



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

August 19, 2025

Keagan Larson  
3190 S Sashabaw Rd  
Oxford, MI 48371

RE: License #: AF630418769  
**Seymour Lake AFC Home**  
**3190 S Sashabaw Rd**  
**Oxford, MI 48371**

Dear Mr. Larson:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. 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 dates 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 licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (248) 972-9136.

Sincerely,

A handwritten signature in cursive script that reads "Cindy Berry". The signature is written in black ink and is positioned below the word "Sincerely,".

Cindy Berry, Licensing Consultant  
Bureau of Community and Health Systems  
3026 West Grand Blvd  
Cadillac Place, Ste 9-100  
Detroit, MI 48202  
(248) 860-4475

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
RENEWAL INSPECTION REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF630418769
<b>Licensee Name:</b>	Keagan Larson
<b>Licensee Address:</b>	3190 S Sashabaw Rd Oxford, MI 48371
<b>Licensee Telephone #:</b>	(248) 431-8775
<b>Licensee Designee:</b>	Keagan Larson
<b>Administrator:</b>	N/A
<b>Name of Facility:</b>	Seymour Lake AFC Home
<b>Facility Address:</b>	3190 S Sashabaw Rd Oxford, MI 48371
<b>Facility Telephone #:</b>	(248) 431-8775
<b>Original Issuance Date:</b>	02/20/2025
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/19/2025

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: 7/30/2024

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 2

No. of others interviewed 0 Role: N/A

- Medication pass / simulated pass observed? Yes  No  If no, explain.
- Medication(s) and medication record(s) reviewed? Yes  No  If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes  No  If no, explain.
- Meal preparation / service observed? Yes  No  If no, explain.  
There was no meal preparation/service provided at the time the on-site was conducted.
- Fire drills reviewed? Yes  No  If no, explain.
- Fire safety equipment and practices observed? Yes  No  If no, explain.
- E-scores reviewed? (Special Certification Only) Yes  No  N/A   
If no, explain.
- Water temperatures checked? Yes  No  If no, explain.
- Incident report follow-up? Yes  No  If no, explain.  
There were no incident reports to follow-up on.
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes  (please explain) No  N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

**R 400.1418            Resident medications.**

(2) Medication shall be given pursuant to label instructions.

On 8/19/2025 at 11:30 am there were staff initials on Resident A's medication administration record for the following pm medications:

- Clozapine 100 mg
- Nexium 40 mg
- Zocor 20 mg

On 8/19/2025 at 11:30 am there were staff initials on Resident B's medication administration record for the following pm medications:

- Benztropine 2 mg
- Fluphenazine 10 mg

On 8/19/2025 at 11:30 am there were staff initials on Resident C's medication administration record for the following pm medications:

- Omeprazole 20 mg
- Benztropine 0.5 mg
- Fluvoxamine 100 mg
- Famotidine 40 mg
- Furosemide 20 mg
- Atorvastatin 10 mg
- Eplerenone 20 mg
- Jardiance 10 mg
- Losartan 25 mg

**R 400.1426            Maintenance of premises.**

(1) The premises shall be maintained in a clean and safe condition.

The bottom of the bathtub was peeling and rusty.

#### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.



8/19/2025

---

Cindy Berry  
Licensing Consultant

Date