



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

February 27, 2026

Nancy Stanton  
Stone Ridge AFC, LLC  
4825 Fruin Rd  
Bellevue, MI 49021

RE: License #: AL080415343  
Investigation #: 2026A1024019  
Stone Ridge AFC

Dear Ms. Stanton:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan was required. On February 23, 2026, you submitted an acceptable written corrective action plan.

It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan.

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 (616) 356-0183.

Sincerely,

A handwritten signature in cursive script that reads "Ondrea Johnson".

Ondrea Johnson, Licensing Consultant  
Bureau of Community and Health Systems

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL080415343
<b>Investigation #:</b>	2026A1024019
<b>Complaint Receipt Date:</b>	02/17/2026
<b>Investigation Initiation Date:</b>	02/17/2026
<b>Report Due Date:</b>	03/19/2026
<b>Licensee Name:</b>	Stone Ridge AFC, LLC
<b>Licensee Address:</b>	4825 Fruin Rd Bellevue, MI 49021
<b>Licensee Telephone #:</b>	(269) 758-3388
<b>Administrator:</b>	Nancy Stanton
<b>Licensee Designee:</b>	Nancy Stanton
<b>Name of Facility:</b>	Stone Ridge AFC
<b>Facility Address:</b>	4825 Fruin Rd Bellevue, MI 49021
<b>Facility Telephone #:</b>	(269) 758-3388
<b>Original Issuance Date:</b>	03/22/2024
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	09/22/2024
<b>Expiration Date:</b>	09/21/2026
<b>Capacity:</b>	18
<b>Program Type:</b>	AGED ALZHEIMERS

## II. ALLEGATION(S)

	<b>Violation Established?</b>
Facility has not maintained the premises and received a disapproved fire safety rating.	Yes

## III. METHODOLOGY

02/17/2026	Special Investigation Intake 2026A1024019
02/17/2026	APS Referral
02/17/2026	Special Investigation Initiated – Telephone with Bureau of Fire Services (BFS) Inspector Jean-Christophe Sicard
02/17/2026	Contact - Telephone call made with administrator/licensee designee Nancy Stanton
02/17/2026	Contact - Telephone call made with APS Specialist Rebecca Karrar
02/18/2026	Contact - Telephone call made with licensee designee Nancy Stanton
02/19/2026	Contact - Document Received BFS <i>Inspection Report</i>
02/20/2026	Exit Conference with licensee designee Nancy Stanton
02/20/2026	Inspection Completed-BCAL Sub. Compliance
02/20/2026	Corrective Action Plan Requested and Due on 2/27/2026
02/23/2026	Corrective Action Plan Received
02/23/2026	Corrective Action Plan Approved

**ALLEGATION: Facility has not maintained the premises and received a disapproved fire safety rating.**

**INVESTIGATION:**

On 2/17/2026, a special investigation was opened after Licensing and Regulatory Affairs- Bureau of Community and Health Systems received notice that this facility has not maintained the premises and received a disapproved fire safety rating during the most recent fire safety inspection.

On 2/17/2026, I conducted an interview with BFS Inspector Jean-Christophe Sicard who stated that he has been working with licensee designee Nancy Stanton since November 2025 to make corrections to deficiencies that were found at his last fire safety inspection however no corrections have been made as of yet. BFS Inspector Sicard stated that even more deficiencies were discovered in his most recent inspection therefore a disapproval rating was given. BFS Inspector Jean-Christophe Sicard stated that Nancy Stanton indicated to him that she could not make the repairs due to financial reasons and plans to close her license.

On 2/17/2026, I conducted an interview with administrator/licensee designee Nancy Stanton who stated that she has not been able to fix repairs to her sprinkler system and water pump as required by BFS due to not having enough residents to financially afford the corrections. Nancy Stanton further stated she is unsure when she will be able to afford to correct the sprinkler system, therefore, she will start issuing discharge notices to all eight residents.

On 2/17/2026, I conducted an interview with APS Specialist Rebecca Karrar who stated that she will work with Nancy Stanton to ensure that all her residents are relocated timely to a safe destination.

On 2/18/2026, I spoke with Nancy Stanton who stated that five residents have been relocated as of 2/17/2026 and the other three residents are scheduled to relocate from the facility by 1pm. Nancy Stanton stated that all the residents were able to go with family or to nearby adult foster care settings without incident.

On 2/19/2026, I reviewed the BFS *Inspection Report* which stated that a fire safety re-check annual inspection was completed on 2/17/2026 which received a disapproved fire safety certification for the following deficiencies:

- Fire alarm panel was turned off and not operational.
- It should be noted that an onsite annual fire safety inspection was conducted on 1/8/26 and at that time the required sprinkle system inspection and testing records were not available for review.

- It should also be noted, on 1/14/2026, BFS received an email containing the sprinkler contractor’s annual sprinkler system inspection report and the report identified 6 deficiencies with the sprinkler system.
- On 2/17/2026, a reinspection was conducted at the facility, and the sprinkler system had not been repaired, and the fire alarm panel was shut down. The licensee designee stated that she does not have the financial resources to complete the necessary repairs.

<b>APPLICABLE RULE</b>	
<b>R 400.647</b>	<b>Safety and maintenance of premises.</b>
	<b>(1) A facility must be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.</b>
<b>ANALYSIS:</b>	Based on my investigation which included interviews with BFS Inspector Jean-Christophe Sicard, licensee designee Nancy Stanton, review of the facility’s <i>BFS Inspection Report</i> , there are substantial deficiencies with the facility’s fire protection system leaving all residents vulnerable in the event of a fire. According to BFS Inspector Sicard, he has been working with Nancy Stanton since November 2025 to correct the deficiencies found at her annual fire safety inspection however corrections were not made, therefore, the facility received a disapproved fire safety rating on 2/17/2026. According to the BFS inspection report the facility’s fire alarm panel is not operational and turned off. In addition, the facility’s sprinkler system is in need of major repairs. Licensee designee Nancy Stanton stated that due to financial reasons she has not been able to make any corrections required by BFS and would like to voluntarily close her license. All residents were discharged shortly after this investigation commenced due to the fire safety system not being maintained to assure the safety and well-being of residents.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

On 2/20/2026, I conducted an exit conference with licensee designee Nancy Stanton. I informed Ms. Stanton of my findings and allowed her an opportunity to ask questions and make comments. On 2/23/2026, I approved an acceptable corrective action plan which included a request from the licensee designee to close her license.

**IV. RECOMMENDATION**

An acceptable corrective action plan of closing the license has been received. All residents have been discharged and moved from the facility. I recommend the voluntary closure of this license.



Ondrea Johnson  
Licensing Consultant

2/27/2026  
Date

Approved By:



02/27/2026

Dawn N. Timm  
Area Manager

Date