



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 16, 2026

Tamisha Kaplan
A Caring Home of Michigan, LLC
P.O. Box 81
Walled Lake, MI 48390

RE: License #: AS500420030
Investigation #: 2026A0617025
Chateau Of Macomb-Middle River

Dear Ms. Kaplan:

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.
- Indicate 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.

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 (248) 972-9136.

Sincerely,

A handwritten signature in grey ink, appearing to be 'EJ'.

Eric Johnson, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3044 West Grand Boulevard
2nd Floor Annex, Suite 2-730
Detroit, MI 48202

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS500420030
Investigation #:	2026A0617025
Complaint Receipt Date:	07/02/2026
Investigation Initiation Date:	07/02/2026
Report Due Date:	08/31/2026
Licensee Name:	A Caring Home of Michigan, LLC
Licensee Address:	45750 Eleven Mile Novi, MI 48374
Licensee Telephone #:	(248) 380-4663
Administrator:	Tamisha Kaplan
Licensee Designee:	Tamisha Kaplan
Name of Facility:	Chateau Of Macomb-Middle River
Facility Address:	50989 Middle River Rd Macomb, MI 48044
Facility Telephone #:	(248) 380-4663
Original Issuance Date:	03/12/2026
License Status:	TEMPORARY
Effective Date:	03/12/2026
Expiration Date:	09/11/2026
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL ALZHEIMERS AGED TRAUMATICALLY BRAIN INJURED

II. ALLEGATION(S)

	Violation Established?
There are no medication log documents.	Yes

III. METHODOLOGY

07/02/2026	Special Investigation Intake 2026A0617025
07/02/2026	Special Investigation Initiated - Telephone TC to complainant
07/02/2026	APS Referral APS referral not needed.
07/08/2026	Contact - Face to Face I conducted an unannounced onsite investigation, but no one was home.
07/14/2026	Contact - Face to Face I conducted an unannounced onsite investigation, but no one was home.
07/21/2026	Inspection Completed On-site I conducted an onsite investigation at the facility. I interviewed Licensee designee Ms. Kaplan and Resident A.
08/26/2026	Exit Conference I conducted an exit conference with licensee designee Tamisha Kaplan informing her of the findings of the investigation.

ALLEGATION:

There are no medication log documents

INVESTIGATION:

On 07/02/26, I received a complaint on the Middle River home. The complaint stated there are no medication log documents and staff bring random people to assist with care.

I attempted unannounced onsite investigations on 07/08 and 07/14, but no one was home. On 07/14/26, I spoke with licensee designee Ms. Tamisha Kaplan, and she stated that the home has one resident and he attends school most days. There are no staff in the home while the resident is at school.

On 07/21/26, I conducted an onsite investigation at the facility. I interviewed licensee designee Ms. Kaplan and Resident A.

According to Ms. Kaplan, Resident A was admitted into the home on 06/01/26 and he has been the only resident since getting licensed on 03/12/26. I reviewed Resident A's file, and his assessment plan was not signed by him or his guardian. Ms. Kaplan stated that she did not have any staff files in the home as she keeps them offsite. Ms. Kaplan also stated that she does not have a staff schedule available for review. According to Ms. Kaplan, she texts her staff their schedules, but she will begin to create and keep actual schedules. Ms. Kaplan stated that she sometime uses part-time staff from her other licensed facilities to fill in if needed. Ms. Kaplan stated that she's been working many shifts in the home until she can get more residents in. During the onsite investigation I requested that Ms. Kaplan email me copies of the staff files and schedule and as of 8/26/26, she did not send them.

I conducted a medication audit for Resident A. I found the following errors:

- There are no medication logs for June 2026
- The medication Risperidone 3mg AM dosage was not initialed on 7/05, 7/11, 7/12, 7/13, 7/14, 7/15, 7/16, 7/20, and 7/21
- The medication Risperidone 3mg PM dosage was not initialed on 7/4, 7/5, 7/6, 7/8, 7/9, 7/10, 7/11, 7/12, 7/15, 7/16, 7/19, 7/20,
- The medication Fluoxetine 10mg AM dosage was not initialed on 7/2, 7/4, 7/5, 7/6, 7/8, 7/10, 7/11, 7/12, 7/13, 7/14, 7/15, 7/16, 7/18, 7/20/ 7/21
- The medication Fluoxetine 20mg AM dosage was not initialed on 7/1, 7/3, 7/5, 7/7, 7/9, 7/11, 7/12, 7/13, 7/14, 7/15, 7/16, 7/17, 7/19, 7/20, 7/21
- The medication Lorazepam 1mg AM dosage was not initialed on 7/5, 7/11, 7/12, 7/13, 7/14, 7/15, 7/16, 7/20, 7/21
- The medication Lorazepam 1mg PM dosage was not initialed on 7/5, 7/6, 7/11, 7/12, 7/15, 7/16,

During the onsite investigation, I interviewed Resident A. Resident A reported no concerns with the home or staff.

On 08/26/26, I conducted an exit conference with licensee designee Tamisha Kaplan informing her of the findings of the investigation. Ms. Kaplan stated that she has worked on the corrective action plan already based on what was discussed at the onsite investigation. Ms. Kaplan stated that she has already implemented the necessary changes, but she will review the report before submitting the corrective action plan.

APPLICABLE RULE	
R 400.675	Resident medications.
	(4) A licensee, administrator, or direct care staff shall comply with the following when supervising the taking of medication by a resident: (b) Complete an individual medication log that contains all of the following: (v) Initials of the individual who administered the medication at the time given.
ANALYSIS:	During the onsite investigation, I conducted a medication audit for Resident A. I found the following errors: - There are no medication logs for June 2026 - The medication Risperidone 3mg AM dosage was not initialed on 7/05, 7/11, 7/12, 7/13, 7/14, 7/15, 7/16, 7/20, and 7/21 - The medication Risperidone 3mg PM dosage was not initialed on 7/4, 7/5, 7/6, 7/8, 7/9, 7/10, 7/11, 7/12, 7/15, 7/16, 7/19, 7/20, - The medication Fluoxetine 10mg AM dosage was not initialed on 7/2, 7/4, 7/5, 7/6, 7/8, 7/10, 7/11, 7/12, 7/13, 7/14, 7/15, 7/16, 7/18, 7/20/ 7/21 - The medication Fluoxetine 20mg AM dosage was not initialed on 7/1, 7/3, 7/5, 7/7, 7/9, 7/11, 7/12, 7/13, 7/14, 7/15, 7/16, 7/17, 7/19, 7/20, 7/21 - The medication Lorazepam 1mg AM dosage was not initialed on 7/5, 7/11, 7/12, 7/13, 7/14, 7/15, 7/16, 7/20, 7/21 - The medication Lorazepam 1mg PM dosage was not initialed on 7/5, 7/6, 7/11, 7/12, 7/15, 7/16,
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.639	Staff records.
	(1) A licensee shall maintain a record for each staff that contains all of the following: (a) Name, address, telephone number, and Social Security number. (b) Copy or number of a professional or vocational license, certification, or registration if staff provides professional or vocational services.

	(c) Copy of a driver's license if staff provide transportation services. (d) Verification of age. (e) Verification of experience, highest level of education completed, and training. (f) Verification of not less than 2 reference checks. If reference checks cannot be obtained, documentation verifying reference checks were attempted must be maintained. (g) Beginning and ending dates of employment on separation. (h) Health information as required by these rules. (i) Verification of the receipt by the staff of personnel policies and job descriptions.
ANALYSIS:	During the onsite investigation, Ms. Kaplan stated that she did not have any staff files in the home as she keeps them offsite. I requested that Ms. Kaplan email me copies of the staff files and schedule and as of 8/26/26, she did not send them.
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.639	Staff records.
	(3) A licensee shall maintain for 90 days a daily work schedule and assignments that includes all of the following: (a) Names of staff on duty. (b) Job titles. (c) Hours or shifts worked. (d) Date of schedule. (e) Scheduling changes when made.
ANALYSIS:	During the onsite investigation, Ms. Kaplan stated that she does not have a staff schedule available for review. According to Ms. Kaplan, she texts her staff their schedules, but she will begin to create and keep actual schedules.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Contingent upon the receipt of an acceptable corrective action plan, I recommend no change to the status of the license.

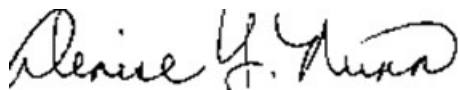


08/27/26

Eric Johnson
Licensing Consultant

Date

Approved By:



09/16/2026

Denise Y. Nunn
Area Manager

Date