



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

April 1, 2026

Michael Fields  
Advanced Teaching Concepts Inc  
P.O. Box 158  
South Lyon, MI 48178

RE: License #: AS630075843  
Investigation #: 2026A0612018  
Oakland Home

Dear Mr. Fields:

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 (248) 972-9136.

Sincerely,

A handwritten signature in cursive script that reads "Johnna Cade".

Johnna Cade, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(248) 302-2409

enclosure

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

**I. IDENTIFYING INFORMATION**

|                                       |  |
|---------------------------------------|--|
| <b>License #:</b>                     | AS630075843                                |
| <b>Investigation #:</b>               | 2026A0612018                               |
| <b>Complaint Receipt Date:</b>        | 02/20/2026                                 |
| <b>Investigation Initiation Date:</b> | 02/23/2026                                 |
| <b>Report Due Date:</b>               | 04/21/2026                                 |
| <b>Licensee Name:</b>                 | Advanced Teaching Concepts Inc             |
| <b>Licensee Address:</b>              | 60674 Russell Lane<br>South Lyon, MI 48178 |
| <b>Licensee Telephone #:</b>          | (248) 486-5368                             |
| <b>Administrator:</b>                 | Michael Fields                             |
| <b>Licensee Designee:</b>             | Michael Fields                             |
| <b>Name of Facility:</b>              | Oakland Home                               |
| <b>Facility Address:</b>              | 231 S Adams<br>Rochester Hills, MI 48309   |
| <b>Facility Telephone #:</b>          | (248) 375-8039                             |
| <b>Original Issuance Date:</b>        | 11/13/1997                                 |
| <b>License Status:</b>                | REGULAR                                    |
| <b>Effective Date:</b>                | 03/28/2025                                 |
| <b>Expiration Date:</b>               | 03/27/2027                                 |
| <b>Capacity:</b>                      | 4  |
| <b>Program Type:</b>                  | DEVELOPMENTALLY DISABLED                   |

## II. ALLEGATION(S)

|  | <b>Violation<br/>Established?</b> |
|--|-----------------------------------|
| The home has failed to seek medical care for Resident A despite severe weight loss, mobility decline and other serious health concerns.                                  | Yes                               |
| Resident B's medications are not being administered as prescribed.   | No                                |
| <ul style="list-style-type: none"> <li>• Sometimes the residents do not have food or drinks in the home.</li> <li>• At times the home is out of toilet paper.</li> </ul> | No                                |
| Additional Findings  | Yes                               |

## III. METHODOLOGY

|            |  |
|------------|--|
| 02/20/2026 | Special Investigation Intake<br>2026A0612018   |
| 02/23/2026 | Special Investigation Initiated - Letter Referral sent to Oakland Community Health Network (OCHN) - Office of Recipient Rights (ORR) via email.  |
| 02/24/2026 | Inspection Completed On-site<br>I completed an unscheduled onsite investigation. I interviewed home manager Brandi Belbeck, direct care staff Tierra Baker, Resident A and Resident B. |
| 02/24/2026 | Contact - Document Received<br>While onsite I obtained copies of relevant facility documentation.  |
| 03/06/2026 | APS Referral<br>Referral made to Adult Protective Services (APS) via Centralized Intake. APS opened an investigation.  |
| 03/11/2026 | Contact - Telephone call made<br>Telephone interviews completed with Direct Care Staff 1 and direct care staff Velnitta Anderson.  |

|            |   |
|------------|---|
| 03/25/2026 | Contact - Telephone call made<br>Telephone interview completed with home manager Brandi Belbeck.  |
| 03/27/2026 | Contact - Document Received<br>Home manger Brandi Belbeck provided proof of Resident A's medical appointments and lab work via email and fax. |
| 03/30/2026 | Contact – Telephone call made<br>Telephone interview completed with Easter Seals MORC dietician Josh Woodhull.                                |
| 04/01/2026 | Exit Conference<br>I placed a telephone call to licensee designee Michael Fields to conduct an exit conference.                               |

**ALLEGATION:**

**The home has failed to seek medical care for Resident A despite severe weight loss, mobility decline and other serious health concerns.**

**INVESTIGATION:**

On 02/20/26, I received an anonymous intake that in summary indicated Resident A has always been able to walk and now she can barely walk and she is not herself. Resident A has dropped massive weight and has blood in her urine. Home manager Brandi Belbeck has not taken her to the doctor. Resident A does not have family in her life, and I fear that is why she has been treated this way. She rarely eats and her teeth are falling out. Resident B has a behavior diagnosis and home manager Brandi Belbeck is picking and choosing when to give Resident B her medicine and I do not feel like that is right. Resident B does not receive all her medications however they are signed for as if they were administered to her. Additionally, sometimes the residents do not have food or drinks in the home, there are very limited groceries. At times the home is out of things such as toilet paper as well.

On 02/23/26, I initiated my investigation by making a referral to Oakland Community Health Network (OCHN) – Office of Recipient Rights (ORR) via email. The investigation is assigned to Recipient Rights Specialist Rishon Kimble.

On 02/24/26, I completed an unannounced onsite investigation. I interviewed home manager Brandi Belbeck, direct care staff Tierra Baker, Resident A and Resident B.

On 02/24/26, and 03/25/26, I interviewed home manager Brandi Belbeck. Ms. Belbeck stated in December 2025 (exact date unknown), she took Resident A to her primary care physician for a physical. During that appointment she expressed to the doctor that Resident A had been experiencing changes with her vision and changes in the way that she is walking. It is believed that Resident A may have a cataract in her eye. Which may be impacting her gait while walking. Ms. Belbeck stated she was advised by Resident A's primary care doctor to take her to an eye doctor for further evaluation. Ms. Belbeck stated in January 2026 (exact date unknown) she made an appointment for Resident A to go to Michigan Eye Institute (appointment date unknown). However, Resident A began to experience issues with her teeth. Resident A's mouth is hurting and one of her teeth fell out. As such, on 02/24/26, Ms. Belbeck called to reschedule Resident A's appointment at the Michigan Eye Institute as she believed Resident A would not be willing/ able to properly participate in the appointment due to the pain she was experiencing with her mouth. The appointment was rescheduled for 03/06/26.

Ms. Belbeck stated on 03/06/26, Resident A completed the appointment with Michigan Eye Institute. She was diagnosed with multiple cataracts. However, to determine if surgery is appropriate more extensive testing is required. Ms. Belbeck stated she contacted Resident A's guardian who agreed to allow additional testing.

Ms. Belbeck stated in December 2025, at the appointment with Resident A's primary care physician the doctor advised that Resident A's teeth were detreating. Ms. Belbeck stated on 02/20/26 she began calling around to find a dentist, but she could not find a dentist that was willing to sedate Resident A, which is necessary because she would not willingly participate in cleaning. On 02/23/26, Ms. Belbeck contacted U of M dental. However, no appointment was scheduled.

Ms. Belbeck stated Resident A was working with Easter Seals MORC dietician Josh Woodhull. Mr. Woodhull recommended that Resident A go to the Metabolic Clinic. Ms. Belbeck stated she called and was informed that the Metabolic Clinic was not accepting new patients. They referred her to the U of M Metabolic Clinic. Resident A had an appointment at the U of M Metabolic Clinic on 03/20/26. They completed lab work and she met with a dietician.

Ms. Belbeck stated as of 03/25/26, there have been no appointments made to address Resident A's dental care needs; however, it is the plan that Resident A will receive dental care from the U of M Metabolic Clinic. While at her appointment on 03/20/26, Ms. Belbeck stated she discussed Resident A's need for dental care with the physician.

On 02/24/26, I interviewed direct care staff Tierra Baker. Ms. Baker stated she has worked at this home since 2021. She is part-time and comes in three times a week. Ms. Baker stated Resident A is definitely different lately. Ms. Baker explained that Resident A seems to be experiencing changes to her vision, and she has noticed changes to her

gait while walking. Ms. Baker stated when she speaks to Resident A it seems as though Resident A hears her and she looks around but she does not seem to know what is going on. Ms. Baker stated she believes that the changes to Resident A's vision may be impacting her gait and causing issues while walking. Ms. Baker stated Resident A used to walk around the house freely, often going in and out of the bathroom multiple times now, she no longer does that. Ms. Baker stated she started noticing the changes in Resident A after November 2025. Ms. Baker stated she read in the staff log that Resident A lost a tooth, and she noticed that she is not eating as much as she used to. Ms. Baker stated she did not witness Resident A's tooth fall out and she did not notice the tooth missing from Resident A's mouth.

On 02/24/26, I interviewed Resident A. Resident A was sitting on the couch in the living room. She did not make eye contact when spoken to and she did not respond to interview questions asked.

On 02/24/26, I interviewed Resident B. Resident B spoke about weekend plan and going to visit her family. Resident B showed me her shoes. Resident B stated she likes living in this home and she has no issues or concerns.

On 03/11/26, in collaboration with Recipient Rights Specialist Rishon Kimble I completed a telephone interview with Direct Care Staff 1 (DCS1), whose name is coded in this report as she requested to remain anonymous. DCS1 stated she has worked at this home for five years. Resident A has lived in this home for four years. Since living in the home Resident A has never been to the dentist. DCS1 stated roughly 4 – 6 months ago, on two separate occasions, Resident A's teeth have fallen out. Once while she was brushing her teeth and another time, she found one of her teeth in the couch. DCS1 stated she informed home manager Ms. Belbeck and documented in Resident A's Health Care Chronological. The home manager, Ms. Belbeck, said that she would try to get Resident A into the dentist, but an appointment was never made. DCS1 stated Resident A's dental issues appeared to be causing her pain as evidence by her grunting and hitting herself in the head. DCS1 stated Resident A is also experiencing changes to her vision. She used to walk independently. Now, she is unsteady and falls while walking. DCS1 stated Resident A used to feed herself. Now, she requires staff to feed her. When staff feed her, she cannot see the utensils coming towards her mouth, so staff have to touch her lips with the spoon so that she knows to open her mouth. DCS1 stated in November 2025, Resident A was seen by a dietician who recommended that she be taken to the Metabolic Clinic however, no appointment has been scheduled. DCS1 stated the dietician said he was working with home manager, Ms. Belbeck, to schedule the appointment. The dietician came back in February 2026; no appointment had been made. It was again indicated that Ms. Belbeck would schedule the appointment. DCS1 stated Resident A has experienced dramatic weight loss. When she

moved into the home, she weighed 250 lbs., she was weighed two weeks ago and she weighed 104 lbs.

On 03/11/26, in collaboration with Recipient Rights Specialist Rishon Kimble I completed a telephone interview with Direct Care Staff Velnitta Anderson. Ms. Anderson stated she has worked at this home for three years. Ms. Anderson stated during the three years she has worked at this home she has never heard of Resident A going on a doctor or dentist's appointment. Ms. Anderson stated when she started her employment at this home Resident A was alert, she would walk to the bathroom independently, and she had a good appetite. Now, Resident A appears to be losing weight, her teeth are falling out, she has stopped walking independently and she does not eat. Ms. Anderson stated Resident A worked with a dietician who recommended she be taken to the Metabolic Clinic however, an appointment was never made. Ms. Anderson stated she was informed by the assistance home manager that Resident A's tooth fell out. Ms. Anderson said that she observed two of Resident A's teeth in a plastic bag. Ms. Anderson stated Resident A will no longer allow her to brush her teeth, she slaps her hand away.

On 03/30/26, I interviewed Easter Seals MORC dietician Josh Woodhull via telephone. Mr. Woodhull stated his first visit with Resident A was on 11/12/25, he completed a nutrition assessment. Mr. Woodhull stated the referral for dietician service indicated that Resident A has a diagnosis of phenylketonuria (PKU) however, upon moving into the home in 2022, this was never disclosed to the provider, and it was not documented in any of her records. As such, Resident A was receiving a regular diet, she did not have specialized dietician services, and she was not linked with a metabolic clinic which is a necessity with a diagnosis of PKU. Mr. Woodhull stated at his appointment on 11/12/25, he recommended to home manager Brandi Belbeck that Resident A be taken to Detroit Metabolic Clinic and provided education on PKU. Mr. Woodhull stated a month later he had not received any updates, so he followed up with Ms. Belbeck. Ms. Belbeck stated that Detroit Metabolic Clinic was not accepting new patients, but they referred her to U of M Metabolic Clinic.

Mr. Woodhull stated his second visit with Resident A was on 02/18/26. During the appointment Ms. Belbeck was on the phone with U of M Metabolic Clinic. The next day, 02/19/26, Mr. Woodhull followed up with Ms. Belbeck via text message to inquire if an appointment was made. Ms. Belbeck said she was working to determine if a referral was needed by Resident A's primary care physician. Mr. Woodhull acknowledged and offered to provide support if needed. Mr. Woodhull stated following this correspondence he then did not hear from Ms. Belbeck for a little while. Mr. Woodhull received notification that Resident A was hospitalized at the end of February 2026, he reached out to Ms. Belbeck on 03/18/26, and inquired if Resident A was ever connected with U

of M Metabolic Clinic. Ms. Belbeck stated they had an appointment scheduled for 03/20/26.

Mr. Woodhull stated when Resident A moved into the home, she was 250 + lbs., while living in the home she lost a lot of weight. This is because the home is feeding her healthy balanced meals as opposed to high calorie, processed foods. Mr. Woodhull stated he did not have concerns regarding Resident A's weight loss. In November 2025, Resident A's BMI was within normal limits. Mr. Woodhull stated in between his first and second visit with Resident A she lost weight, which was not necessarily the goal, so he knows that Resident A's eating was not as good. Mr. Woodhull stated at his first visit staff reported Resident A was eating well. However, at the second visit there were reports that Resident A's eating was slowing down. Mr. Woodhull remarked, "that is why I was really trying to make sure she got into a metabolic clinic because if she is not on the right diet, it is all interconnected." Mr. Woodhull stated it was further reported to him that Resident A was having a hard time waking. He further remarked that he noticed Resident A was missing teeth, but it was not mentioned to him that her teeth had fallen out.

I reviewed Resident A's Health Care Chronological (HCC's) for December 2025 and February 2026. The December 2025 HCC did not provide any documentation relevant to this investigation. There was no HCC's onsite for January 2025. The following information was relevant:

On 02/20/26, while staff was brushing Resident A's teeth one of her teeth fell out.

On 02/20/26, management began calling to find dental care.

On 02/23/26, management called U of M dental.

On 02/24/26, management called to reschedule eye appointment. Appointment rescheduled for 03/06/26 at 3:00 pm.

I reviewed Resident A's weight records. In January 2025 Resident A weighed 150 lbs. In November 2025 Resident A weighed 123 lbs. This shows a 27 lb. weight loss for the year. There were no weights on file after November 2025.

I reviewed Resident A's health care appraisal dated 11/01/2024. There was no health care appraisal on file for 2025. Although home manager Ms. Belbeck stated that she took Resident A to her primary care doctor for the appointment there was no documentation on file to reflect this.

On 02/27/26, home manger Brandi Belbeck provided documentation via email of an appointment summary for Resident A's appointment with Michigan Medicine on 03/20/26 (inclusive of lab results), an appointment record dated 03/10/26 with Resident

A's physician and proof of lab work completed 02/25/26 – 02/28/26. All of this medical contact occurred after the initiation of this investigation and after the unannounced onsite inspection.

| <b>APPLICABLE RULE</b> |   |
|------------------------|---|
| <b>R 400.689</b>       | <b>Resident health care.</b>  |
|                        | <b>(1) A licensee, with a resident's cooperation, shall follow the instructions and recommendations of a resident's physician or other designated health care professional.</b>   |
| <b>ANALYSIS:</b>       | <p>Based upon the information gathered during this investigation there is sufficient information to conclude that the instructions and recommendations of Resident A's physician and Easter Seals MORC Dietician were not followed.</p> <p>Easter Seals MORC Dietician Josh Woodhull stated during his appointment with Resident A on 11/12/25, he recommended to home manager Brandi Belbeck that Resident A be taken to Detroit Metabolic Clinic. Mr. Woodhull stated a month later he had not received any updates, so he followed up with Ms. Belbeck. Ms. Belbeck stated that Detroit Metabolic Clinic was not accepting new patients, but they referred her to U of M Metabolic Clinic. During Mr. Woodhull's second visit with Resident A on 02/18/26, an appointment had not been made with the U of M Metabolic Clinic. Mr. Woodhull stated he followed up with Ms. Belbeck again on 03/18/26 and she stated they had an appointment scheduled for 03/20/26. Mr. Woodhull said that due to Resident A's diagnosis of phenylketonuria (PKU) it is imperative that she receives care from a metabolic clinic. This appointment was not scheduled until approximately 4 months after Mr. Woodhull's recommendation was made, which was also after I completed an onsite inspection on 02/24/26.</p> <p>Home manager Brandi Belbeck stated in December 2025 she took Resident A to her primary care physician for a physical. During that appointment she expressed to the doctor that Resident A had been experiencing changes with her vision and changes in the way that she is walking. Ms. Belbeck stated it was advised by Resident A's primary care doctor to take her to</p> |

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|                    | <p>an eye doctor for further evaluation of possible cataracts. During this appointment Resident A's primary care physician further advised that Resident A's teeth were detreating and follow up with a dentist was recommended.</p> <p>Per Ms. Belbeck Resident A has yet to receive dental care despite reports of her teeth falling out.</p> <p>Ms. Belbeck stated in January 2026 (exact date unknown) she made an appointment for Resident A to go to the Michigan Eye Institute. Ms. Belbeck was unable to provide the date of the appointment and there was no written documentation that reflects the date of this appointment in Resident A's record. At the time of the onsite inspection completed on 02/24/26, Resident A had not been seen for an eye appointment to address possible cataracts.</p> |
| <b>CONCLUSION:</b> | <b>VIOLATION ESTABLISHED</b>  |

**ALLEGATION:**

- **Sometimes the residents do not have food or drinks in the home.**
- **At times the home is out of toilet paper.**

**INVESTIGATION:**

The anonymous intake in summary indicated that sometimes the residents do not have food or drinks in the home, there are very limited groceries. At times the home is out of things such as toilet paper as well.

On 02/24/26, I completed an unscheduled onsite investigation. I interviewed home manager Brandi Belbeck, direct care staff Tierra Baker, Resident A and Resident B. While onsite I observed the home to be generously stocked with a variety of foods including fruits, vegetables, meats, dairy, and a variety of pantry items. The home also had a surplus of cleaning supplies (soap, laundry soap, disinfectants), paper products (toilet paper, paper towel, baby wipes, adult briefs, etc.).

On 02/24/26 and 03/25/26, I interviewed home manager Brandi Belbeck. Ms. Belbeck stated she does majority of the grocery shopping for this home. If there are ever any items running low and she cannot make it to the store licensee designee Mike Fields will place an order for delivery. Ms. Belbeck stated the home has never been without food or beverages. There have been occasions when staff inform her that they are using the

last roll of paper towels or toilet paper, however, Ms. Belbeck stated the home has a surplus of wipes that can be used when toileting residents in the event of an emergency.

On 02/24/26, I interviewed direct care staff Tierra Baker. Ms. Baker stated she has never observed the home to be out of food, drinks and/or paper products. Ms. Baker stated there are times when the home may be running low because it is time to go shopping, but the house is never without these items.

On 02/24/26, I interviewed Resident A. Resident A was sitting on the couch in the living room. She did not make eye contact when spoken to and she did not respond to interview questions asked.

On 02/24/26, I interviewed Resident B. Resident B spoke about weekend plan and going to visit her family. Resident B showed me her shoes. Resident B stated she likes living in this home and she has no issues or concerns.

On 03/11/26, in collaboration with Recipient Rights Specialist Rishon Kimble I completed a telephone interview with Direct Care Staff 1 (DCS1). DCS1 stated grocery shopping is completed by home manager, Ms. Belbeck or a staff that she assigns to shop. The refrigerator is often empty, and Ms. Belbeck does not go shopping until staff tell her what is needed, pay day, or the boss is coming to the home. DCS1 stated there have been times when the home does not have the ingredients to pack the residents' lunch. DCS1 stated in the past the home often ran out of paper products, however, lately the home has been well stocked.

On 03/11/26, in collaboration with Recipient Rights Specialist Rishon Kimble I completed a telephone interview with direct care staff Velnitta Anderson. Ms. Anderson stated the home is often low on food until pay day or if the owner is coming. Ms. Anderson stated the home regularly has ingredients to make salads, puddings, apple sauce and snack bars, but they do not have a variety of snacks available for the residents. Ms. Anderson stated about once a month the home runs out of toilet paper, paper towels, and/or laundry soap.

| <b>APPLICABLE RULE</b> |  |
|------------------------|--|
| <b>R 400.663</b>       | <b>Nutrition; adoption by reference.</b>   |
|                        | <b>(1) A licensee shall provide daily a minimum of 3 nutritious meals to residents.</b>  |
| <b>ANALYSIS:</b>       | Based upon the information gathered during this investigation there is insufficient information to conclude that residents do not have access to 3 nutritious meals per day. On 02/24/26, I completed an unannounced onsite investigation the home was |

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|--------------------|---|
|                    | <p>generously stocked with a variety of foods including fruits, vegetables, meats, dairy, and a variety of pantry items.</p> <p>Although DCS1 stated the refrigerator is often empty and there have been times when the home does not have the ingredients to pack the residents' lunch. Statements obtained during interviews with other staff members suggest otherwise.</p> <p>Home manager Brandi Belbeck denied the allegation stating she does majority of the grocery shopping for this home. If there are ever any items running low and she cannot make it to the store licensee designee Mike Fields will place an order for delivery. Ms. Belbeck stated the home has never been without food or beverages.</p> <p>Direct care staff Tierra Baker denied the allegation stating she has never observed the home to be out of food or drinks. Ms. Baker stated there are times when the home may be running low because it is time to go shopping, but the house is never without these items.</p> <p>Direct care staff Velnitta Anderson stated she has observed the home running low on food, but they regularly have ingredients to make salads, puddings, apple sauce and snack bars.</p> |
| <b>CONCLUSION:</b> | VIOLATION NOT ESTABLISHED   |

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|------------------------|--|
| <b>APPLICABLE RULE</b> |  |
| <b>R 400.677</b>       | <b>Resident hygiene, clothing.</b>   |
|                        | <b>(2) A licensee shall ensure the resident receives or has (d)Availability of all the following resident hygiene supplies: (viii) Toilet paper.</b>   |
| <b>ANALYSIS:</b>       | <p>Based upon the information gathered during this investigation there is insufficient information to conclude the residents do not have access to hygiene supplies such as toilet paper.</p> <p>Although Direct care staff Velnitta Anderson stated about once a month the home runs out of toilet paper, paper towels, and/or laundry soap information gathered from interviews with other staff members suggest otherwise.</p> <p>DCS1 stated in the past that the home often ran out of paper products however, lately the home has been well stocked. Home manager Brandi Belbeck denied the allegation stating there have been occasions when staff inform her that they are using the last roll of paper towels or toilet paper. However, Ms.</p> |

|                    |   |
|--------------------|---|
|                    | <p>Belbeck stated the home has a surplus of wipes that can be used when toileting residents in the event of an emergency. Direct care staff Tierra Baker denied the allegation stating she has never observed the home to be out of paper products. On 02/24/26, I completed an unscheduled onsite investigation the home had a surplus of cleaning supplies (soap, laundry soap, disinfectants), and paper products (toilet paper, paper towel, baby wipes, adult briefs, etc.).</p> |
| <b>CONCLUSION:</b> | <b>VIOLATION NOT ESTABLISHED</b>  |

**ALLEGATION:**

**Resident B’s medications are not being administered as prescribed.**

**INVESTIGATION:**

The anonymous intake in summary indicated Resident B has a behavior diagnosis and home manager Brandi Belbeck is picking and choosing when to give Resident B her medicine. Resident B does not receive all her medications however they are signed for as if they were administered to her.

On 02/24/26, I completed an unscheduled onsite investigation. I interviewed home manager Brandi Belbeck, direct care staff Tierra Baker, Resident A and Resident B. While onsite I reviewed Resident B’s medications. Resident B’s scheduled medications are administered from single daily packages, packaged by the pharmacy. Resident B is prescribed **Lorazepam 0.5 Mg** – the instructions state *take one tablet by mouth twice a day as needed for anxiety (every 12 hours as needed. Not to exceed 2MG in a 24-hour period)*. These medications are in a bubble pack. I also reviewed Resident A’s February 2026 Medication Administration Record (MAR). Per the MAR Lorazepam 0.5 Mg was administered to Resident A on the following dates/ times:

8:00 am – 02/03, 02/04, 02/05, 02/06, 02/07, 02/14, 02/24

8:00 pm – 02/06, 02/08, 02/09, 02/11, 02/17, 02/18, 02/23

On 02/24/26, and 03/25/26, I interviewed home manager Brandi Belbeck. Ms. Belbeck denied the allegation, stating she would never pick and choose when to give Resident B her medicine. Ms. Belbeck stated Resident B’s medications are administered to her as they are prescribed. Ms. Belbeck emphasized the importance of Resident B’s medications being administered as prescribed due to her diagnosis of schizophrenia and the symptoms that could arise if her medications were not given to her correctly. Ms. Belbeck stated she has a strong relationship with Resident B, and she rarely has to administer Lorazepam as she can redirect Resident B and provide de-escalation in

times of heightened moods. Ms. Belbeck stated staff on the afternoon, and midnight shift more regularly administered Resident B's Lorazepam. Ms. Belbeck stated she provides education and helpful tips to the staff who administer Lorazepam on how to work more effectively with Resident B and follow her Individual Plan of Service. Ms. Belbeck stated she has also adjusted the schedule to add an additional staff on the morning shift to help Resident B with transitions, a time that she often struggles.

On 02/24/26, I interviewed direct care staff Tierra Baker. Ms. Baker stated Resident B has a PRN medication for anxiety. She and Ms. Belbeck do not often administer this medication to Resident B as they have a good relationship with Resident B and are able to manager her behaviors in other ways. However, other staff administer the medication to Resident B more often. This usually happens on the midnight shift.

On 02/24/26, I interviewed Resident A. Resident A was sitting on the couch in the living room. She did not make eye contact when spoken to and she did not respond to interview questions asked.

On 02/24/26, I interviewed Resident B. Resident B spoke about weekend plan and going to visit her family. Resident B showed me her shoes. Resident B stated she likes living in this home and she has no issues or concerns.

On 03/11/26, in collaboration with Recipient Rights Specialist Rishon Kimble I completed a telephone interview with Direct Care Staff 1 (DCS1). DCS1 stated Resident B is prescribed Lorazepam as needed. Home manager, Ms. Belbeck, does not feel that Resident B needs this medication. She feels that staff are not interacting with Resident B appropriately. DCS1 stated she has been "chewed out" by Ms. Belbeck for giving Resident B Lorazepam.

On 03/11/26, in collaboration with Recipient Rights Specialist Rishon Kimble I completed a telephone interview with direct care staff Velnitta Anderson. Ms. Anderson stated Resident B was prescribed Lorazepam at 4:00 pm. There were two staff who were untrained working on the afternoon shift, therefore, they could not pass medications (these staff are no longer employed at the facility). Home manager Ms. Belbeck was supposed to come in and pass the medication. Ms. Anderson stated that when she arrived home at 6:00 pm or 7:00 pm she would observe the 4:00 pm dose of lorazepam had not been passed. When she returned to shift the next day, the pills would be gone. It is unknown where the pills went.

| <b>APPLICABLE RULE</b> |   |
|------------------------|---|
| <b>R 400.675</b>       | <b>Resident medications.</b>  |
|                        | <b>(1) Medication must be given, taken, or applied as prescribed, ordered, or directed by an appropriately licensed health care professional.</b>   |
| <b>ANALYSIS:</b>       | Based upon the information gathered during this investigation there is insufficient information to conclude that Resident B's medications are not being administered to her as they are prescribed. Resident B is prescribed Lorazepam 0.5 Mg as needed for anxiety the medication can be administered to her upon the assessment of Resident B's anxiety level and at Resident B's and the staff's discretion. |
| <b>CONCLUSION:</b>     | <b>VIOLATION NOT ESTABLISHED</b>  |

**ADDITIONAL FINDINGS:**

**INVESTIGATION:**

On 02/24/26, I completed an unscheduled onsite investigation. I reviewed Resident A's file. I observed that the most recent health care appraisal on file was dated 11/01/2024. There was no health care appraisal on file for 2025.

| <b>APPLICABLE RULE</b> |  |
|------------------------|--|
| <b>R 400.685</b>       | <b>Resident admission; resident assessment plan; resident care agreement; health care appraisal.</b>   |
|                        | <b>(10) A resident or resident's designated representative shall provide a written health care appraisal or a medical discharge summary by an appropriate health care professional that is completed within the 90-day period before admission. A written health care appraisal must be completed at least annually thereafter. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be completed no later than 30 days after admission.</b> |

|                    |  |
|--------------------|--|
| <b>ANALYSIS:</b>   | Based upon my observation during the onsite inspection there is sufficient information to conclude Resident A did not have a health care appraisal onsite and available for review completed annually in 2025. |
| <b>CONCLUSION:</b> | <b>VIOLATION ESTABLISHED</b>   |

**INVESTIGATION:**

On 02/24/26, I completed an unscheduled onsite investigation. I observed that Resident A had no weight records on file for December 2025, January 2026, and February 2026.

On 04/01/26, I placed a telephone call to licensee designee Michael Fields to conduct an exit conference and review my findings. Mr. Fields acknowledged the rule violations and verbally agreed to submit a corrective action plan.

|                        |   |
|------------------------|---|
| <b>APPLICABLE RULE</b> |   |
| <b>R 400.691</b>       | <b>Resident records.</b>  |
|                        | <b>(1)A licensee shall complete and maintain a separate record for each resident that includes all of the following:</b><br><b>(g) Admission and monthly weight record.</b>                             |
| <b>ANALYSIS:</b>       | Based upon my observation during the onsite inspection there is sufficient information to conclude that Resident A's monthly weight was not recorded in December 2025, January 2026, and February 2026. |
| <b>CONCLUSION:</b>     | <b>VIOLATION ESTABLISHED</b>  |

**IV. RECOMMENDATION**

Contingent upon recipient of an acceptable corrective action plan I recommend no change to the status of the license.



04/01/2026

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Johnna Cade  
Licensing Consultant

Date

Approved By:



For

04/01/2026

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Denise Y. Nunn  
Area Manager

Date