.
09/04/2026	Exit Conference Exit Conference with Licensee Designee, Hari Singh.

ALLEGATION:

AFC home staff are not giving Resident A his medication as prescribed.

INVESTIGATION:

On 07/24/2026, I interviewed Gerald Edwards, assigned APS Investigator in Tuscola County. Investigator Edwards stated that he also spoke with the Licensee Designee (LD) Hari Singh who believes the allegations came from a disgruntled employee that recently quit. The staff reportedly walked out on her shift and possibly did not pass meds. Resident A's guardian has been made aware. Investigator Edwards will be not be substantiating the allegations.

On 07/29/2026, I conducted an unannounced onsite inspection at Carrey's Young at Heart. Contact was made with new employee, Micki Wright and Home Manager (HM) Theresa Childers. Staff Wright stated that she is a new employee and had no knowledge of the allegations.

HM Childers stated that while out on vacation, Resident A was prescribed a new medication, which former staff, Jennifer Wright, did not know how to dispense, therefore she did not pass the medication correctly, giving him less than the prescribed amount. Resident A had no adverse health effects as a result. Staff Wright no longer works at the facility.

On 08/05/2026, I received a copy of the documents requested. A copy of the Physician's Order received, dated 07/08/2026, indicates that Resident A's Lasik is to be discontinued, while Bumex 1mg daily and acetylcysteine 3ml of 20% solution via nebulizer 3 x a day were both added.

The July 2026 Medication Log for Resident A indicates that he did not receive his acetylcysteine 3ml of 20% solution via nebulizer on 07/10/2026 during the am or the midday. The initials JW (Jennifer Wright) appear on the medication sheet with OTH (other) written as the code.

On 08/06/2026, I received a copy of the staff schedule for July 2026 for Carey's Young at Heart. The schedule reflects that staff; Jennifer Wright was working at the time the medication was not dispensed.

On 08/31/2026, I placed a call to former staff, Jennifer Wright. There was no answer. A voice mail message was left requesting a return call.

On 08/31/2026, Public Guardian A stated that she has been made aware of the medication error.

On 09/04/2026, I conducted an exit conference with LD Hari Singh. LD Singh was informed of the findings of this investigation. LD Singh stated that he would ensure that the residents receive their medication as prescribed.

APPLICABLE RULE	
R 400.675	Resident medications.
	(1) Medication must be given, taken, or applied as prescribed, ordered, or directed by an appropriately licensed health care professional.
ANALYSIS:	It was alleged that AFC home staff are not giving Resident A his medication as prescribed. Home Manager, Teresa Childers, stated that while out on vacation, Resident A was prescribed a new medication, which staff, Jennifer Wright, did not know how to dispense, therefore she did not pass the medication correctly, giving him less than the prescribed amount. Resident A had no adverse health effects as a result. The Physician's Order received, dated 07/08/02026, indicates that Resident A's Lasik is to be discontinued, while Bumex 1mg daily and acetylcysteine 3ml of 20% solution via nebulizer 3 x a day were both added. The July 2026 Medication Log for Resident A indicates that he did not receive his acetylcysteine 3ml of 20% solution via nebulizer on 07/10/2026 during the am or the midday. The initials JW (Jennifer Wright) appear on the medication sheet with OTH (other) written as the code. The July 2026 staff schedule reflects that staff; Jennifer Wright was working at the time the medication was not dispensed. Public Guardian A stated that she has been made aware of the medication error.

	Based upon my investigation, as well as a review of relevant facility documents pertinent to the allegation, there is enough evidence to substantiate the allegation.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

Residents have received inadequate care, including prolonged exposure to soiled conditions, failure to reposition residents, and inadequate assistance with meals, resulting in skin breakdown and unmet care needs.

INVESTIGATION:

On 07/24/2026, APS Investigator Edwards stated that when he interviewed Resident A, he expressed no concern about the care being provided in the home. Investigator Edwards will be not be substantiating the allegations.

On 07/29/2026, while onsite, Manager Childers denied the allegations, stating that there are currently 7 residents residing in the facility. HM Childers denied that any of the residents have bed sores or skin break downs.

On 07/29/2026, while onsite, I interviewed Resident A. Resident A denied the allegations. Resident A stated that he does not require assistance with toileting. Resident A stated that he feeds himself and gets hot food. Resident A had no complaints regarding the care being received at the facility. Resident A was observed and interviewed while sitting at the dining room table. Resident A was observed as being adequately dressed and groomed. No concerns regarding his care were noted.

On 07/29/2026, while onsite, I also interviewed Residents B, C and D, all of whom denied the allegations. These residents were observed in both the living room and dining room area of the home. Resident E was observed sleeping while Resident F was observed, however, she was unable to participate in an interview. All residents appeared to be receiving proper care. No concerns regarding their care were noted.

On 08/05/2026, I received a copy of the documents requested. The AFC Assessment Plan for Resident A states that Resident A has occasional accidents that may require staff assistance when toileting. Resident A uses a 2-wheeled walker for mobility. Staff prepares Resident A's meals while he uses weighted silverware to eat.

On 08/31/2026, I interviewed Public Guardian A of Connection Human Services, assigned to Resident A. Public Guardian A stated that she visits with Resident A regularly. Resident A is able to express himself and has not made any complaints regarding the care being received at the facility. Resident A is doing great and enjoys

the staff in the home. Resident A does not have any current bed sores or skin breakdowns.

On 09/04/2026, I conducted an exit conference with LD Hari Singh. LD Singh was informed of the findings of this investigation.

APPLICABLE RULE	
R 400.681	Resident rights; licensee responsibilities.
	(1) A resident shall be treated with dignity and respect, free from exploitation, and protected and safe.
ANALYSIS:	It was alleged that residents have received inadequate care, including prolonged exposure to soiled conditions, failure to reposition residents, and inadequate assistance with meals, resulting in skin breakdown and unmet care needs. APS Investigator Gerald Edwards will not be substantiating the allegations. Home Manager Teresa Childers denied the allegations. Residents A-D denied the allegations. The AFC Assessment Plan for Resident A states that Resident A has occasional accidents that may require staff assistance when toileting. Resident A uses a 2-wheeled walker for mobility. Staff prepares Resident A's meals while he uses weighted silverware to eat. Public Guardian A of Connection Human Services, assigned to Resident A. Public Guardian A stated that Resident A has not made any complaints regarding the care being received at the facility. Resident A is doing great and enjoys the staff in the home. Resident A does not have any current bed sores or skin breakdowns. Based upon my investigation, there is not enough evidence to substantiate the allegation.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION:

On 07/29/2026, while onsite, I observed Staff, Micki Wright, working alongside HM Childers. Staff Wright stated that she is a new employee.

On 08/05/2026, I reviewed the Workforce Background Check for Carey's Young at Heart, Micki Wright is not listed as a fingerprinted employee.

On 08/05/2026, I interviewed LD Singh regarding Micki Wright not being listed as fingerprinted employee. LD Singh stated that Miki is a brand-new person who was only shadowing and observing HM Childers. She did not have her hands on any residents or work on her own, as we were just getting her acclimated to the system so she could determine if she liked the role.

On 08/06/2026, I received a copy of the Workforce Background Check form indicating that Micki Wright was hired on 08/06/2026. In addition, I received a copy of the ICHAT completed for Staff Wright on 08/05/2026.

On 09/04/2026, I conducted an exit conference with LD Hari Singh. LD Singh was informed of the findings of this investigation. LD Singh agreed to ensure that all potential staff have a background check prior to having access to residents.

APPLICABLE RULE	
MCL 400.734b	Employing or contracting with certain individuals providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; determination of existence of national criminal history; failure to conduct criminal history check; automated fingerprint identification system database; electronic web-based system; costs; definitions.
	(2) Except as otherwise provided in this subsection or subsection (6), an adult foster care facility shall not employ or independently contract with an individual who has direct access to residents until the adult foster care facility or staffing agency has conducted a criminal history check in compliance with this section or has received criminal history record information in compliance with subsections (3) and (11). This subsection and subsection (1) do not apply to an individual who is employed by or under contract to an adult foster care facility before April 1, 2006. On or before April 1, 2011, an individual who is exempt under this subsection and who has not been the subject of

	a criminal history check conducted in compliance with this section shall provide the department of state police a set of fingerprints and the department of state police shall input those fingerprints into the automated fingerprint identification system database established under subsection (14). An individual who is exempt under this subsection is not limited to working within the adult foster care facility with which he or she is employed by or under independent contract with on April 1, 2006 but may transfer to another adult foster care facility, mental health facility, or covered health facility. If an individual who is exempt under this subsection is subsequently convicted of a crime or offense described under subsection (1)(a) to (g) or found to be the subject of a substantiated finding described under subsection (1)(i) or an order or disposition described under subsection (1)(h), or is found to have been convicted of a relevant crime described under 42 USC 1320a-7(a), he or she is no longer exempt and shall be terminated from employment or denied employment.
ANALYSIS:	On 07/29/2026, while onsite, I observed Staff, Micki Wright, working alongside HM Childers. Staff Wright stated that she is a new employee. The Workforce Background Check form indicates that Micki Wright was hired on 08/06/2026. The ICHAT for Staff Wright was not completed until 08/05/2026. LD Singh stated that Miki is a brand-new person who was only shadowing and observing HM Childers. She did not have her hands on any residents or work on her own, as we were just getting her acclimated to the system so she could determine if she liked the role. Staff Micki Wright had direct access to residents prior to a criminal history check. There is enough evidence to substantiate the rule violation.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Upon receipt of an approved correction action plan, no changes to the status of the license is recommended.

Sabrina McGowan

September 4, 2026

Sabrina McGowan
Licensing Consultant

Date

Approved By:

Mary E. Holton

September 4, 2026

Mary E. Holton
Area Manager

Date