



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

May 14, 2025

Daniel McNeill  
PO Box 68  
Fenton, MI 48430

RE: License #: AF250404622  
Investigation #: 2025A0580027  
Serenity Gardens

Dear Dan McNeill:

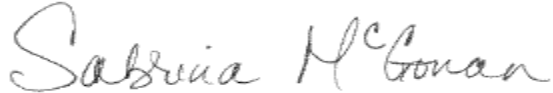
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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.

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 "Sabrina McGowan". The ink is dark and the signature is fluid.

Sabrina McGowan, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(810) 835-1019

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF250404622
<b>Investigation #:</b>	2025A0580027
<b>Complaint Receipt Date:</b>	03/21/2025
<b>Investigation Initiation Date:</b>	03/24/2025
<b>Report Due Date:</b>	05/20/2025
<b>Licensee Name:</b>	Daniel McNeill
<b>Licensee Address:</b>	110 Lansing St. Gaines, MI 48436
<b>Licensee Telephone #:</b>	(810) 931-8466
<b>Administrator:</b>	N/A
<b>Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	Serenity Gardens
<b>Facility Address:</b>	110 Lansing St. Gaines, MI 48436
<b>Facility Telephone #:</b>	(989) 271-6073
<b>Original Issuance Date:</b>	08/27/2020
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	02/27/2023
<b>Expiration Date:</b>	02/26/2025
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. ALLEGATION(S)

	Violation Established?
• The home is understaffed.	No
• Residents are not provided with any scheduled outings.	Yes
• Residents go to appointments unattended.	No

## III. METHODOLOGY

03/21/2025	Special Investigation Intake 2025A0580027
03/24/2025	Special Investigation Initiated - Telephone Call from Recipient Rights, Oakland County.
03/25/2025	Inspection Completed On-site Unannounced onsite. Interview with Julie Davis, Mgr.
03/25/2025	Contact - Face to Face Interview with Resident A.
03/25/2025	Contact - Face to Face Interview with Resident B.
03/25/2025	Contact - Face to Face Interview with Licensee, Dan McNeill.
03/27/2025	Contact - Document Received Email of documents requested.
05/12/2025	Contact - Telephone call made Call to Drake Dawson, Supervisor, CNS Healthcare.
05/12/2025	Contact - Telephone call made Call to Emily Johnston, Case Manager for Resident A.
05/12/2025	Contact - Telephone call made Call to Licensee McNeill.
05/13/2025	Call Contact - Telephone call made Call to Michelle McCormick, RR Investigator.
05/13/2025	Call Contact - Telephone call made Call to Koda Grasl, Case Manager for Resident E.

05/14/2025	Exit Conference Exit Conference with Licensee McNeill.
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### **ALLEGATION:**

**The home is understaffed.**

### **INVESTIGATION:**

On 03/21/2025, I received a complaint via LARA-BCHS-Complaints.

On 03/24/2025, I spoke with Michelle McCormick, Recipient Rights (RR) Investigator in Oakland County. RR Investigator McCormick stated that she received a complaint involving residents, B, C and D, all of whom receive services in Oakland County. In her preliminary investigation, it appears as if the home is not providing care to the residents, per their person-centered care plans.

On 03/25/2025, I conducted an unannounced onsite inspection at Serenity Gardens AFC. Contact was made with Julie Davis, Home Manager (HM). HM Davis stated that there is 1 staff member on duty, each shift. There are currently 5 residents in the home with 2 being present.

On 03/27/2025, I received an emailed copy of the AFC Assessment Plans and Individual Plans of Service (IPOS) for Residents A-E. Per their assessment plans, none of the residents requires assistance with mobility, toileting, bathing or eating, nor does any resident require the use of an assistance device for mobility. The assessment plans for Residents A-E also indicate that each resident is able to move independently in the community.

The Genesee Health Systems IPOS for Resident A, effective 09/24/2024-09/30/2025, was reviewed. The plan does not require any additional or 1:1 staffing for this resident.

The CNS Healthcare IPOS for Resident B, dated 09/05/2024-09/06/2025, was reviewed. The plan does not require any additional or 1:1 staffing for this resident.

The CNS Healthcare IPOS for Resident C, dated 07/18/2024-07/17/2025, was reviewed. The IPOS states that 1:1 staffing shall always have eyes on Resident C and is always at arm's length. The plan also indicates that the case manager can modify the procedure at his discretion.

The CNS Healthcare IPOS for Resident D, dated 10/30/2025-10/29/2025, was reviewed. The plan does not require any additional or 1:1 staffing for this resident.

On 05/12/2025, Licensee McNeill stated that it is his understanding that 1:1 staffing for Resident C only lasted a 2-week time frame. 1:1 staffing is now removed from Resident C's plan.

On 05/12/2025, RR Investigator McCormick stated that there were no substantiations relating to this allegation as their agency agreed to update the plan to reflect the current supervision status.

On 05/12/2025, I spoke with Drake Dawson, Case Manager (CM) Supervisor at CNS HealthCare of Oakland County. Supervisor Dawson confirmed that Residents B, C, and D are assigned to case managers under his supervision. 1:1 staffing for Resident C has been removed. Supervision while in the community remains. Supervisor Dawson stated that the 1:1 staffing for Resident C ended on 02/19/2025.

<b>APPLICABLE RULE</b>	
<b>R 400.1407</b>	<b>Resident admission and discharge criteria; resident assessment plan; resident care agreement; house guidelines; fee schedule; physician's instructions; health care appraisal.</b>
	<b>((2) A licensee shall not accept or retain a resident for care unless and until a resident assessment plan is made and it is determined that the resident is suitable pursuant to the following provisions: (a) The amount of personal care, supervision, and protection required by the resident is available in the home.</b>
<b>ANALYSIS:</b>	<p>It was alleged that the home is understaffed.</p> <p>Home Manager, Julie Davis, stated that there is 1 staff member on duty, each shift. There are currently 5 residents in the home.</p> <p>Assessment Plans reviewed for Residents A-E indicate that each of the residents are able to move alone in the community, and none of the residents requires assistance with mobility, toileting, bathing or eating, nor does any resident require the use of an assistance device for mobility. The IPOS plans for Residents A-E were reviewed. The IPOS for Resident C states that 1:1 staffing shall always have eyes on Resident C and is always at arm's length.</p> <p>Licensee McNeill stated that it is his understanding that 1:1 staffing for Resident C only lasted a 2-week time frame.</p> <p>Supervisor Dawson stated that the IPOS for Resident C has updated. 1:1 staffing for Resident C ended on 02/19/2025. 1:1 staffing has been removed.</p>

	<p>RR Investigator McCormick stated that there were no substantiations relating to this allegation.</p> <p>Based upon my investigation, which consisted of interviews with facility staff members, residents, and case managers, as well as a review of relevant facility documents pertinent to the allegation, there is enough evidence to substantiate the allegation.</p>
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

### **ALLEGATION:**

**Residents are not provided with any scheduled outings.**

### **INVESTIGATION:**

On 03/25/2025, HM Davis stated that the residents are free to leave home to access the community. HM Davis stated that she does not have transportation to take the residents on outings.

On 03/25/2025, while onsite, I interviewed Resident A. Resident A stated that he likes to watch TV, go to the store, and exercise at Planet Fitness. Resident A stated that he gets out enough and has no complaints.

On 03/25/2025, while onsite, I interviewed Resident B. Resident B stated that he watches TV or sometimes walks to the store. Resident B stated that he has not had an outing since having been placed in the home.

On 03/25/2025, while onsite, I interviewed Licensee, Dan McNeill. Licensee McNeill denied the allegations, stating that he stated offers recreation to the residents, however, they turn him down, choosing to stay at home. Licensee McNeill stated that he has several commercially insured vehicles able to be used for resident transportation.

On 03/27/2025, I reviewed the IPOS's for Residents A-E. The Genesee Health Systems IPOS for Resident A, effective 09/24/2024-09/30/2025, was reviewed. The IPOS indicates that Resident A will participate in one enjoyable activity a day such as playing video games, listening to music, watch movies, and/ or go for walks. Resident A will participate in community activities such as going to the library, going for walks, etc. one time weekly. Resident A is his own guardian and would like to move from AFC with the goal of independence.

The CNS Healthcare IPOS (for Resident B, dated 09/05/2024-09/06/2025, was reviewed. The IPOS indicates that Resident B has a court-appointed legal guardian. Per

the plan, Resident B enjoys watching TV and talking on the phone with family. Resident B needs more daily activities or day program. The IPOS also indicates that home staff will provide daily activities for Resident A.

The CNS Healthcare IPOS for Resident C, dated 07/18/2024-07/17/2025, was reviewed. The case manager will assist in assessing services needs and explore Resident C's interest in meaningful activities, including his level of interest in the community (clubhouse) activities. Relative C is his assigned legal guardian.

The CNS Healthcare IPOS for Resident D, dated 10/30/2025-10/29/2025, was reviewed. The IPOS states that the home staff will provide daily activities for Resident D. The plan also indicates that Resident A will participate in activities at least three days a week with staff, in the community or at home. Home staff will take Resident D out in the community at least 3 days a week to have community access. Activities can include going to the store, movies, baseball and basketball games, bowling, park, etc. Activities can include board games, watching movies, etc.

The Oakland Community Health Network (OCHN) IPOS for Resident E, dated 09/01/2024-08/31/2025, was reviewed. The IPOS indicates Resident E will be assisted with accessing the community on at least a weekly basis. While in the community, staff will encourage Resident E to be socially appropriate. Activities Resident E enjoys are going out to eat, shopping, video game stores, parks, local sporting events, movies, swimming, visiting the zoo, bowling, etc.

On 05/12/2025, Supervisor Dawson confirmed that Residents B, C, and D are assigned to case managers under his supervision. Supervisor Dawson stated that Licensee McNeill claims that he has attempted to take the residents on community outings, admittedly, he is not logging the activities, nor is he logging resident refusals to attend community outings. Licensee McNeil has since been trained in this area to ensure that the residents receive their outings according to their plans. Since the onset of this investigation, IPOS (Individual Plan of Service) for all 3 residents have been updated.

On 05/12/2025, I spoke with Licensee McNeill. Licensee McNeill stated that he did receive recipient rights violation and is now required to document outings and resident refusals.

On 05/12/2025, I spoke with Emily Johnston, CM at Taylor life Center, assigned to Resident A. CM Johnston stated that Resident A is his own guardian, knows his way around town, and is able to access the store, library, etc., within his community. CM Johnston stated that she has observed Resident A participate in community outings with the licensee, recalling one time when he wanted to cut their visit short because the residents were leaving for an outing. CM Johnston added that Resident A is able to express his needs and will indicate if he is accessing the community. CM Johnston has no concerns regarding lack of community outings for Resident A.



On 05/13/2025, RR Investigator McCormick shared that in her investigation, it was determined that Licensee McNeil was not following the person-centered plans for Residents C and D. Licensee McNeil was substantiated for not providing Mental Health Services-Suitable to Conditions and placed on a Performance Improvement Plan (PIP) until July 2025. Licensee McNeill's special certification contract will be reassessed at that time. The conditions of the plan require Licensee McNeill to submit weekly verification of resident outings or refusals to attend.

On 05/13/2025, I spoke with Koda Grasl, CM at Easter Seales of Oakland Community Heath Network (OCHN), assigned to Resident E. CM Grasl stated that Resident E is required to communicate in at least 1 community outing per week, however, Resident E often refuses. When addressed with Resident E, he confirmed that he does not like to go out. Resident A is able to access the community on his own, within close proximity to the AFC home.

<b>APPLICABLE RULE</b>	
<b>R 400.1408</b>	<b>Resident care; licensee responsibilities.</b>
	<b>(1) A licensee shall provide basic self-care and habilitation training in accordance with the resident's written assessment plan.</b>
<b>ANALYSIS:</b>	<p>It was alleged that residents are not provided with any scheduled outings.</p> <p>HM Davis stated that she does not have transportation to take the residents on outings. Resident A stated that he gets out enough and has no complaints. Resident B stated that he has not had an outing since having been placed in the home.</p> <p>Licensee McNeil denied the allegations, stating that he stated offers recreation to the residents, however, they turn him down, choosing to stay at home.</p> <p>The IPOS' for Residents A-E were reviewed. The IPOS for Resident C states that 1:1 staff will supervise Resident C two hours in the community per day. The IPOS for Residents D states that staff will take Resident D out in the community at least 3 days a week to have community access. The IPOS for Resident E states that Resident E will be assisted with accessing the community on at least a weekly basis.</p> <p>Supervisor Dawson stated that since the onset of this investigation, IPOS'S for all 3 residents have been updated. Licensee McNeill will now keep documentation of outings.</p>

	<p>CM Johnston has no concerns regarding lack of community outings for Resident A.</p> <p>CM Koda Grasl stated that Resident E is required to communicate in at least 1 community outing per week, however, Resident E often refuses. When addressed with Resident E, he confirmed that he does not like to go out.</p> <p>Based upon my investigation, which consisted of interviews with the licensee, facility staff members, residents, Recipient Rights and case managers, as well as a review of relevant facility documents pertinent to the allegation, there is enough evidence to substantiate the allegation.</p>
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

#### **ALLEGATION:**

**Residents go to appointments unattended.**

#### **INVESTIGATION:**

On 03/25/2025, HM Davis stated that staff do not attend medical appointments with the residents, however, they do assist with ensuring that the residents are provided with transportation to medical appointments as needed.

On 03/25/2025, Licensee McNeill stated that staff do not attend medical visits with the residents. The residents are transported to their appointments via their health insurance, Telehealth. Residents in the home receive medical care and treatment via Nurse Practitioner (NP) Laura Svinarch, who visits the home once a month.

The IPOS plans reviewed for Residents A-D do not specify that caregiver staff will attend medical appointments. The IPOS for Resident E also indicates that caregivers or family will attend all medical appointments with Resident E to ensure appropriate coordination of medical care.

On 05/13/2025, Investigator McCormick stated that there were no substantiations relating to this allegation.

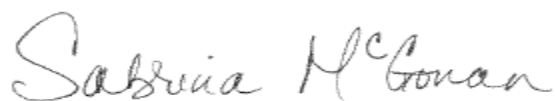
On 05/13/2025, Case Manager Grasl stated that Resident E is transported to all of his medical appointments by Relative E, who picks him up from the AFC home the night before, when appointments are scheduled.

<b>APPLICABLE RULE</b>	
<b>R 400.1408</b>	<b>Resident care; licensee responsibilities.</b>
	<b>(1) A licensee shall provide basic self-care and habilitation training in accordance with the resident's written assessment plan.</b>
<b>ANALYSIS:</b>	<p>It was alleged that Residents go to appts unattended.</p> <p>Licensee McNeill and HM Davis stated that staff do not attend medical appointments with the residents, however, they do assist with ensuring that the residents are provided with transportation to medical appointments as needed.</p> <p>The IPOS plans for Residents A-E were reviewed. RR Investigator McCormick stated that there were no substantiations relating to this allegation. CM Grasl stated that Resident E is transported to all of his medical appointments by Relative E.</p> <p>Based upon my investigation, which consisted of interviews with the licensee, facility staff members, residents, case managers and Recipient rights, as well as a review of relevant facility documents pertinent to the allegation, there is not enough evidence to substantiate the allegation.</p>
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

On 05/14/2025, I conducted an exit conference with licensee McNeill, Licensee McNeil. Licensee McNeil was informed of the findings of this investigation.

#### IV. RECOMMENDATION

Upon the receipt of an approved corrective action plan, no change to the status of the license is recommended.



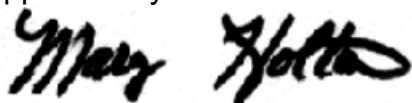
May 14, 2025

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Sabrina McGowan  
Licensing Consultant

Date

Approved By:



May 14, 2025

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Mary E. Holton  
Area Manager

Date