



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

August 11, 2025

Carrie Dextrom
Magnolia Care AFC Home LLC
4045 N Seeley Road
Manton, MI 49663

RE: License #: AL570396923
Investigation #: 2025A0870032
Magnolia Care AFC West

Dear Carrie Dextrom:

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 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 (231) 922-5309.

Sincerely,

A handwritten signature in dark ink, appearing to read "Bruce A. Messer". The signature is fluid and cursive, with the first name "Bruce" and last name "Messer" clearly distinguishable.

Bruce A. Messer, Licensing Consultant
Bureau of Community and Health Systems
Suite 11
701 S. Elmwood
Traverse City, MI 49684
(231) 342-4939

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL570396923
Investigation #:	2025A0870032
Complaint Receipt Date:	08/04/2025
Investigation Initiation Date:	08/06/2025
Report Due Date:	10/03/2025
Licensee Name:	Magnolia Care AFC Home LLC
Licensee Address:	4045 N Seeley Road Manton, MI 49663
Licensee Telephone #:	(231) 878-8352
Administrator:	Carrie Dextrom
Licensee Designee:	Carrie Dextrom
Name of Facility:	Magnolia Care AFC West
Facility Address:	9200 W Walker Road Manton, MI 49663
Facility Telephone #:	(231) 839-4585
Original Issuance Date:	02/20/2019
License Status:	REGULAR
Effective Date:	07/20/2025
Expiration Date:	07/19/2027
Capacity:	17
Program Type:	PHYSICALLY HANDICAPPED, MENTALLY ILL DEVELOPMENTALLY DISABLED, AGED

II. ALLEGATION(S)

	Violation Established?
Employees are not fully trained.	Yes
Employees have not been tested for Tb.	Yes
Employees verbally abuse the residents.	No

III. METHODOLOGY

08/04/2025	Special Investigation Intake 2025A0870032
08/06/2025	Special Investigation Initiated - On Site Interview with Licensee Designee Carrie Dextrom and facility residents.
08/06/2025	Inspection Completed-BCAL Sub. Compliance
08/06/2025	Exit Conference Completed with Licensee Designee Carrie Dextrom.
08/11/2025	APS Referral Referral made to MDHHS Protective Services Centralized Intake.

ALLEGATION: Employees are not fully trained.

INVESTIGATION: On August 6, 2025, I conducted an unannounced on-site special investigation at the Magnolia Care West AFC home. I met with Licensee Designee Carrie Dextrom and informed her of the allegations as stated above. Ms. Dextrom provided me with a random sample of staff training records. I reviewed five current and former staff training records and noted that four of five staff training records documents that the staff member had been trained in all areas required by rule. One staff member, Matthew Belville, training record shows that he had been trained in CPR/First Aide, Resident Rights, Prevention and Containment of communicable disease and Medications. There was no record that Mr. Belville had been trained in Reporting Requirements, Personal Care, Supervision and Protection or Safety and Fire Prevention. Ms. Dextrom confirmed that Mr. Belville has worked in the facility with residents. She noted that it was her belief that he had completed his training requirements.

APPLICABLE RULE	
R 400.15204	Direct care staff; qualifications and training.
	<p>(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas:</p> <ul style="list-style-type: none"> (a) Reporting requirements. (b) First aid. (c) Cardiopulmonary resuscitation. (d) Personal care, supervision, and protection. (e) Resident rights. (f) Safety and fire prevention. (g) Prevention and containment of communicable diseases.
ANALYSIS:	Licensee Designee Carrie Dextrom was unable to provide documentation that staff member Matthew Belville had been trained in Reporting Requirements, Personal Care, Supervision and Protection or Safety and Fire Prevention.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION: Employees have not been tested for Tb.

INVESTIGATION: Ms. Dextrom provided me with a random sample of staff member health and tuberculosis testing records. Of five staff member records reviewed, I noted that staff member Matthew Belville did not have any record of being tested for communicable tuberculosis and one staff member, Jami Hamilton, most recent test for communicable tuberculosis was greater than three years from the date of this investigation. Ms. Dextrom confirmed that both staff members have or are currently working in the facility. She stated that she was unaware these staff members were not tested or current with their Tb testing.

APPLICABLE RULE	
R 400.15205	Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.
	(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken

	as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.
ANALYSIS:	<p>Licensee Designee Carrie Dextrom failed to obtain written verification that Matthew Belville had been tested for communicable tuberculosis before his assumption of duties within the facility.</p> <p>Ms. Dextrom failed to verify that Jami Hamilton was tested for communicable tuberculosis within three years of her previous negative test result.</p>
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION: Employees verbally abuse the residents.

INVESTIGATION: Ms. Dextrom stated that she is unaware of any staff verbally, or otherwise, abusing any of the facility residents. She noted that none of the staff have approached her with this allegation and none of the facility residents have ever commented to her that they feel they are being abused or mistreated.

On August 6, 2025, I conducted individual private interviews with Residents A, B, C and D. All four residents stated that they think this facility is “very good”, that they “like living here” and “the staff are nice to me.” Each resident stated that “no one is mean to me” and “no one says anything that’s mean or makes me mad.”

APPLICABLE RULE	
R 400.15308	Resident behavior interventions prohibitions.
	<p>(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:</p> <p style="padding-left: 40px;">(f) Subject a resident to any of the following:</p> <p style="padding-left: 80px;">(ii) Verbal abuse.</p>
ANALYSIS:	<p>Residents A, B, C and D all deny they are being verbally abused.</p> <p>The direct care staff members are not verbally abusing the facility residents.</p>

CONCLUSION:	VIOLATION NOT ESTABLISHED
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On August 6, 2025, I provided Licensee Designee Carrie Dextrom with an exit conference. I explained my findings as noted above. Ms. Dextrom stated she understood the findings, that she has no additional information to provide concerning this special investigation and she has no additional questions. She stated she will submit a corrective action plan which addresses each cited rule noted above. Ms. Dextrom noted that her corrective action plan will include a review of all staff training, health and Tb testing records to ensure full staff compliance.

IV. RECOMMENDATION

I recommend, contingent upon the receipt of an acceptable corrective action plan, that the status of the license remains unchanged.

 August 11, 2025

Bruce A. Messer Date
Licensing Consultant

Approved By:

 August 11, 2025

Jerry Hendrick Date
Area Manager