GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 20, 2026

Darlene Brown
HCP HOMES LLC
2532 Kevern Way
Okemos, MI 48864

RE: License #: AS330412322
Investigation #: 2026A1033037
HCP HOMES

Dear Ms. Brown:

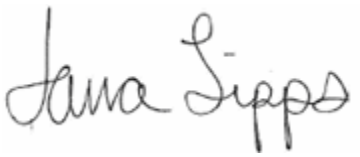
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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) 335-5985.

Sincerely,



Jana Lipps, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS330412322
Investigation #:	2026A1033037
Complaint Receipt Date:	05/18/2026
Investigation Initiation Date:	05/19/2026
Report Due Date:	07/17/2026
Licensee Name:	HCP HOMES LLC
Licensee Address:	2532 Kevern Way Okemos, MI 48864
Licensee Telephone #:	(248) 270-2831
Administrator:	Darlene Brown
Licensee Designee:	Darlene Brown
Name of Facility:	HCP HOMES
Facility Address:	738 N. Jenison Lansing, MI 48915
Facility Telephone #:	(248) 270-2831
Original Issuance Date:	08/29/2024
License Status:	REGULAR
Effective Date:	08/25/2025
Expiration Date:	08/24/2027
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. ALLEGATION(S)

	Violation Established?
Direct care staff members are not properly trained prior to providing independent care to residents.	Yes
Direct care staff members administer medications to residents prior to completing medication administration training.	Yes
Additional Findings	Yes

III. METHODOLOGY

05/18/2026	Special Investigation Intake 2026A1033037
05/19/2026	Special Investigation Initiated - On Site Inspection completed on-site. Interview conducted with licensee designee, Darlene Brown. Review of employee files initiated. Review of Resident A's MAR completed.
05/19/2026	APS Referral- No current suspicion of abuse, neglect, or exploitation.
05/19/2026	Inspection Completed-BCAL Sub. Compliance
05/19/2026	Exit Conference Conducted on-site with licensee designee, Darlene Brown.

ALLEGATION:

- **Direct care staff members are not properly trained prior to providing independent care to residents.**
- **Direct care staff members administer medications to residents prior to completing medication administration training.**

INVESTIGATION:

On 5/18/26 I received an online complaint regarding the HCP Homes, adult foster care facility (the facility). The complaint alleged that licensee designee, Darlene Brown, has hired a direct care staff member to provide independent care to residents and did not ensure this individual was properly trained prior to assumption of duties. The complaint further stated that this direct care staff member independently administered medications

to residents without proper medication administration training. This complaint was anonymous in nature, and a Complainant could not be interviewed for this investigation.

On 5/19/26 I conducted an on-site investigation at the facility. I interviewed Ms. Brown regarding the allegations. Ms. Brown reported that there is currently just one resident residing at the facility. Ms. Brown reported that she had a direct care staff member, Kimberly Watts, who worked for her until September 2025. She reported Ms. Watts is no longer covering shifts at the facility as Ms. Brown did not have adequate hours to provide to Ms. Watts. Ms. Brown reported that she had another direct care staff, Lateja McNeal, who was covering shifts for her up until March 2026. She reported that Ms. McNeal's employment was terminated in March 2026. Ms. Brown reported that she had employee files for these two individuals. I reviewed the employee files for Ms. Watts and Ms. McNeal and made the following observations:

- Ms. McNeal's employee file did not have documentation of completed cardiopulmonary resuscitation training. All other required trainings were documented.
- Ms. Watts' employee file contained documentation of all required trainings.

During the on-site investigation I requested to review the *Medication Administration Record* (MAR) for Resident A. Ms. Brown provided Resident A's MAR for April 2026 and May 2026 for my review. I made the following observations:

- The May 2026 MAR only contained documented medication administration performed by Ms. Brown.
- The April 2026 MAR contained initials "BG" on the date 4/1/26. The remaining dates were signed off on by Ms. Brown.

I inquired of Ms. Brown who "BG" is on the MAR. Ms. Brown reported that these initials are for individual, Briana Gonzales. She reported that she had Ms. Gonzales cover a couple shifts at the facility but could not offer her full employment due to low census and in turn did not fully hire Ms. Gonzales to be a direct care staff member. I inquired if Ms. Gonzales provided independent direct care to Resident A on 4/1/26. Ms. Brown reported that Ms. Gonzales did provide independent care to Resident A as Ms. Brown was not at the facility on this date. Ms. Brown acknowledged that she did not have an employee file for Ms. Gonzales, did not provide training for Ms. Gonzales, and did not fingerprint Ms. Gonzales prior to allowing her to provide independent care to Resident A.

Ms. Brown reported that due to the fact she has struggled to maintain a productive census at the facility she is planning to close the facility. She reported this information has already been shared with Resident A's designated representative and an alternate placement is being sought for Resident A.

APPLICABLE RULE	
R 400.629	**Direct care staff; qualifications and training.**
	(5) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be trained and competent in all of the following areas before performing assigned tasks independently: **(a) Reporting requirements.** **(b) First aid.** **(c) Cardiopulmonary resuscitation, which includes a hands-on demonstration as part of the training.** **(d) Personal care, supervision, and protection.** **(e) Resident rights.** **(f) Safety and fire prevention.** **(g) Prevention and containment of communicable diseases including recognizing signs of illness.** **(h) Food safety, which includes food storage, preparation, distribution, and serving in a safe manner.** **(i) Nutrition and special diets.**
ANALYSIS:	Based upon the interview conducted with Ms. Brown and review of the employee file for Ms. McNeal, it can be determined that Ms. Brown does not have current documentation of Ms. McNeal's cardiopulmonary resuscitation competency and has no documented trainings for Ms. Gonzales, even though Ms. Gonzales has worked independent shifts at the facility providing direct care to Resident A. Therefore, a violation has been established.
CONCLUSION:	**VIOLATION ESTABLISHED**

APPLICABLE RULE	
R 400.675	**Resident medications.**
	(4) A licensee, administrator, or direct care staff shall comply with the following when supervising the taking of medication by a resident: **(a) Be trained in the proper handling and administration of medication.**

ANALYSIS:	Based upon the interview conducted with Ms. Brown and review of Resident A's MAR for April 2026 it can be concluded that Ms. Gonzales signed that she administered medication to Resident A on 4/1/26 despite no current documentation of her competence to perform this task. Therefore, a violation has been established.
CONCLUSION:	**VIOLATION ESTABLISHED**

ADDITIONAL FINDINGS:

INVESTIGATION:

During the on-site investigation on 5/19/26 I interviewed Ms. Brown. Ms. Brown acknowledged that she did have Ms. Gonzales provide independent care to Resident A on 4/1/26 and did not have a complete employee file for Ms. Gonzales. Ms. Brown reported she did not have any of the required documentation for Ms. Gonzales including fingerprint results, a physical, communicable disease screening, direct care staff trainings, signed job description, verification of experience and education, reference checks. I also reviewed Ms. McNeal's employee file during the on-site investigation. Ms. McNeal's employee file was missing documentation of an employee health screening signed by a licensed physician and a communicable disease screening.

On 5/20/26 Ms. Brown sent a copy of Ms. Gonzales' employee application, via email, for my review. This application listed Ms. Gonzales' work history, education history, and completed reference checks. Ms. Brown also submitted a written request to close her adult foster care license in this email correspondence.

APPLICABLE RULE	
MCL 400.734b	**Employing or contracting with certain individuals providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; determination of existence of national criminal history; failure to conduct criminal history check; automated fingerprint identification system database; electronic web-based system; costs; definitions.**
	(3) An individual who applies for employment either as an employee or as an independent contractor with an adult foster care facility or staffing agency and who has not been the subject of a criminal history check conducted in compliance with this section shall give written consent at the time of application for the department of state police to

	conduct a criminal history check under this section, along with identification acceptable to the department of state police. If the individual has been the subject of a criminal history check conducted in compliance with this section, the individual shall give written consent at the time of application for the adult foster care facility or staffing agency to obtain the criminal history record information as prescribed in subsection (4) or (5) from the relevant licensing or regulatory department and for the department of state police to conduct a criminal history check under this section if the requirements of subsection (11) are not met and a request to the Federal Bureau of Investigation to make a determination of the existence of any national criminal history pertaining to the individual is necessary, along with identification acceptable to the department of state police. Upon receipt of the written consent to obtain the criminal history record information and identification required under this subsection, the adult foster care facility or staffing agency that has made a good-faith offer of employment or an independent contract to the individual shall request the criminal history record information from the relevant licensing or regulatory department and shall make a request regarding that individual to the relevant licensing or regulatory department to conduct a check of all relevant registries in the manner required in subsection (4). If the requirements of subsection (11) are not met and a request to the Federal Bureau of Investigation to make a subsequent determination of the existence of any national criminal history pertaining to the individual is necessary, the adult foster care facility or staffing agency shall proceed in the manner required in subsection (5). A staffing agency that employs an individual who regularly has direct access to or provides direct services to residents under an independent contract with an adult foster care facility shall submit information regarding the criminal history check conducted by the staffing agency to the adult foster care facility that has made a good-faith offer of independent contract to that applicant.
ANALYSIS:	A violation has been established as Ms. Brown failed to obtain a Michigan Workforce Background Check clearance for Ms. Gonzales prior to her providing independent direct care to Resident A.
CONCLUSION:	**VIOLATION ESTABLISHED**

APPLICABLE RULE	
R 400.631	**Health screenings.**
	(2) A licensee shall have on file a statement signed by a licensed physician or physician's designee attesting to the physical health of the licensee, staff, and members of the household. Statements for the licensee and administrator must be signed no more than 6 months before the issuance of a temporary license and at any other time requested by the department. Statements for staff and members of the household must be obtained within 30 days of employment start date, assumption of duties, or occupancy in the facility.
ANALYSIS:	A violation has been established as Ms. Brown did not provide documentation of a completed health screening signed by a licensed physician at the time of the on-site investigation for Ms. McNeal and Ms. Gonzales.
CONCLUSION:	**VIOLATION ESTABLISHED**

APPLICABLE RULE	
R 400.631	**Health screenings.**
	(5) A licensee shall maintain documentation of a baseline screening for communicable diseases and records of illness on hiring. Staff who have direct physical contact with residents or resident food may perform those duties only when they are noninfectious or when proper precautions are taken to prevent the spread of a communicable disease. A licensee shall follow a staff's health care professional or local health department guidance on controlling the spread of a communicable disease when identified.
ANALYSIS:	A violation has been established as Ms. Brown did not provide documentation of a completed communicable disease screening for Ms. McNeal or Ms. Gonzales at the time of the on-site investigation.
CONCLUSION:	**VIOLATION ESTABLISHED**

APPLICABLE RULE	
R 400.639	**Staff records.**
	(1) A licensee shall maintain a record for each staff that contains all of the following: **(a) Name, address, telephone number, and Social Security number.** **(b) Copy or number of a professional or vocational license, certification, or registration if staff provides professional or vocational services.** **(c) Copy of a driver's license if staff provide transportation services.** **(d) Verification of age.** **(e) Verification of experience, highest level of education completed, and training.** **(f) Verification of not less than 2 reference checks. If reference checks cannot be obtained, documentation verifying reference checks were attempted must be maintained.** **(g) Beginning and ending dates of employment on separation.** **(h) Health information as required by these rules.** **(i) Verification of the receipt by the staff of personnel policies and job descriptions**
ANALYSIS:	A violation has been established as Ms. Brown could not produce an employee file for Ms. Gonzales at the time of the on-site investigation. Ms. Brown reported that she allowed Ms. Gonzales to provide independent care to Resident A and did not keep an employee file for this individual.
CONCLUSION:	**VIOLATION ESTABLISHED**

IV. RECOMMENDATION

Contingent upon receipt of an approved corrective action plan the license will be closed at the written request of licensee designee, Darlene Brown.

5/20/26

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Jana Lipps Date
Licensing Consultant

Approved By:

05/20/2026

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Dawn N. Timm Date
Area Manager