



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

August 15, 2025

JoAnne Squires
3204 N Shoreview
Fort Gratiot, MI 48059

RE: License #: AF740257524
Investigation #: 2025A0580043
Squires AFC

Dear JoAnne Squires:

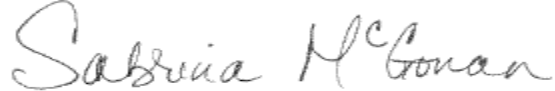
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 signature is written in black ink and is positioned above the typed name and address.

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

License #:	AF740257524
Investigation #:	2025A0580043
Complaint Receipt Date:	08/01/2025
Investigation Initiation Date:	08/05/2025
Report Due Date:	09/30/2025
Licensee Name:	JoAnne Squires
Licensee Address:	3204 N Shoreview Fort Gratiot, MI 48059
Licensee Telephone #:	(810) 385-0060
Administrator:	N/A
Licensee Designee:	N/A
Name of Facility:	Squires AFC
Facility Address:	3204 Shoreview Fort Gratiot, MI 48059
Facility Telephone #:	(810) 385-0060
Original Issuance Date:	06/19/2003
License Status:	REGULAR
Effective Date:	05/01/2024
Expiration Date:	04/30/2026
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL ALZHEIMERS

	AGED
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II. ALLEGATION(S)

	Violation Established?
Licensee's paroled son, a felon, is living in the home.	Yes

III. METHODOLOGY

08/01/2025	Special Investigation Intake 2025A0580043
08/05/2025	Special Investigation Initiated - Letter Referred to APS.
08/07/2025	Inspection Completed On-site Unannounced onsite.
08/07/2025	Contact - Face to Face Interview/ observation of Resident's A, B and C.
08/15/2025	Inspection Completed-BCAL Sub. Compliance
08/15/2025	Exit Conference Exit with Licensee Squires.

ALLEGATION:

Licensee's paroled son, a felon, is living in the home.

INVESTIGATION:

On 08/01/2025, I received a complaint via LARA-BCHS-Complaints. On 08/05/2025, I made a referral to Adult Protective Services (APS), sharing the allegations alleged in this complaint.

On 08/07/2025, I conducted an unannounced onsite inspection at Squires AFC. Contact was made with the licensee Joann Squires, who denied the allegations. Upon inquiring to observe the sunroom where it is alleged that her adult son is sleeping, Licensee Squires began to explain that her home is in between his job and his home. As a result, he is dropped off at the AFC home after work until his ride

picks him up later in the evening. Upon entering the sunroom, I observed the adult son sleeping in a day bed.

On 08/07/2025, while onsite, I interviewed and observed 3 residents who were watching television in the den area of the home. When questioned, Resident A stated that yes, he does live here. Residents B and C did not respond. The residents were observed as being adequately dressed and groomed. No concerns were noted. They appeared to be receiving proper care.

On 08/15/2025, I conducted an exit conference with Licensee Squires. Licensee Squires confirmed that her adult son is a Felon on Parole. Licensee Squires stated that she will address the matter immediately as she does not want to jeopardize her license.

APPLICABLE RULE	
R 400.1404	Licensee, responsible person, and member of the household; qualifications.
	(6) A licensee shall provide the department with the name of any person providing care for a resident or member of the household who is on a court supervised probation or parole or who has been convicted of a felony within the 5-year period before providing resident care.
ANALYSIS:	<p>It was alleged that Licensee's paroled son, a felon, is living in the home.</p> <p>Licensee Squires denied the allegations.</p> <p>While onsite I observed Licensee Squires' adult son sleeping in the home. Resident A stated that Licensee Squires adult son lives in the home.</p> <p>Based upon my investigation, which consisted of interviews with Licensee JoAnne Squires, Resident A, as well as an observation of the adult sleeping in the home, there is enough evidence to substantiate the allegation</p>
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

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

Sabrina McGowan August 15, 2025

Sabrina McGowan Date
Licensing Consultant

Approved By:

Mary Holton August 15, 2025

Mary E. Holton Date
Area Manager