



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

February 20, 2025

Hope Lovell  
LoveJoy Special Needs Center Corporation  
17101 Dolores St  
Livonia, MI 48152

RE: License #: AS780413488  
Investigation #: 2025A0584006  
State Road Home

Dear Ms Lovell:

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.

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) 284-9727.

Sincerely,

A handwritten signature in cursive script that reads "Candace Coburn". The signature is written in a dark ink and has a fluid, connected style.

Candace Coburn, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS780413488
<b>Investigation #:</b>	2025A0584006
<b>Complaint Receipt Date:</b>	01/08/2025
<b>Investigation Initiation Date:</b>	01/10/2025
<b>Report Due Date:</b>	03/09/2025
<b>Licensee Name:</b>	LoveJoy Special Needs Center Corporation
<b>Licensee Address:</b>	17101 Dolores St Livonia, MI 48152
<b>Licensee Telephone #:</b>	(517) 574-4693
<b>Administrator:</b>	Hope Lovell
<b>Licensee Designee:</b>	Hope Lovell
<b>Name of Facility:</b>	State Road Home
<b>Facility Address:</b>	10860 State Road Morrice, MI 48857
<b>Facility Telephone #:</b>	(517) 574-4693
<b>Original Issuance Date:</b>	10/01/2022
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	03/31/2023
<b>Expiration Date:</b>	03/30/2025
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

**II. ALLEGATION(S)**

	<b>Violation Established?</b>
On the morning of 1/7/2025 and 1/8/2025 Resident A's body and bed were completely soaked with urine and his genitals were observed to be bright red and inflamed.	<b>Yes</b>

**III. METHODOLOGY**

01/08/2025	Special Investigation Intake - 2025A0584006
01/10/2025	Special Investigation Initiated - Email to Ardis Bates, Recipient Rights Advisor Shiawassee County Health and Wellness.
01/15/2025	Inspection Completed On-site.  Face to face with Resident B, C and direct care staff Veronica Ostapow.
01/21/2025	Contact - Telephone interview with Alexis Christianson, facility manager.
01/24/2025	Contact - Face to Face interview with direct care worker Shelby Morse.
02/04/2025	Contact - Telephone interview with Synthia Rogers, direct care staff.
02/07/2025	Contact - Telephone interview with Landon Supal, direct care staff.
02/11/2025	Contact – Onsite investigation and face to face with Resident A, B, C, D, E, F.
02/14/2025	Exit conference with Hope Lovell.

**ALLEGATION:**

**On the morning of 1/7/2025 and 1/8/2025 Resident A's body and bed were completely soaked with urine and his genitals were observed to be bright red and inflamed.**

## INVESTIGATION:

On 1/8/2025, the Bureau of Community and Health Systems (BCHS) received the above allegation via the BCHS online complaint system. The written complaint indicated direct care staff Paula Powell observed Resident A soaked with urine on both days and noted his genitals were red and inflamed while assisting him with his shower.

On 1/8/25, Ardis Bates of the Shiawassee Health and Wellness Recipient Rights Officed interviewed facility staff member Synthia Rogers. Ms. Bates provided me her interview notes. Documentation on the notes indicated the following:

*“On 1/7/25 and 1/8/25, she worked during the 1<sup>st</sup> shift (8:00 am – 4:00 pm), with Paula [Powell]. On both mornings, she arrived at work around 8:00 am, [Ms. Powell] had [Resident A] in the restroom assisting him with his shower. Both mornings, [Ms. Powell] asked [Synthia Rogers] to witness [Resident A’s] skin around his genital area. She noted that his skin was red and appeared inflamed. [Ms. Powell] applied [Resident A’s] prescription cream to help with the irritation. She [Ms. Powell] does not believe that Shelby Morse and Lillian [Landon Supal] assisted [Resident A] with using the restroom or changing his brief during their scheduled shift on 1/7/25 and 1/8/25, because bedding was so soiled with urine.”*

*On 1/8/25, Lillian [Mr. Supal] was interviewed and provided the following relevant information:*

*On 1/7/25 and 1/8/25, worked with [Ms. Morse] during the 3<sup>rd</sup> shift hours (12:00 am – 8:00 am). During those scheduled shifts, [Ms. Morse] was responsible for monitoring and ensuring [Resident A’s] safety and welfare. This included checking [Resident A] every two hours to ensure that his brief was dry and to assist him into the restroom, so he could void. [Mr. Supal] did not toilet Resident, nor did [he] prompt him to use the restroom, during the time in question. [Ms. Morse] stayed in the office for the majority of both shifts, although she did complete the hourly bed checks. [Mr. Supal] was not aware that [Resident A] was soiled, and [he] did not change him prior to leaving [his] assigned shift at 8:00 am.”*

On 1/24/2025, I conducted a face to face interview with direct care worker Shelby Morse at Shiawassee Health and Wellness. Ms. Morse confirmed she conducted the required room checks on Resident A, but did not specifically check to see if Resident A needed to be toileted. Ms. Morse stated Resident A was newly admitted to the facility and his person centered plan (PCP) did not include information specific to his toilet needs during the overnight hours. Ms. Morse stated after Resident A was found soaked in the morning, the staff were instructed to check him for toileting needs when doing room checks.

On 2/4/2025, I conducted a telephone interview with Ms. Rogers. Her statements were consistent with the notes Ms. Bates provided.

On 2/7/2025, I conducted a telephone interview with Mr. Supal. His statements were consistent with the interview notes Ms. Bates provided.

On 2/11/2025, I conducted an inspection at the facility and interviewed Resident A, B, C, E, and F. Residents A, B, C, E, and F were unwilling or unable to answer questions. Resident D stated that everything is going great at the facility and no concerns.

<b>APPLICABLE RULE</b>	
<b>R 400.14305</b>	<b>Resident protection.</b>
	<b>(3) A resident shall be treated with dignity and his or her personal needs, including protection and safety, shall be attended to at all times in accordance with the provisions of the act.</b>
<b>ANALYSIS:</b>	Based upon my investigation, which consisted of interviews with multiple direct care staff members, there is enough evidence to substantiate the allegation that Resident A's dignity and personal needs were not attended to at all times in accordance with the provisions of the act when staff failed to adequately check on him, causing Resident A to be left soaked in urine for two consecutive days.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

On 2/14/2025, I conducted an exit conference via email with Hope Lovell, licensee designee and provided her with the findings of this investigation.

#### **IV. RECOMMENDATION**

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



2/14/2025

\_\_\_\_\_  
Candace Coburn  
Licensing Consultant

\_\_\_\_\_  
Date

Approved By:

*Michele Streeter*

2/20/2025

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Michele Streeter  
Section Manager

Date