GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 23, 2026

Kathleen Hockey
Moore Apt Non-Profit Housing Corp.
5900 Executive Drive
Lansing, MI 48911

RE: License #: AS620413384
Investigation #: 2026A0340057
Countryside

Dear Ms. Hockey:

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 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) 356-0100.

Sincerely,



Rebecca Piccard, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 446-5764

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS620413384
Investigation #:	2026A0340057
Complaint Receipt Date:	08/27/2026
Investigation Initiation Date:	08/28/2026
Report Due Date:	10/26/2026
Licensee Name:	Moore Apt Non-Profit Housing Corp.
Licensee Address:	5900 Executive Drive Lansing, MI 48911
Licensee Telephone #:	(517) 393-2103
Administrator:	Nikki Plotts
Licensee Designee:	Kathleen Hockey
Name of Facility:	Countryside
Facility Address:	6116 W. Pat St. Fremont, MI 49412
Facility Telephone #:	(517) 393-2103
Original Issuance Date:	10/04/2022
License Status:	REGULAR
Effective Date:	04/04/2025
Expiration Date:	04/03/2027
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL, AGED

II. ALLEGATION(S)

	Violation Established?
The home is inadequately staffed.	Yes
Staff change a resident in the common area of the home in front of others.	Yes

III. METHODOLOGY

08/27/2026	Special Investigation Intake 2026A0340057
08/28/2026	APS Referral
08/28/2026	Special Investigation Initiated - Telephone Administrator Nikki Plotts
09/09/2026	Inspection Completed On-site
09/09/2026	Contact - Telephone call made Kathy Hockey
09102026	Contact – Document received From Kathy Hockey
09/10/2026	Exit Conference Designee Kathy Hockey

ALLEGATION: The home is inadequately staffed.

INVESTIGATION: On August 27, 2026, a complaint was filed with the BCHS Online Complaints. It stated staff are left alone to care for 4 residents over 7 hours.

On August 28, 2026, I contacted Administrator Nikki Plotts. I inquired about the residents at the Countryside home and their required supervision needs. She informed me that there were residents who require “two-person assist” from staff. When I asked about staffing ratios, Ms. Plotts stated that Recipient Rights had told her that it was acceptable for one staff to leave the home for appointments or outings if another staff member was remaining behind. I clarified with Ms. Plotts that if a resident has an identified need for two-person assistance in their plan, it is not appropriate for only one staff to be left alone to care for that resident(s).

On September 9, 2026, I conducted an unannounced home visit. Staff Rayne Kotlewski was working by herself. She stated there are six women living at the

home, but one was on an outing with the other staff working with her, home manager Kelli Delia.

I asked Ms. Kotlewski for the resident files so I could review them. It is noted that a resident present in the home was independently mobile, but not verbal. She followed me to the laundry room where the files were kept. This resident stood by me while I reviewed the files. She only walked away when redirected by Ms. Kotlewski. The other residents in the home were also not verbal and sat in the common area of the home. One resident was observed to be wheelchair bound.

Ms. Kotlewski stated that of the six residents, Resident A utilizes a wheelchair and requires a two-person assist with transfers and full assistance with personal care. There are two other residents who require two-person assistance with toileting but they are ambulatory.

I reviewed the Assessment Plans for all six residents. There are two residents indicated who require two-person assistance for transfers or toileting. One Resident requires “full assist”. One resident did not have any paperwork present in the file. Ms. Kotlewski stated the resident with missing paperwork was new to the home and is the resident who is out of the home at this time.

I asked Ms. Kotlewski how she is able to provide two-person assistance when she is working alone. Ms. Kotlewski stated that is a problem. Her co-worker and home manager, Ms. Delia, “did checks” before she left for the outing. I continued to ask Ms. Kotlewski how she can conduct a two-person assist if she is the only person working. She stated it cannot be done.

I asked Ms. Kotlewski about a resident being changed in the common area of the home. She confirmed that it is done for Resident A, but with a privacy divider that they put around her chair. She pointed to the divider folded up and leaning against the wall near Resident A’s chair where Resident A was sitting.

I walked over to Resident A, who is nonverbal and unable to be interviewed. She is confined to a chair and cannot ambulate on her own. Ms. Kotlewski stated she is requires two-person assistance for transfers so if someone is working by themself and Resident A needs to be changed, they utilize the divider.

Resident B is independently mobile and had been following me earlier, continued to follow and walk around to watch whatever was happening in the home. I asked Ms. Kotlewski if someone were to change Resident A, even with the divider up, how can they prevent Resident B from coming around the divider. Ms. Kotlewski stated they cannot prevent this. I asked if it was possible that staff do not put the divider up if no one is home other than the residents. Ms. Kotlewski confirmed that it is possible.

I called Designee Kathy Hockey from the home. I informed her of the complaint and that I had found insufficient staffing when I arrived and that someone else needed to

come to the home to meet required staffing ratio. I informed her that Resident A's brief is being changed in the common area of the home and I believed that staff are not always putting up the privacy screen to do so, but even with the screen, it is not appropriate to change a resident in the common area of the home.

Ms. Hockey understood and agreed with me. She stated she did not know this was being done and will correct it immediately. As we spoke, Ms. Dalia returned home with the sixth resident. I informed Ms. Hockey I would speak with Ms. Dalia and call her back.

I introduced myself to Ms. Dalia and inquired about her leaving on an outing and Ms. Kotlewski being left at the home with the other five residents when there are residents who require two-person assistnce. Ms. Dalia stated she "checked" the residents before she left. She responded by saying "this is how it's been done as long as I've worked here". I then asked her about the divider in the room and how it is used. Ms. Dalia confirmed that it is used to provide privacy for Resident A if staff are working by themselves.

I informed Ms. Dalia that at no time should staff be working by themself if there are residents with two-person assist requirements. If someone has an outing or appointment, then an additional staff must cover. I also advised Ms. Dalia that the divider should not be used and residents should be taken to their room or bathroom for changes for privacy. Ms. Dalia stated that has always been the way things were done. I stated that she can always call management or myself for clarification regarding proper practice of care.

I again called Ms. Hockey and informed her of what had happened and what I had been told about how resident care is being provided. Ms. Hockey responded with concern that these things were occurring and stated she would address the issues immediately.

I clarified with Ms. Hockey that two residents require two-person assistance in their Assessment Plans and another resident requires "full assist". Ms. Hockey described full assist as requiring two staff to complete care tasks. I informed her that all residents required assistance of some form from staff. She was aware of those needs being present in the home.

On September 10, 2026, Ms. Hockey sent an email stating she spoke with the home manager Kelli Delia, who stated to her that she was not present while I was at the home. It further stated that she denied changing residents in the living room and that she and staff always transfer them to the bedroom or bathroom for brief changing so they have privacy.

APPLICABLE RULE	
R 400.633	**Staffing requirements.**

	(1) A licensee shall always have sufficient direct care staff on duty for the supervision, personal care, and protection of residents and to provide the services specified in a resident's assessment plan, health care appraisal, and resident care agreement. At a minimum, the ratio of direct care staff to residents must not be less than 1 direct care staff to either of the following: **(a) 15 residents during waking hours or 20 residents during sleeping hours for large group homes and congregate facilities.** **(b) 12 residents for small group and family homes.**
ANALYSIS:	The allegation was made that the home is inadequately staffed. During an unannounced home inspection I found Ms. Kowlewski working alone with 5 residents. I reviewed all six resident files and found three residents to require two-person assistance with care outlined in their Assessment Plans. Ms. Kotlewski and Ms. Dalia both stated staff are left working alone even though there are residents who require two-person assistance. There is a preponderance of evidence to support a rule violation that staffing ratio requirements are not being met according to resident assessment plans.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: Staff change a resident in the common area in front of others.

INVESTIGATION: On August 27, 2026, a complaint was filed with the BCHS Online Complaints. It stated that a resident in the home is being changed in the common area in front of others.

On August 28, 2026, I contacted Administrator Nikki Plotts. I asked her about a resident being changed in the common area of the home. I stated I did not know if it was referring to a brief change or changing clothes. She stated it is an all-women home and only women staff work at the home. Ms. Plotts did not know about staff changing anyone in the common area.

On September 9, 2026, I conducted an unannounced home visit. Staff Rayne Kotlewski was working by herself. She stated there are six women living at the home, but one was on an outing with the other staff working with her, home manager Kelli Delia.

I asked Ms. Kotlewski for the resident files so I could review them. It is noted that a resident present in the home was independently mobile, but not verbal. She followed me to the laundry room where the files were kept. This resident stood by me while I reviewed the files. She only walked away when redirected by Ms. Kotlewski. The other residents in the home were not verbal and sat in the common area of the home. One resident appeared to also not be independently mobile.

Ms. Kotlewski stated that of the six residents, Resident A utilizes a wheelchair and requires two-person assistance with transfers and full assistance with personal care. There are two other residents who require two-person assistance with toileting but they are mobile.

I reviewed the Assessment Plans for all six residents. There are two residents who require two-person assistance with transfers or toileting. One Resident requires “full assist”. One resident did not have any paperwork present in the file. Ms. Kotlewski stated the resident with missing paperwork is new to the home.

I asked Ms. Kotlewski how she is able to provide two-person assistance if she is working alone. Ms. Kotlewski stated that is a problem. Her co-worker and home manager, Ms. Delia, “did checks” before she left for the outing. I asked Ms. Kotlewski how she can conduct two-person assistance if she is the only person working. She stated it cannot be done.

I asked Ms. Kotlewski about a resident being changed in the common area of the home. She confirmed that it is done for Resident A, but with a privacy divider that they put around her chair. She pointed to the divider folded up and leaning against the wall near Resident A’s chair where Resident A was sitting.

I walked over to Resident A, however, she is nonverbal and unable to be interviewed. She is confined to a chair and cannot ambulate on her own. Ms. Kotlewski stated she requires two-person assistance to move her from the recliner to her wheelchair so if someone is working on by themself and Resident A needs to be changed, they utilize the divider.
Resident B, who is independently mobile continued to follow and walk around to watch whatever was happening in the home. I asked Ms. Kotlewski if someone were to change Resident A, even with the divider up, how can they prevent Resident B from coming around the divider. Ms. Kotlewski stated they cannot prevent this. I asked if it was possible that staff do not put the divider up if no one is home other than the residents. Ms. Kotlewski confirmed that it is possible.

I called Designee Kathy Hockey from the home. I informed her of the complaint and that I had found insufficient staffing when I arrived and that someone else needed to come to the home to meet required staffing ratio. I informed her that Resident A’s brief is being changed in the common area of the home and I believed that staff are

not always putting up the privacy screen to do so, but even with the screen, it is not appropriate to change a resident in the common area of the home.

Ms. Hockey understood and agreed. She stated she did not know this was being done and will correct it immediately. As we spoke, Ms. Dalia returned home with the sixth resident. I informed Ms. Hockey I would speak with Ms. Dalia and call her back.

I introduced myself to Ms. Dalia and inquired about changing residents in the common area of the home. She confirmed that Resident A is changed in her chair in the common area when one staff is working and cannot transfer her. She added that the divider is used to provide privacy.

I informed Ms. Dalia that at no time should staff be working by themself if there are two-person assist needs to be met. If someone has an outing or appointment an additional staff must cover or take the resident out. I also advised Ms. Dalia that the divider should not be used and residents should be taken to their room or bathroom for changes in privacy. Ms. Dalia stated that has always been the way things were done. I stated that she can always call management or myself for clarification regarding proper practice of care.

I again called Ms. Hockey and informed her what I had been told about how resident care is being provided. Ms. Hockey was not aware of these practices and stated she would address the issues immediately.

On September 10, 2026, Ms. Hockey sent an email stating she spoke with the home manager Kelli Delia, who stated to her that she was not present while I was at the home. It further stated that she denied changing residents in the living room and that she and staff always transfer them to the bedroom or bathroom for brief changing so they have privacy.

APPLICABLE RULE	
R 400.681	**Resident rights; licensee responsibilities.**
	(3) A licensee and staff shall respect and safeguard all of the following resident rights to: **(p) Be treated with consideration and respect with due recognition of personal dignity, individuality, and need for privacy.**
ANALYSIS:	The allegation was made that a resident was being changed in the common area of the home in front of others. Ms. Kotlewski and Dalia both confirmed that staff change her brief in the common area of the home when only one person is working. A room divider screen is utilized for privacy.

	Ms. Kotlewski confirmed that Resident B can walk around the screen when Resident A is being changed and staff would not be able to stop her. Ms. Kotlewski stated it is possible that staff working alone would not use the privacy screen when changing Resident A's brief. There is a preponderance of evidence to support the allegation that Resident A is not being provided privacy during brief changes and a violation of her dignity and respect.
CONCLUSION:	VIOLATION NOT ESTABLISHED

On September 10, 2026, I conducted an exit conference with Ms. Hockey. I informed her of the rule violations found. Ms. Hockey understood and agreed to send a Corrective Action Plan to address the issues. She had no further questions.

IV. RECOMMENDATION

Upon receiving an acceptable corrective action plan, I recommend no change to the current license status.



September 22, 2026

Rebecca Piccard — Date
Licensing Consultant

Approved By:



September 23, 2026

Jerry Hendrick — Date
Area Manager