



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

November 14, 2025

Alan Pumford
Meiser AFC Home Inc
4764 West Burt Road
Montrose, MI 48457

RE: License #: AL730007419
Investigation #: 2026A0576006
Meiser AFC Home

Dear Alan Pumford:

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.
- Be signed and dated.

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 "C. Garza".

Christina Garza, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(810) 240-2478

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL730007419
Investigation #:	2026A0576006
Complaint Receipt Date:	10/28/2025
Investigation Initiation Date:	10/31/2025
Report Due Date:	12/27/2025
Licensee Name:	Meiser AFC Home Inc
Licensee Address:	4764 West Burt Road, Montrose, MI 48457
Licensee Telephone #:	(989) 770-4650
Administrator:	Alan Pumford
Licensee Designee:	Alan Pumford
Name of Facility:	Meiser AFC Home
Facility Address:	4764 West Burt Road, Montrose, MI 48457
Facility Telephone #:	(989) 770-4650
Original Issuance Date:	01/17/1992
License Status:	REGULAR
Effective Date:	03/27/2024
Expiration Date:	03/26/2026
Capacity:	20
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. ALLEGATION(S)

	Violation Established?
The facility has too few functioning bathrooms.	No
Residents are not told what is being served for meals.	Yes
Additional Findings	Yes

III. METHODOLOGY

10/28/2025	Special Investigation Intake 2026A0576006
10/31/2025	Special Investigation Initiated - Telephone Left a message for Guardian to return call
11/10/2025	Inspection Completed On-site Interviewed Licensee Designee, Alan Pumford, Resident A and Resident B
11/10/2025	Exit Conference
11/13/2025	APS Referral

ALLEGATION:

The facility has too few functioning bathrooms.

INVESTIGATION:

On November 10, 2025, I conducted an unannounced on-site inspection at Meiser AFC Home and interviewed Licensee Designee, Alan Pumford. Licensee Designee Pumford reported there are currently 19 men who reside at the facility. The facility has 4 resident bathrooms, however only 3 are available for resident use.

While at the facility I viewed 3 resident bathrooms available for resident use. There were operable toilets, sinks, and showers in each of the bathrooms. I turned the water on in each shower and the plumbing was operable. The second bathroom had a standing shower, and the shower door was broken. The shower door was missing the shower panel that keeps the water in the shower area.

On November 10, 2025, I interviewed Resident A regarding the allegations. Resident A reported there are 3 bathrooms available for him to use. All 3 bathrooms have toilets and showers that work. The water gets warm enough for him to shower. Resident A denied any concerns regarding his home.

On November 10, 2025, I interviewed Resident B who reported the home has 3 bathrooms for him to use. The toilets and showers work, and the residents can use any of the bathrooms. Resident B denied any concerns regarding his home.

On November 10, 2025, I conducted an exit conference with Licensee Designee Alan Pumford. I advised Licensee of the findings of my investigation.

APPLICABLE RULE	
R 400.655	Bathrooms.
	(4) A facility must have a minimum of 1 toilet, 1 sink, and 1 bathing fixture for every 8 occupants. Areas restricted for employee, household member or adult day care use only may not be counted in meeting this requirement.
ANALYSIS:	<p>It was alleged that the facility has too few functioning bathrooms. Upon conclusion of an unannounced on-site inspection there is not a preponderance of evidence to conclude a rule violation.</p> <p>An unannounced on-site inspection was made to the facility. Licensee Designee, Alan Pumford advised that the facility is the home to 19 residents. The facility was viewed to have 3 operable bathrooms including shower, sink, and toilet.</p> <p>There is not a preponderance of evidence to conclude the facility does not have enough bathroom for the residents who reside at the home.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Residents are not told what is being served for meals.

INVESTIGATION:

On November 10, 2025, I conducted an unannounced on-site inspection at Meiser AFC Home and interviewed Licensee Designee, Alan Pumford. Licensee Designee Pumford

reported there are menus posted so residents are aware of what is being served for meals. Licensee Designee Pumford showed me that menus are posted in the dining area of the home. Upon inspection, there were approximately 20 pages of identical weekly menus posted. There was no date on the menus.

On November 10, 2025, I interviewed Resident A regarding the allegation. Resident A reported the food he receives at his home is good. There are menus posted that tell what is being served for meals however no one looks at the menus. Resident A denied that he is served the same meal every week.

On November 10, 2025, I interviewed Resident B who reported there is one menu for the home “but they don’t go by that”. Resident B reported no concerns regarding meals he receives at his home.

On November 10, 2025, I conducted an exit conference with Licensee Designee, Alan Pumford. I advised Licensee Designee Pumford of the findings of my investigation. I advised Licensee Designee Pumford I would be requesting a corrective action plan for the cited rule violations.

On November 10, 2025, I conducted an exit conference with Licensee Designee Alan Pumford. I advised Licensee of the findings of my investigation and that I would be requesting a corrective action plan for the cited rule violation.

APPLICABLE RULE	
R 400.663	Nutrition; adoption by reference.
	(6) Menus, excluding special diets, must be written at least 1 week in advance and posted. Any change or substitution must be documented.
ANALYSIS:	It was alleged that residents are not aware of what is being served for meals. Upon conclusion of an unannounced on-site inspection at the home there is a preponderance of evidence to conclude a rule violation. An unannounced on-site inspection was made to the facility and found there were approximately 20 pages of identical weekly menus posted. There was no date on the menus.
CONCLUSION:	VIOLATION ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION:

On November 10, 2025, I conducted an unannounced on-site inspection at the facility. I viewed the second resident bathroom to have a standing shower, and the shower door was broken. The shower door was missing the shower panel that keeps the water in the shower area.

On November 10, 2025, I conducted an exit conference with Licensee Designee Alan Pumford. I advised Licensee of the findings of my investigation and that I would be requesting a corrective action plan for the cited rule violation.

APPLICABLE RULE	
R 400.647	Safety and maintenance of premises.
	(6) Plumbing fixtures and water and waste pipes must be properly installed and maintained in good working condition.
ANALYSIS:	On November 10, 2025, I conducted an unannounced on-site inspection at the facility. I viewed the second resident bathroom to have a standing shower, and the shower door was broken. The shower door was missing the shower panel that keeps the water in the shower area. There is a preponderance of evidence to conclude the plumbing fixture (shower door) was not in good working condition.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, no change in the license status is recommended.



11/14/2025

Christina Garza
Licensing Consultant

Date

Approved By:



11/14/2025

Mary E. Holton
Area Manager

Date