



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 9, 2025

David Fennell
118 Belleview Dr.
Ionia, MI 48846

RE: License #: AF340280762
Investigation #: 2025A1033033
Belleview AFC

Dear Mr. Fennell:

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.

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.

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 "Jana Lipps". The signature is written in dark ink on a light background.

Jana Lipps, 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

License #:	AF340280762
Investigation #:	2025A1033033
Complaint Receipt Date:	05/01/2025
Investigation Initiation Date:	05/02/2025
Report Due Date:	06/30/2025
Licensee Name:	David Fennell
Licensee Address:	118 Belleview Dr. Ionia, MI 48846
Licensee Telephone #:	(616) 527-9927
Administrator:	N/A
Licensee Designee:	N/A
Name of Facility:	Belleview AFC
Facility Address:	118 Belleview Drive Ionia, MI 48846
Facility Telephone #:	(616) 527-9927
Original Issuance Date:	03/10/2006
License Status:	REGULAR
Effective Date:	11/12/2024
Expiration Date:	11/11/2026
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED ALZHEIMERS

	AGED TRAUMATICALLY BRAIN INJURED
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II. ALLEGATION(S)

	Violation Established?
Responsible Person, Barb Houserman, has not been fingerprinted and cleared through the <i>Michigan Workforce Background Check</i> system.	Yes
Licensee, David Fennell, does not have a written statement from a physician attesting to Ms. Houserman's physical health.	Yes
Licensee, David Fennell, does not have proof of a negative tuberculosis test for Ms. Houserman, within the past three years.	Yes
Licensee, David Fennell, does not have available assessment plans for the current residents.	No
Licensee, David Fennell, is not ensuring the Medication Administration Records, are initialed to record medications administered to the current residents.	Yes

III. METHODOLOGY

05/01/2025	Special Investigation Intake 2025A1033033
05/01/2025	Contact - Document Sent- Email correspondence sent to Complainant.
05/02/2025	Special Investigation Initiated – Letter- Email correspondence received from Complainant.
05/06/2025	APS Referral- No current suspicion of abuse, neglect, exploitation.
05/06/2025	Inspection Completed On-site Interviews conducted with licensee, David Fennell, Responsible Person/Household Member, Sandra Fennell. Review of resident records and responsible person paperwork initiated.
05/06/2025	Inspection Completed-BCAL Sub. Compliance
05/06/2025	Exit Conference- Conducted on-site with licensee, David Fennell.

ALLEGATION:

- **Responsible Person, Barb Houserman, has not been fingerprinted and cleared through the *Michigan Workforce Background Check* system.**
- **Licensee, David Fennell, does not have a written statement from a physician attesting to Ms. Houserman's physical health.**
- **Licensee, David Fennell, does not have proof of a negative tuberculosis test for Ms. Houserman, within the past three years.**

INVESTIGATION:

On 5/1/25 I received an online complaint regarding the Belleview AFC, adult foster care facility (the facility). The complaint alleged that Responsible Person, Barb Houserman, is working at the facility, providing direct care to residents and has not had any employment paperwork completed, including a *Michigan Workforce Background Check*.

On 5/6/25 I conducted an unannounced, on-site investigation at the facility. I met with Licensee, David Fennell, and Responsible Person/Household Member, Sandra Fennell, together. Mr. & Mrs. Fennell reported that the residents currently receive direct care from themselves, or Responsible Persons, Sherry Betz and Barb Houserman. Mrs. Fennell reported that Ms. Houserman has been providing direct care to the residents, on and off for about three years. She reported that Ms. Houserman works about two days per week providing direct care to residents. She further reported that she and Mr. Fennell are always home when Ms. Houserman is working at the facility. Mr. Fennell reported that Ms. Houserman was formerly a Responsible Person but has just started working in this capacity again about three weeks ago. Mr. Fennell was asked to present any documentation he currently has for Ms. Houserman. Mr. Fennell reported that the previous documentation he had for Ms. Houserman is no longer available as he discarded it years ago. Mr. Fennell reported that he has not sent Ms. Houserman for fingerprints and she has not completed a *Michigan Workforce Background Check Consent and Disclosure* document. Mr. Fennell also acknowledge that he did not have documentation from a physician attesting to Ms. Houserman's health status or proof of a negative tuberculosis test within the past three years. Mr. Fennell was able to produce a file for Ms. Betz that I reviewed.

APPLICABLE RULE	
MCL 400.734b	<p>Employing or contracting with certain individuals providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; determination of existence of national criminal history; failure to conduct criminal history check; automated fingerprint identification system database; electronic web-based system; costs; definitions.</p>
	<p>(3) An individual who applies for employment either as an employee or as an independent contractor with an adult foster care facility or staffing agency and who has not been the subject of a criminal history check conducted in compliance with this section shall give written consent at the time of application for the department of state police to conduct a criminal history check under this section, along with identification acceptable to the department of state police. If the individual has been the subject of a criminal history check conducted in compliance with this section, the individual shall give written consent at the time of application for the adult foster care facility or staffing agency to obtain the criminal history record information as prescribed in subsection (4) or (5) from the relevant licensing or regulatory department and for the department of state police to conduct a criminal history check under this section if the requirements of subsection (11) are not met and a request to the Federal Bureau of Investigation to make a determination of the existence of any national criminal history pertaining to the individual is necessary, along with identification acceptable to the department of state police. Upon receipt of the written consent to obtain the criminal history record information and identification required under this subsection, the adult foster care facility or staffing agency that has made a good-faith offer of employment or an independent contract to the individual shall request the criminal history record information from the relevant licensing or regulatory department and shall make a request regarding that individual to the relevant licensing or regulatory department to conduct a check of all relevant registries in the manner required in subsection (4). If the requirements of subsection (11) are not met and a request to the Federal Bureau of Investigation to make a subsequent determination of the existence of any national criminal history pertaining to the individual is necessary, the adult foster care facility or staffing agency shall</p>

	proceed in the manner required in subsection (5). A staffing agency that employs an individual who regularly has direct access to or provides direct services to residents under an independent contract with an adult foster care facility shall submit information regarding the criminal history check conducted by the staffing agency to the adult foster care facility that has made a good-faith offer of independent contract to that applicant.
ANALYSIS:	Based upon the interview conducted with Mr. Fennell, it can be concluded that Ms. Houserman has been working in the capacity of a Responsible Person with the residents of the facility and has not completed a <i>Michigan Workforce Background Check Consent & Disclosure</i> form, nor completed the fingerprinting process for the <i>Michigan Workforce Background Check</i> . Therefore, a violation has been established.
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.1405	Health of a licensee, responsible person, and member of the household.
	(2) A licensee shall have on file with the department a statement signed by a licensed physician or his or her designee with regard to his or her knowledge of the physical health of the licensee and each responsible person. The statement shall be signed within 6 months before the issuance of a license and at any other time requested by the department.
ANALYSIS:	Based upon the interview conducted with Mr. Fennell, it can be concluded that he does not have current documentation from a physician attesting to the health status of Ms. Houserman. Mr. Fennell reported that Ms. Houserman does function in the capacity of a Responsible Person at the facility. Therefore, a violation has been established.
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.1405	Health of a licensee, responsible person, and member of the household.
	(3) A licensee shall provide the department with written evidence that he or she and each responsible person in the home is free from communicable tuberculosis. Verification shall be within the 3-year period before employment and verification shall occur every 3 years thereafter.
ANALYSIS:	Based upon the interview conducted with Mr. Fennell, it can be concluded that Mr. Fennell does not have current documentation demonstrating that Ms. Houserman has tested negative for tuberculosis within the past three years.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION: Licensee David Fennell, does not have available assessment plans for the current residents.

INVESTIGATION:

On 5/1/25 I received an online complaint regarding the facility. The complaint alleged that Mr. Fennell did not have available assessment plans for the current residents under his care. On 5/6/25 I completed an unannounced, on-site investigation at the facility. Mr. Fennell reported that there are currently three residents residing at the facility. I reviewed the *Assessment Plan for AFC Residents* documents for Resident A, B, & C. I observed the following information:

- Resident A's assessment plan was dated 2/7/25 and signed by Mr. Fennell and an unidentified person.
- Resident B's assessment plan was dated 1/6/19. This document was not signed by Mr. Fennell, but was signed with the initials, "KS", under the section, *Signature of Responsible Agency*.
- Resident C's assessment plan was signed by Mrs. Fennell and Evangeline Pulcifer on 12/31/19, and signed by Mr. Fennell on 1/1/20.

APPLICABLE RULE	
R 400.1407	Resident admission and discharge criteria; resident assessment plan; resident care agreement; house guidelines; fee schedule; physician's instructions; health care appraisal.
	(2) A licensee shall not accept or retain a resident for care unless and until a resident assessment plan is made and it

	<p>is determined that the resident is suitable pursuant to the following provisions:</p> <p>(a) The amount of personal care, supervision, and protection required by the resident is available in the home.</p> <p>(b) The kinds of services and skills required of the home to meet the resident's needs are available in the home.</p> <p>(c) The resident appears to be compatible with other residents and members of the household.</p>
ANALYSIS:	Based upon review of the <i>Assessment Plan for AFC Residents</i> documents that were provided for my review during the on-site investigation, it can be determined that Mr. Fennell did have documentation of completed assessment plans for each of the three residents residing at the facility. A violation will not be established at this time.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: Licensee David Fennell, is not ensuring the Medication Administration Records, are initialed to record medications administered to the current residents.

INVESTIGATION:

On 5/1/25 I received an online complaint regarding the facility. The complaint alleged that Mr. Fennell is not signing the Medication Administration Records (MAR) for the residents when medications are administered at the facility. On 5/6/25 I conducted an unannounced, on-site investigation at the facility. I interviewed Mr. Fennell regarding medication administration practices and protocol. Mr. Fennell reported that he is not required to sign for the administration of medications on a daily basis due to the Family Home ruleset. He reported that his practice is to sign for the administration of medications about every four to five days. Mr. Fennell reported that he does not struggle to recall what medications he has administered in the past four days and he does not find any concern about waiting four to five days to sign the MAR indicating medications were administered to residents. Mr. Fennell reported that he is responsible for administering all medications at the facility and he is the only responsible person who administers medications and signs the MAR.

During the on-site investigation on 5/6/25 I reviewed MARs for Resident A, B, & C. I observed the following information:

- Resident A's MAR for the dates, 4/24/25 – 5/24/25. There were no dates on this document containing initials identifying administered medications. Mr. Fennell did not initial the MAR to identify that medications were administered to Resident A.
- Resident A's MAR for the dates, 3/31/25 – 4/30/25. Every medication time and date was initialed as being administered by Mr. Fennell on this document, however the document is dated 3/31/25 – 4/30/25 and the dates of the initials are labeled 1 – 30. The document was not modified to account for the date range.
- Resident B's MAR for the dates, 4/17/25 – 5/17/25. There were no dates on this document containing initials identifying administered medications. Mr. Fennell did not initial the MAR to identify that medications were administered to Resident B.
- Resident B's MAR for the dates, 3/18/25 – 4/17/25. Every medication time and date was initialed as being administered by Mr. Fennell on this document, however the document is dated 3/18/25 – 4/17/25 and the dates of the initials are labeled 1 – 30. The document was not modified to account for the date range.
- Resident C's MAR for the dates, 5/1/25 – 5/31/25. There were no dates on this document containing initials identifying administered medications. Mr. Fennell did not initial the MAR to identify that medications were administered to Resident C.
- Resident C's MAR for the dates, 4/1/25 – 4/30/25. Every medication time and date was initialed as being administered by Mr. Fennell on this document except for the following medication:
 - HumaLOG KWIKPEN 100 Unit/ML IN INJ (Inject unit(s) subcutaneous three times a day 131-180-4U, 181-240-8U, 241-300-10U, 301-350-12U, 351-400-16U, Over 400 call doctor. Discard Open Pen after day

28). I inquired of Mr. Fennell why there were no documented administrations of this medication during the timeframe 4/1/25 through 4/30/25. Mr. Fennell reported that the administration of this medication is dependent upon Resident C's blood glucose level at the time the medication is due to be administered as this medication is on a sliding scale based upon Resident C's blood glucose readings. Mr. Fennell reported that if Resident C's blood glucose level falls below 131 then the medication is not administered. I requested to review recordings of Resident C's blood glucose levels taken by Mr. Fennell. Mr. Fennell provided this document for my review and I made the following observations:

- 4/5/25 blood glucose exceeded 131 twice this day.
- 4/6/25 blood glucose exceeded 131 once this day.
- 4/7/25 blood glucose exceeded 131 twice this day. The Midday blood glucose was not recorded on this date.
- 4/8/25 blood glucose exceeded 131 once on this date.
- 4/9/25 blood glucose exceeded 131 twice this day.
- 4/10/25 the Midday blood glucose was not recorded on this date.
- 4/11/25 blood glucose exceeded 131 once this day. The evening blood glucose was not recorded on this day.
- 4/12/25 blood glucose exceeded 131 once this day.
- 4/13/25 blood glucose exceeded 131 twice this day.
- 4/14/25 blood glucose exceeded 131 once this day. The Midday blood glucose reading was not recorded this day.
- 4/15/25 blood glucose exceeded 131 once this day. The Midday blood glucose reading was not recorded this day.
- 4/16/25 blood glucose exceeded 131 twice this day.
- 4/17/25 blood glucose exceeded 131 once this day. The Midday reading was not recorded on this day.
- 4/18/25 blood glucose exceeded 131 once this day.
- 4/19/25 blood glucose exceeded 131 once this day. The evening blood glucose was not recorded on this day.
- 4/20/25 blood glucose exceeded 131 twice this day
- 4/21/25 blood glucose exceeded 131 once this day. The Midday blood glucose was not recorded on this day.
- 4/22/25 blood glucose exceeded 131 once this day. The evening blood glucose was not recorded on this day.
- 4/23/25 blood glucose exceeded 131 once on this day. The morning blood glucose was not recorded on this day.
- 4/24/25 this date was recorded at "4/23" on the log, but was under the actual 4/23/25 date. The date 4/24/25 was missing. Blood glucose exceeded 131 twice this day.
- 4/25/25 blood glucose exceeded 131 twice this day.
- 4/26/25 blood glucose exceeded 131 twice this day.
- 4/27/25 blood glucose exceeded 131 twice this day.

- 4/28/25 Blood glucose exceeded 131 at least once on this day. The Midday blood glucose was not recorded on this date.
- 4/29/25 blood glucose exceeded 131 twice this day.
- 4/30/25 the Midday blood glucose was not recorded on this date.

I asked Mr. Fennell why this medication was not signed as being administered on the MAR when the blood glucose log indicated multiple occurrences when Resident C should have received this medication. Mr. Fennell reported that he thought having the documentation of the blood glucose readings was adequate to demonstrate when the medication was administered to Resident C. Mr. Fennell could not find the log with blood glucose readings for Resident C for the dates, 4/1/25 – 4/4/25 during this on-site investigation.

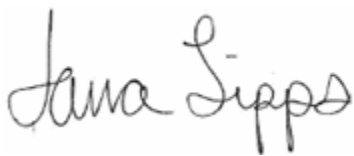
On 2/12/25 *Special Investigation Report #2025A0466013* cited a rule violation of Rule R. 400.1418(4)(a). The *analysis* section of this citation on the report noted that *medication administration records* (MAR) were not being routinely completed. The *corrective action plan* (CAP), dated 2/27/25, and signed by Mr. Fennell, stated that the *Corrective Action* to be taken is, “Initial MAR when dispensed.”

APPLICABLE RULE	
R 400.1418	Resident medications.
	<p>(4) When a licensee or responsible person supervises the taking of medication by a resident, the licensee or responsible person shall comply with the following provisions:</p> <p>(a) Maintain a record as to the time and amount of any prescription medication given or applied. Records of prescription medication shall be maintained on file in the home for a period of not less than 2 years.</p>

ANALYSIS:	Based upon the interview conducted with Mr. Fennell, review of the MARs for Residents A, B, & C, and review of special investigation report 2025A0466013 and the corrective action plan (CAP) submitted by Mr. Fennell with that report, it can be determined that Mr. Fennell has not been following the established CAP dated 2/27/25. Mr. Fennell identified in the CAP dated 2/27/25 that he would begin to "Initial MAR when dispensed". Based upon review of the available MARs, no medications have been initialed as being dispensed for the dates 5/1/25 through 5/6/25 for any of the three residents. Furthermore, Resident C's insulin medication was not initialed as being administered a single time on the MAR dated 4/1/25 – 4/30/25, even though the coinciding blood glucose log identified at least 35 instances when Resident C should have had this medication administered due to high blood glucose readings. Therefore, a violation has been established at this time.
CONCLUSION:	REPEAT VIOLATION ESTABLISHED [SEE SIR#2025A0466013 AND CAP DATED 2/27/25].

IV. RECOMMENDATION

Contingent upon receipt of an approved corrective action plan, no change to the status of the license recommended at this time.



5/8/25

Jana Lipps
Licensing Consultant

Date

Approved By:



05/09/2025

Dawn N. Timm

Date

Area Manager