



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 29, 2025

Justin Wray
The Indigo at Lansing
1634 Lake Lansing Road
Lansing, MI 48912

RE: License #: AH330386131
Investigation #: 2025A1021076
The Indigo at Lansing

Dear Justin Wray:

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 authorized representative 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) 335-5985.

Sincerely,

A handwritten signature in cursive script that reads "Kimberly Horst".

Kimberly Horst, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
Lansing, MI 48909
enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH330386131
Investigation #:	2025A1021076
Complaint Receipt Date:	09/17/2025
Investigation Initiation Date:	09/22/2025
Report Due Date:	11/17/2025
Licensee Name:	Jaybird LSE Lan03 LLC
Licensee Address:	P.O. Box 2229 Rancho Santa Fe, CA 92067
Licensee Telephone #:	(517) 507-3303
Administrator:	Malik Davis
Authorized Representative:	Justin Wray
Name of Facility:	The Indigo at Lansing
Facility Address:	1634 Lake Lansing Road Lansing, MI 48912
Facility Telephone #:	(517) 507-3303
Original Issuance Date:	11/30/2018
License Status:	REGULAR
Effective Date:	08/01/2024
Expiration Date:	07/31/2025
Capacity:	66
Program Type:	ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
The facility has insufficient staff.	Yes
Additional Findings	No

III. METHODOLOGY

09/17/2025	Special Investigation Intake 2025A1021076
09/18/2025	APS Referral referral came from APS; APS did not investigate
09/22/2025	Special Investigation Initiated - On Site
09/25/2025	Contact-Documents Received Received additional schedule
09/29/2025	Exit Conference

ALLEGATION:

The facility has insufficient staff.

INVESTIGATION:

On 09/17/2025, the licensing department received a complaint from Adult Protective Services (APS) with allegations the facility has insufficient staff. The APS reporting source alleged that on 09/15/2025, there were no staff in the building and that many residents were left soiled. The APS reporting source alleged many times there are only two staff in the building to care for the residents.

On 09/22/2025, I interviewed facility administrator Malik Davis at the facility. The administrator reported there are 25 residents at the facility. The administrator reported that for each shift, there are to be three floor staff. The administrator reported that on 09/15/2025, on first shift two caregivers called in for their shift and the medication technician refused to take the medication cart keys due to the other caregivers calling in. The administrator reported the medication technician from third shift stayed over until a replacement worker could be found. The administrator reported that the facility nurse and himself both came in and worked the floor. The administrator reported that the facility found agency workers to also work the floor. The administrator reported the facility is in the process of implementing a new policy

on reporting for shifts. The administrator reported that the facility is utilizing agency staff workers to fill shift shortages. The administrator reported that there are adequate staff at the facility.

On 09/22/2025, I interviewed staff person 1 (SP1) at the facility. SP1 reported there are to be three employees working the floor for every shift. SP1 reported staffing has been difficult due to staff members leaving. SP1 reported that the facility is using agency staff to work open shifts, as needed. SP1 reported care staff do call off but typically the shift can be filled with current employees as they want to work more hours. SP1 reported on 09/15/2025, two caregivers called off and the ongoing medication technician refused to stay. SP1 reported that agency staff were called in and management worked on the floor. SP1 reported the facility had adequate staff that day. SP1 reported the work is manageable with three people.

On 09/22/2025, I interviewed SP2 at the facility. SP2 reported that at times there are not three employees working the floor. SP2 reported it can be difficult to provide good care to all the residents. SP2 reported there are two residents that require two people to assist the resident. SP2 reported that caregivers are now responsible for laundry duties which add to their responsibilities.

On 09/22/2025, I interviewed SP3 at the facility. SP3 reported that at times there are not three people working the floor. SP3 reported that it can be difficult to meet the needs of the residents. SP3 reported that there are three residents that can require two people to assist them.

On 09/22/2025, I observed multiple residents at the facility. I did not observe any residents were left soiled. I did observe the laundry room. There was a lot of clean and dirty laundry that caregivers were trying their best to manage.

On 09/25/2025, I obtained additional schedules from the administrator. The administrator reported that on the third shift the best practice is three employees but can be minimum of two employees.

I reviewed Resident A's service plan. The service plan read,

“(Resident A) is bedbound and non-ambulatory. Staff will (Resident A) to change positions in the bed and assist with evacuations if needed. Care staff will assist the resident to change positions in their chair or bed every 1-2 hours as needed to ensure comfort and reduce likelihood of skin breakdown from developing. Based on the resident needs for repositioning, 1 or 2 care staff may be needed for task.”

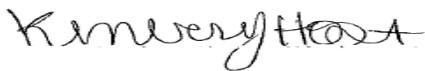
I also reviewed Resident B's service plan. The service plan revealed Resident B required two person assist as well.

I reviewed staff schedule for 09/07/2025-09/20/2025. The schedule revealed on third shift on 09/11, 09/12, 09/14, 09/20 there were only two employees in the facility.

APPLICABLE RULE	
R 325.1931	Employees; general provisions.
	(5) The home shall have adequate and sufficient staff on duty at all times who are awake, fully dressed, and capable of providing for resident needs consistent with the resident service plans.
ANALYSIS:	Interviews with staff, consideration of care needs as identified in their plans of care, along with schedule review revealed the facility has a lack of staff to provide care to the residents. There are at least two residents that require two staff persons to assist, yet at times there are only two caregivers in that unit, indicating other residents that require supervision or assistance are without it during that time.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

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



09/25/2025

Kimberly Horst
Licensing Staff

Date

Approved By:



09/26/2025

Andrea L. Moore, Manager
Long-Term-Care State Licensing Section

Date