GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 29, 2026

Deb Stiles
Adapt St. Joe, Inc.
907 N. Clay
Sturgis, MI 49091

RE: License #: AS750069772
Investigation #: 2026A1030056
Argosy 2

Dear Ms. Stiles:

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.
if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan.

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,

Nile Khabeiry, LMSW

Nile Khabeiry, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503

enclosure

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

## I. IDENTIFYING INFORMATION

| | |
|---|---|
| **License #:** | AS750069772 |
| | |
| **Investigation #:** | 2026A1030056 |
| | |
| **Complaint Receipt Date:** | 09/22/2026 |
| | |
| **Investigation Initiation Date:** | 09/23/2026 |
| | |
| **Report Due Date:** | 11/21/2026 |
| | |
| **Licensee Name:** | Adapt St. Joe, Inc. |
| | |
| **Licensee Address:** | 907 N. Clay<br>Sturgis, MI 49091 |
| | |
| **Licensee Telephone #:** | (517) 279-7531 |
| | |
| **Administrator:** | Michael Houck |
| | |
| **Licensee Designee:** | Michael Houck |
| | |
| **Name of Facility:** | Argosy 2 |
| | |
| **Facility Address:** | 517 Elizabeth Drive<br>Centerville, MI 49032 |
| | |
| **Facility Telephone #:** | (269) 651-7900 |
| | |
| **Original Issuance Date:** | 04/17/1996 |
| | |
| **License Status:** | REGULAR |
| | |
| **Effective Date:** | 08/20/2026 |
| | |
| **Expiration Date:** | 08/19/2028 |
| | |
| **Capacity:** | 6 |
| | |
| **Program Type:** | PHYSICALLY HANDICAPPED<br>DEVELOPMENTALLY DISABLED<br>MENTALLY ILL |

## II. ALLEGATION(S)

| | **Violation Established**? |
|---|---|
| The facility did not attend to Resident A’s medical needs. | No |
| Additional Findings | Yes |

## II. METHODOLOGY

| | |
|---|---|
| 09/22/2026 | Special Investigation Intake<br>2026A1030056 |
| 09/23/2026 | Special Investigation Initiated - Telephone<br>Interview with referral source |
| 09/23/2026 | APS Referral<br>Received and reviewed APS referral |
| 09/24/2026 | Contact - Face to Face<br>Interview with Jenny Fordyce |
| 09/24/2026 | Contact - Telephone call made<br>Interview with Deb Stiles |
| 09/28/2026 | Contact - Telephone call made<br>Interview with Resident A's legal guardian |
| 09/28/2026 | Exit Conference<br>Exit conference by phone |

**ALLEGATION:**

**The facility did not attend to Resident A's medical needs.**

**INVESTIGATION:**

On 9/23/26, I interviewed the referral source (RS) by phone. The RS reported that the facility admitted Resident A about 30 days ago. The RS reported that it was unknown if the facility had been aware of Resident A's cancer diagnosis and if there were any special instructions about her care. The RS reported that Resident A was transferred from a non-licensed facility and that facility may not have informed the current one of all of her medical issues.

On 9/24/26, I interviewed direct care staff member (DCSM) Jenny Fordyce at the facility. Ms. Fordyce reported that Resident A was admitted to the hospital on 9/7/26 and it was unknown when or if she would be returning to the facility. Ms. Fordyce reported that she was working on 9/7/26 and found Resident A on the floor in her bedroom and noted that she had vomited on her bed. Ms. Fordyce reported that Resident A had vomited several times since she had been admitted to the facility and had major medical problems including tumors that may be cancerous. Ms. Fordyce reported that she contacted a supervisor and was informed that if she vomited again that Resident A should be taken to the emergency department. Ms. Fordyce reported Resident A vomited again and was transported to the hospital.

On 9/24/26, I interviewed home manager Deb Stiles by phone. Ms. Stiles reported that Resident A was an "emergency admission" on 8/28/26 because she needed increased care and supervision due to medical issues. Ms. Stiles reported that they were aware of her cancer diagnosis and were awaiting an appointment for Resident A to have a biopsy. Ms. Stiles reported she took Resident A to an appointment with her PCP on 9/2/26 and was informed that Resident A should be given medication if she vomited and if the medication does not help then she should be taken to the hospital. Ms. Stiles reported that Resident A vomited on 9/7/26 and was given a chewable Zofran tablet, however she vomited again a short time later and was taken to the hospital.

I asked Ms. Stiles to review Resident A's file, including her Resident Care Agreement, Health Care Appraisal and her Assessment Plan for AFC Residents, however Ms. Stiles reported that those documents had not yet been completed. I confirmed that Resident was an emergency admission and moved in on 8/28/26. Ms. Stiles reported that she was aware that those documents are required for all AFC residents.

On 9/28/26, I interviewed Resident A's legal guardian (Guardian A1) by phone. Guardian A1 reported that she was aware of the investigation. Guardian reported that she does not have any concerns about the care that Resident A received at the facility. Guardian A1 reported that the facility supervisor had been in contact with her regarding Resident A's medical condition and believed that they followed all medical recommendations. Guardian A1 reported that Resident A's medical team is

recommending that she be placed in Hospice and that she may only have a month to live.

| APPLICABLE RULE | |
|---|---|
| **R 400.689** | **Resident health care.** |
| | **(1) A licensee, with a resident's cooperation, shall follow the instructions and recommendations of a resident's physician or other designated health care professional.** |
| **ANALYSIS:** | It was alleged that the facility did not attend to Resident A's medical needs. Based on interviews this violation will not be established. Resident A was admitted to the facility due to her needing increased care and supervision as she had major medical issues. According to all the interviews conducted the facility was aware of her medical condition and acted appropriately by administering medication and taking her to the hospital when the medication did not improve her situation and she continued vomiting. |
| **CONCLUSION:** | **VIOLATION NOT ESTABLISHED** |

**ADDITIONAL FINDINGS:**

**INVESTIGATION:**

Resident A was admitted to the facility on 8/28/26 as an emergency admission due to her need for increased care based on her medical condition. I conducted an on-site investigation on 9/24/26 and attempted to review her file however the facility did not have a completed Assessment Plan for AFC Residents (AP) for me to review. The facility supervisor, Deb Stiles indicated that Resident A was only in the facility for a short time before being admitted to the hospital but acknowledged that the AP was overdue and should have been completed within the seven-day time frame.

| APPLICABLE RULE | |
|---|---|
| **R 400.685** | **Resident admission; resident assessment plan; resident care agreement; health care appraisal.** |
| | **(5) If a resident is referred for emergency admission and the facility accepts the resident, the resident's assessment plan** |

| | |
|---|---|
| | **must be completed within 7 calendar days after the emergency admission.** |
| **ANALYSIS:** | During the course of the investigation, it was discovered that the facility admitted Resident A as an emergency admission on 8/28/26 but did not complete the Assessment Plan for AFC Residents in the 7-day calendar time frame. |
| **CONCLUSION:** | **VIOLATION ESTABLISHED** |

On 8/28/26, I shared the findings of the investigation with the administrator, Deb Stiles, by phone. Ms. Stiles acknowledged the findings and agreed to submit a corrective action plan.

## III. RECOMMENDATION

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

Nile Khabeiry, LMSW

9/29/26

Nile Khabeiry Date
Licensing Consultant

Approved By:

Russell Misiak

9/30/26

Russell B. Misiak Date
Area Manager