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GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

May 21, 2025

Shawn Brown  
Domel Inc  
21005 Farmington Road  
Farmington Hills, MI 48336

RE: License #: AS820389327  
Investigation #: 2025A0122033  
Fitzgerald

Dear Mr. Brown:

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) 284-9720.

Sincerely,

A handwritten signature in dark ink, reading "Vanita Bouldin". The script is cursive and fluid, with the first name "Vanita" and last name "Bouldin" clearly distinguishable.

Vanita C. Bouldin, Licensing Consultant  
Bureau of Community and Health Systems  
22 Center Street  
Ypsilanti, MI 48198  
(734) 395-4037

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS820389327
<b>Investigation #:</b>	2025A0122033
<b>Complaint Receipt Date:</b>	05/15/2025
<b>Investigation Initiation Date:</b>	05/20/2025
<b>Report Due Date:</b>	06/14/2025
<b>Licensee Name:</b>	Domel Inc
<b>Licensee Address:</b>	21005 Farmington Road Farmington Hills, MI 48336
<b>Licensee Telephone #:</b>	(734) 632-0125
<b>Administrator:</b>	Shawn Brown
<b>Licensee Designee:</b>	Shawn Brown
<b>Name of Facility:</b>	Fitzgerald
<b>Facility Address:</b>	16975 Fitzgerald Livonia, MI 48154
<b>Facility Telephone #:</b>	(734) 591-1261
<b>Original Issuance Date:</b>	11/14/2017
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	05/14/2024
<b>Expiration Date:</b>	05/13/2026
<b>Capacity:</b>	4
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED

## II. ALLEGATION(S)

	Violation Established?
Staff members threaten to take Resident A's tablet if he does not follow directions.	No
Resident A had access to the locked facility medication cabinet.	Yes

## III. METHODOLOGY

05/15/2025	Special Investigation Intake 2025A0122033 Recipient Rights referral
05/20/2025	Special Investigation Initiated - On Site Completed interview with Resident A, Guardian A, and home manager, Kelli Eklund. Reviewed Resident A's file. APS Referral
05/21/2025	Exit Conference Discussed findings licensee designee, Shawn Brown.

**ALLEGATION:** Staff members threaten to take Resident A's tablet if he does not follow directions.

**INVESTIGATION:** On 05/20/2025, I conducted separate interviews with home manager, Kelli Eklund, Resident A, and Guardian A. All reported that Resident A is in possession of his tablet, and he can use it when he chooses.

On 05//2025, I completed an exit conference with licensee designee, Shawn Brown, and I discussed my findings with him. Mr. Brown agreed with my findings.

APPLICABLE RULE	
R 400.14308	Resident behavior interventions prohibitions.
	(2) A licensee, direct care staff, the administrator, members of the household, volunteers who are under the direction of the licensee, employees, or any person who lives in the home shall not do any of the following: (f) Subject a resident to any of the following: (i) Mental or emotional cruelty.

	<b>(ii) Verbal abuse.</b> <b>(iii) Derogatory remarks about the resident or members of his or her family.</b> <b>(iv) Threats.</b>
<b>ANALYSIS:</b>	Based upon my investigation, which consisted of multiple interviews with home manager, Kelli Eklund, Resident A, and Guardian A. All reported that Resident A is in possession of his tablet, and he can use it when he chooses. Therefore, staff members have not subjected Resident A to threats.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION: Resident A had access to the locked facility medication cabinet.**

**INVESTIGATION:** On 05/20/2025, I conducted separate interviews with home manager, Kelli Eklund and Resident A. Both reported that the medication cabinet had been left unlocked and Resident A was able to gain access to it. Resident A reported that he did not take any medication but took band aides that are kept in the medication cabinet.

Ms. Eklund reported that once he found out Resident A had gained access to the medication cabinet, changes were made with the locking mechanism of the medication cabinet so that none of the residents have access to the medication cabinet.

On 05/21/2025, I completed an exit conference with licensee designee, Shawn Brown, and discussed my findings with him. Mr. Brown agreed with my findings and stated he would submit a corrective action plan to address the rule violation.

<b>APPLICABLE RULE</b>	
<b>R 400.14312</b>	<b>Resident medications.</b>
	<b>(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.</b>

<b>ANALYSIS:</b>	Based upon my investigation, which consisted of interviews with home manager, Kelli Eklund and Resident A. Both reported that Resident A gained access to the medication cabinet. Therefore, the licensee did not take precautions to insure that prescription medication is not used by a person other than the resident for whom the medication was prescribed. Resident A had access to all resident the medications kept in the facility medication cabinet.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

#### IV. RECOMMENDATION

Contingent upon receipt and approval of a corrective action plan, I recommend no change to the status of the license.



\_\_\_\_\_  
Vanita C. Bouldin  
Licensing Consultant

Date: 05/21/2025

Approved By:



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Ardra Hunter  
Area Manager

Date: 5/21/2025