



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 17, 2025

Sondra Yantz
KJB Tenant Davison, LLC
10222 Lapeer Road
Davison, MI 48423

RE: License #: AL250418393
Investigation #: 2025A0569044
Charter Senior Living of Davison

Dear Sondra Yantz:

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 party responsible 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 "Kent W. Gieselman". The signature is written in a dark ink and is positioned centrally below the word "Sincerely,".

Kent W Gieselman, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(810) 931-1092

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL250418393
Investigation #:	2025A0569044
Complaint Receipt Date:	08/06/2025
Investigation Initiation Date:	08/06/2025
Report Due Date:	10/05/2025
Licensee Name:	KJB Tenant Davison, LLC
Licensee Address:	10222 Lapeer Road Davison, MI 48423
Licensee Telephone #:	(312) 401-2188
Administrator:	Cynthia Smith
Licensee Designee:	Sondra Yantz
Name of Facility:	Charter Senior Living of Davison
Facility Address:	10222 Lapeer Road Unit 1 Davison, MI 48423
Facility Telephone #:	(810) 777-5050
Original Issuance Date:	08/29/2024
License Status:	REGULAR
Effective Date:	02/28/2025
Expiration Date:	02/27/2027
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED AGED

II. ALLEGATION(S)

	Violation Established?
• Resident A was given incorrect medication on 7/31/2025.	Yes
• Staff are not helping Resident A eat.	No
• Resident A's room is dirty, and staff do not clean Residents A's room.	No
• Staff do not launder and change Resident A's bedding.	No
• There are insufficient staff for each shift.	No

III. METHODOLOGY

08/06/2025	Special Investigation Intake 2025A0569044
08/06/2025	APS Referral Complaint received from APS.
08/06/2025	Special Investigation Initiated - Letter Written statement from complainant received via email.
09/11/2025	Inspection Completed On-site
09/15/2025	Contact - Telephone call made Attempted contact with Andy Horst, Resident A's hospice nurse.
09/15/2025	Contact - Telephone call received Contact with Andy Horst, hospice nurse.
09/15/2025	Inspection Completed-BCAL Sub. Compliance
09/15/2025	Exit Conference Exit conference with Cynthia Smith, licensee designee.
09/15/2025	Corrective Action Plan Requested and Due on 10/01/2025

ALLEGATION:

- **Resident A was given incorrect medication on 7/31/2025.**

INVESTIGATION:

This complaint was received from the adult protective services central intake department. The complainant reported that Resident A was given another resident's blood pressure medication on 07/31/2025. The complainant reported that Resident A's medications have to be crushed and mixed with pudding because Resident A has difficulty swallowing them at times. The complainant reported that Resident A does take blood pressure medications, but she was given a different resident's medication causing a rise in Resident A's blood pressure.

An unannounced inspection of this facility was conducted on 09/11/2025. Resident A was observed to be appropriately dressed and groomed with no visible injuries. Due to Resident A's diagnosis of dementia, she could not give a reliable statement regarding this allegation. Resident A's file was reviewed. Resident A's file contains an incident report (IR) dated 07/31/2025. The IR documents that Resident A was administered another resident's blood pressure medication by mistake. The corrective measures document that Resident A's hospice physician was contacted to report the error and the physician ordered that staff monitor Resident A's blood pressure every hour for 24 hours and report any symptoms of dizziness or significant changes to Resident A's health.

Linda Waters, staff person, stated on 09/11/2025 that she was the staff person who administered the incorrect medications to Resident A on 07/31/2025. Staff Waters stated that she was administering resident medications when several of the residents started approaching the medication cart out of turn and started distracting her. Staff Waters stated that Resident A has a requirement to crush her medication and place it in pudding because she has difficulty swallowing the pill at times. Staff Waters stated that Resident A is administered a blood pressure medication that is the same as another resident's, but in a lesser dose. Staff Waters stated that she accidentally crushed the higher dose of another resident and administered the medication to Resident A. Staff Waters stated that she caught the mistake "immediately" and reported it. Staff Waters stated that Resident A's physician was notified, and staff were directed to observe Resident A for the next 24 hours while taking Resident A's blood pressure every hour. Staff Waters stated that Resident A's blood pressure was monitored as directed and Resident A was not injured as a result of the medication error. Staff Waters stated that she was "written up" for the error and had to be retrained in medication administration.

Andy Horst, Resident A's hospice nurse, stated on 09/15/2025 that he was notified of the medication error. Andy Horst stated that Resident A's health was not permanently

impacted, but he was very upset and confronted Staff Waters about the error. Andy Horst stated that he is not aware of any other medication errors.

Cynthia Smith, administrator, stated on 09/11/2025 that the medication error was reported on 07/31/2025. Cynthia Smith stated that Resident A's physician instructed staff to monitor Resident A and check her blood pressure hourly for any negative effects. Cynthia Smith stated that Staff Waters was disciplined with a written discipline and had to retrain in medication administration.

APPLICABLE RULE	
R 400.15312	Resident medications.
	(6) A licensee shall take reasonable precautions to insure that prescription medication is not used by a person other than the resident for whom the medication was prescribed.
ANALYSIS:	The complainant reported that Resident A was given another resident's blood pressure medication on 07/31/2025. Staff Waters admitted that she did administer a blood pressure medication to Resident A that was not prescribed to her.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

- **Staff are not helping Resident A eat.**

INVESTIGATION:

The complainant reported that Resident A requires staff assistance when eating due to her dementia. The complainant reported that Resident A forgets how to eat and will need staff to help her put the food on a fork or spoon and put it to her mouth. The complainant reported that staff are not doing this, and the complainant is worried that Resident A is not being properly fed at mealtimes.

Resident A's weight record was reviewed during the inspection on 09/11/2025. Resident A's weight record documents a fluctuation of only two or three pounds per month for the year 2025. Resident A's written assessment and care plan do not have any special dietary needs documented. The assessment documents that staff are to assist Resident A to the dining room for meals if she requires the assistance. The assessment does not document that Resident A is a choke hazard or physically incapable of feeding herself.

Andy Horst stated on 09/15/2025 that Resident A does require assistance with eating at times. Andy Horst stated that, due to Resident A's dementia, she will forget how to eat but that she is not a choke risk when eating. Andy Horst stated that some days are better than others and that there are many days that Resident A is able to feed herself without staff assistance. Andy Horst stated that he is at this facility four to five days per week. Andy Horst stated that he has observed staff assisting Resident A with eating on many occasions, and he has also assisted Resident A with verbal prompts and physical assistance when eating. Andy Horst stated that he believes that staff are adequately addressing Resident A's eating needs and are not neglecting Resident A.

Staff Waters stated that all of the staff watch Resident A when she is eating because there are some days that she will "just sit and stare " at her plate. Staff Waters stated that other days Resident A has no issues with feeding herself. Staff Waters stated that she has observed other staff assisting Resident A with putting food in her mouth or verbally reminding Resident A to eat. Staff Waters stated that she also has assisted Resident A with verbal prompts and assistance with eating when Resident A seems to forget how to eat.

Lela Hendrie, staff person, stated on 09/11/2025 that Resident A "has good days and bad days". Staff Hendrie stated that Resident A usually feeds herself without staff assistance, but staff have to remind her to eat or help her put food into her mouth before she starts eating. Staff Hendrie stated that she has provided this assistance to Resident A as needed and has observed other staff assist Resident A as well. Staff Hendrie stated that the staff always check each residents' plate before they leave the dining room to make sure the residents have eaten.

Nyla Gray, staff person, stated on 09/11/2025 that she is a new staff person. Staff Gray stated that she has observed other staff assisting Resident A with eating as needed and the staff are trained to watch all of the residents at mealtimes to make sure the residents eat or are assisted as needed. Staff Gray stated that she has never observed staff ignore Resident A at mealtimes.

Marissa Shefsky, resident care coordinator, stated on 09/11/2025 that Resident A does forget to eat at times due to her dementia. Staff Shefsky stated that Resident A does not choke on her food, but some days she requires prompting from staff to eat her meals. Staff Shefsky stated that she has assisted Resident A at times, and she has never observed any of the staff neglect Resident A when she has required assistance at mealtimes. Staff Shefsky stated that Resident A has "more good than bad days" and can normally feed herself or respond to verbal reminders.

Cynthia Smith stated on 09/11/2025 that staff are providing all of the services that are in Resident A's plan of service and written assessment. Cynthia Smith stated that staff monitor Resident A at mealtimes and assist her when needed.

APPLICABLE RULE	
R 400.15303	Resident care; licensee responsibilities.
	(2) A licensee shall provide supervision, protection, and personal care as defined in the act and as specified in the resident's written assessment plan.
ANALYSIS:	The complainant reported that Resident A requires a staff person to sit with her at mealtimes and feed Resident A because of her dementia. Resident A's assessment does not document any special dietary requirements ordered by her physician, nor does the assessment document that a staff person must sit with Resident A specifically at mealtimes. Andy Horst stated that he is at this facility four to five days a week and has observed staff assisting Resident A with reminders to eat or simply assisting Resident A with eating. Andy Horst stated that he has not observed staff neglecting Resident A. All of the staff interviewed stated that Resident A has days when she can feed herself with no prompting or assistance, and other days requires verbal prompts or assistance when eating due to her dementia. All of the staff interviewed reported that staff do monitor Resident A at mealtimes and assist her as needed. Resident A's weight record documents that her weight has been consistent for the year 2025. Based on the documentation reviewed and statements given, it is determined that there has been no violation of this rule.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

- **Resident A's room is dirty, and staff do not clean Resident A's room.**

INVESTIGATION:

The complainant reported that Resident A's bedroom is not being cleaned. The complainant reported that staff do not "sweep, vacuum, or mop".

Resident A's bedroom was observed during the inspection on 09/11/2025. Resident A's room was observed to be clean and sanitary with no foul odors present. Resident A's room did not appear to be in need of sweeping, vacuuming, or moping. All of the common areas of this facility were also inspected on 09/11/2025. The common areas of this facility were observed to be clean and orderly.

Andy Horst stated on 09/15/2025 that he has never observed Resident A's room to be in need of cleaning. Andy Horst stated that he does not have any concerns about the cleanliness of Resident A's bedroom.

Staff Waters stated on 09/11/2025 that staff clean common areas and resident rooms daily. Staff Waters stated that there are also housekeeping staff that come into the facility throughout the week to give additional support for cleaning. Staff Waters stated that she has never observed Resident A's room or any resident room that required cleaning not to be cleaned.

Staff Hendrie stated on 09/11/2025 that Resident rooms and common areas are cleaned daily by staff or specific housekeeping staff. Staff Hendrie stated that if a resident's room needs to be cleaned and housekeeping staff are not available, then staff will clean the room. Staff Hendrie stated that she has never observed Resident A's bedroom to be disorderly or unclean.

Staff Shesky stated on 09/11/2025 that resident rooms and common areas are cleaned every day by staff and housekeeping staff. Staff Shesky stated that Resident A's bedroom has not been neglected.

Cynthia Smith stated on 09/11/2025 that Resident A's room is cleaned daily as are all of the resident rooms. Cynthia Smith stated that Resident A has a family member who is becoming difficult to work with and wants to keep "cutting services" because of the cost. Cynthia Smith stated that the family member still owes over \$4000 for care services for Resident A but refuses to pay.

APPLICABLE RULE	
R 400.15403	Maintenance of premises.
	(2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.
ANALYSIS:	Resident A's bedroom and all of resident common areas were observed to be clean and orderly during the unannounced inspection on 09/11/2025. Andy Horst stated that he has never observed Resident A's room to be disorderly or in need of cleaning. All of the staff interviewed stated that all of the residents' bedrooms are cleaned daily by staff, which includes a housekeeping department of staff. Based on the observations made and statements given, it is determined that there has been no violation of this rule.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

- **Staff do not launder and change Resident A's bedding.**

INVESTIGATION:

The complainant reported that at one point Resident A's bedding had not been changed or laundered for several weeks. The complainant reported that Resident A has been observed to be wearing the same clothing for several days.

Resident A's bedding was observed to be clean and laundered during the inspection on 09/11/2025. Resident A was observed to be appropriately dressed and groomed on 09/11/2025. A laundry schedule was observed to be posted in the staff office during the inspection on 09/11/2025. The laundry schedule documents that each resident's bedding and laundry are washed twice weekly by staff.

Andy Horst stated on 09/15/25 that he has never observed Resident A to be wearing the same or soiled clothing for multiple days. Andy Horst stated that he has never observed Resident A's bedding to be soiled or needing to be laundered. Andy Horst stated that staff do resident laundry on a daily basis, and he has no concerns regarding this allegation.

Staff Shefsky stated on 09/11/2025 that staff launder resident bedding at least twice per week. Staff Shefsky stated that Resident bedding and clothing are laundered more often if needed due to soiling. Staff Shefsky stated that Resident A changes her clothing frequently throughout the day due to her dementia and will put clothing on that she has worn the day before at times. Staff Shefsky stated that all residents' bedding and laundry are washed by staff daily.

Staff Waters stated that each resident has their bedding and clothing laundered twice per week or as needed. Staff Waters stated that Resident A does change her clothing several times a day and will sometimes put something on that she has worn the day prior. Staff Waters stated that she has never observed resident bedding and laundry to not be washed by staff.

Staff Hendrie stated on 09/11/2025 that all residents' bedding and laundry are completed twice a week or as needed. Staff Hendrie stated that Resident A will change her clothing several times throughout the day and will put clothes on that she has recently worn. Staff Hendrie stated that if residents soil their clothing or bedding, it is laundered by staff immediately.

APPLICABLE RULE	
R 400.15404	Laundry.
	A home shall make adequate provision for the laundering of a resident's personal laundry.
ANALYSIS:	The complainant reported that Resident A's bedding was not changed for weeks at one point, and that Resident A wore the same clothing for several days in a row. Andy Horst stated that he has never observed Resident A's bedding or clothing to be soiled or unlaundered. All of the staff interviewed stated that Resident bedding and laundry is washed twice per week or as needed. The laundry schedule posted in the staff office documents that each resident has their bedding and clothing laundered twice a week at minimum. All of the staff interviewed stated that Resident A will change her clothing several times a day due to her dementia and will put clothing on that she wore the day prior. Resident A's bedding and clothing were observed to be clean and laundered during the inspection on 09/11/2025. Based on the statements given, documentation reviewed, and observations made, it is determined that there has been no violation of this rule.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

- **There are insufficient staff for each shift.**

INVESTIGATION:

The complainant reported that there are not enough staff scheduled for each shift. The complainant reported that only two staff were working on one occasion.

The resident registry was reviewed during the inspection on 09/11/2025. There are currently 13 residents residing in this facility. The staff schedule was reviewed. There are three staff scheduled for each shift with additional support staff such as an activity director and resident care coordinator during the daytime hours. During the inspection on 09/11/2025, there were three staff working with the residents, a cook staff in the kitchen area, and cleaning staff observed.

The 2025 fire drill evacuation records were reviewed. The evacuation times fall within 3-4 minutes indicating adequate staffing. This facility had a fire inspection on 06/03/2025 resulting in an "A" rating.

Staff Waters stated on 09/11/2025 that there are three staff scheduled per shift with additional staff available if needed. Staff Waters stated that in addition to the three staff, there is a cook in the kitchen, an activity person, and the resident care coordinator. Staff Waters stated that she feels there is sufficient staff scheduled to provide care for the residents. Staff Waters stated that someone will call off at times, but management always tries to call someone in. Staff Waters stated that she has been called in when not working to cover for another staff person who has called in. Staff Waters stated that she feels management is supportive to the floor staff and staff are able to assist the residents as they need.

Staff Hendrie stated on 09/11/2025 that there are always three staff scheduled for 13 residents. Staff Hendrie stated that there are other support staff also scheduled throughout the day. Staff Hendrie stated that she feels the staffing ratio is sufficient for meeting the residents' needs. Staff Hendrie stated that a staff person will call off at times for various reasons, but that another staff person is usually called in as needed.

Andy Horst stated on 09/15/2025 that he believes that each shift is adequately staffed. Andy Horst stated that he has never observed a resident that needed assistance and there were not enough staff to assist them. Andy Horst stated that some of the residents are "more active" than others and require "more supervision" but that the number of staff scheduled for each shift is appropriate.

APPLICABLE RULE	
R 400.15206	Staffing requirements
	(1The ratio of direct care staff to residents shall be adequate as determined by the department, to carry out the responsibilities defined in the act and in these rules and shall not be less than 1 direct care staff to 15 residents during waking hours or less than 1 direct care staff member to 20 residents during normal sleeping hours.
ANALYSIS:	The complainant reported that there are not enough staff scheduled to properly meet the residents' needs. There are currently 13 residents residing in this facility. The staff schedule documents that there are three staff scheduled per shift, with an activity staff, and resident care coordinator for additional support. All of the staff interviewed stated that they feel the staffing pattern is appropriate for the residents' needs. Andy Horst stated that he has never observed a resident needing assistance and not enough staff to assist. Based on the

	statements given, documentation reviewed, and observations made, it is determined that there has been no violation of this rule.
CONCLUSION:	VIOLATION NOT ESTABLISHED

An exit conference was conducted on 09/15/2025 with Cynthia Smith, administrator. The findings in this report were reviewed and a corrective action plan was requested.

IV. RECOMMENDATION

I recommend that the status of this license remain unchanged with the receipt of an acceptable corrective action plan.

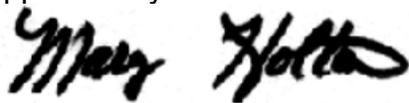


09/15/2025

Kent W Gieselman
Licensing Consultant

Date

Approved By:



09/17/2025

Mary E. Holton
Area Manager

Date