GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 15, 2026

Kirt Stauffer
Birch Meadows AFC, LLC
710 N. Douglas Avenue
Three Rivers, MI 49093

RE: License #: AL750389345
Investigation #: 2026A1030040
Birch Meadows AFC, Inc.

Dear Mr. Stauffer:

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 (616) 356-0100.

Sincerely,

Nile Khabeiry, LMSW

Nile Khabeiry, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL750389345
Investigation #:	2026A1030040
Complaint Receipt Date:	06/30/2026
Investigation Initiation Date:	06/30/2026
Report Due Date:	08/29/2026
Licensee Name:	Birch Meadows AFC, LLC
Licensee Address:	710 N. Douglas Avenue Three Rivers, MI 49093
Licensee Telephone #:	(269) 528-3000
Administrator:	Kirt Stauffer
Licensee Designee:	Kirt Stauffer
Name of Facility:	Birch Meadows AFC, Inc.
Facility Address:	710 N. Douglas Avenue Three Rivers, MI 49093
Facility Telephone #:	(502) 649-1715
Original Issuance Date:	10/22/2018
License Status:	REGULAR
Effective Date:	04/21/2025
Expiration Date:	04/20/2027
Capacity:	20
Program Type:	AGED

II. ALLEGATION(S)

	Violation Established?
The facility made medication errors.	No
The facility removed medications from the original pharmacy containers and did not keep them in a secure location.	Yes
Staff falsified medication administration records.	No
Additional Findings	

III. METHODOLOGY

06/30/2026	Special Investigation Intake 2026A1030040
06/30/2026	APS Referral APS referral made
06/30/2026	Special Investigation Initiated - On Site
06/30/2026	Contact - Face to Face Interview with Megan Middleton
06/30/2026	Contact - Face to Face Interview with Zoey Miller
06/30/2026	Contact - Face to Face Interview with Rebecca Sturwold
06/30/2026	Contact - Face to Face Interview with Beth Jacobs
06/30/2026	Contact - Face to Face Interview with Kirt Stauffer
07/02/2026	Contact - Telephone call made Interview with Dena Bontrager
07/02/2026	Contact - Telephone call made Interview with Brenda Eggleston

07/02/2026	Contact - Telephone call made Interview with Donna Kelley
07/06/2026	Exit Conference Exit conference by phone
07/14/2026	Contact – Document received Received and reviewed the MAR for Resident A, B, C

ALLEGATION:

The facility made medication errors.

INVESTIGATION:

On 6/30/26, I conducted an onsite investigation and noted the door to the medication room was open. I also noted a basket on the desk that contained many seven-day medication containers labeled with various residents' names.

On 6/30/26, I interviewed direct care staff member (DCSM) Megan Middleton at the facility. Ms. Middleton reported she had worked at the facility for a year and a half. Ms. Middleton reported that she does not administer medication and denied that she was aware of any medication errors by other staff members.

On 6/30/26, I interviewed DCSM Zoey Miller at the facility. Ms. Miller reported that she administered medications and had been trained by the facility's nurse. Ms. Miller denied that the facility had a history of medication errors.

On 6/30/26, I interviewed Care Coordinator Rebecca Sturwold at the facility. Ms. Sturwold reported that she had worked at the facility for a little more than four years and was in charge of residents' medications. Ms. Sturwold reported that only select staff members administered medications and that they are all trained prior to ever administering medication. Ms. Sturwold denied that the facility had a reputation of medication errors.

On 6/30/26, I interviewed DCSM Beth Jacobs at the facility. Ms. Jacobs reported that she had not been trained to administer medications. Ms. Jacobs denied any knowledge of medications errors by the staff who administered medications to the residents.

On 6/30/26, I interviewed facility administrator, Kirt Stauffer at the facility. Mr. Stauffer indicated that there have not been medication errors as a result of their medication administration policies and that all staff who administer medications are thoroughly

trained. Mr. Stauffer reported that only a select number of staff members administered medications and are at an advanced level and receive higher compensation.

On 7/2/26, I interviewed staff members Dena Bontrager, Brenda Eggleston and Donna Kelley by phone. All three staff members indicated that they administered medications but denied that it was common that medication errors occurred.

On 7/14/2026, I received and reviewed the medication administration records (MAR) for Resident A, B and C and did not observe any medication errors.

APPLICABLE RULE	
R 400.675	**Resident medications.**
	(1) Medication must be given, taken, or applied as prescribed, ordered, or directed by an appropriately licensed health care professional.
ANALYSIS:	It was alleged that the facility made medication errors. Based on interviews, review of medication administration records and an on-site inspection this violation will not be established. During an on-site inspection and review of several medication administration records it was determined that the facility did not have a history of making medication errors while administering medications to the residents.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION:

The facility removed medications from the original pharmacy containers and did not keep them in a secure location.

INVESTIGATION:

I conducted an onsite investigation and noted the door to the medication room was open. I also noted a basket on the desk that contained many seven-day medication containers that were not supplied by the pharmacy and labeled with various residents' names.

I interviewed direct care staff member (DCSM) Megan Middleton at the facility. Ms. Middleton acknowledged that the medication room door is left open some of the time although she closed the door when she observed it being open.

I interviewed DCSM Zoey Miller at the facility. Ms. Miller acknowledged that the medication room is not always locked and agreed that it should be locked at all times. Ms. Miller also acknowledged that the residents' medications are taken from the original pharmacy bottles and placed in individual medication containers and placed in the medication cart to be dispensed to the residents.

I interviewed Care Coordinator Rebecca Sturwold at the facility. Ms. Sturwold reported that she had worked at the facility for a little more than four years and is in charge of resident medications. Ms. Sturwold confirmed that the medications are delivered from the pharmacy and then placed in individual pill containers for each resident and then administered from the medication cart. Ms. Sturwold reported that this procedure was in place prior to her employment and she continued the practice as she was unaware that it is required that medications be kept in the original pharmacy containers.

I interviewed facility administrator, Kirt Stauffer at the facility. Mr. Stauffer acknowledged that the facility had been utilizing individual medication containers and that had been the procedure since they opened eight years ago. Mr. Stauffer denied knowing the administrative rule and agreed that their procedure goes against the rule and would change their procedure to come into compliance.

I interviewed staff members Dena Bontrager, Brenda Eggleston and Donna Kelley by phone. All three staff members indicated that they administer medications and confirmed what had been related to me about medications being took out of the original pharmacy containers and placed in a different container prior to the administration of medications.

APPLICABLE RULE	
R 400.675	**Resident medications**
	(2) Prescribed medication must be kept in the original pharmacy container and labeled for a specific resident. Over-the-counter medication must be kept in the original manufacturer's container. Prescription and over-the-counter medication must be kept in a locked cabinet or drawer and refrigerated if required. Equipment necessary to administer a medication must be easily accessible and used only for the resident for whom it is prescribed unless generally used for all residents.

ANALYSIS:	It was alleged that the facility removed medications from the original pharmacy containers and did not keep them in a secure location. Based on interviews and observations, this violation will be established. On 6/30/26, I observed the medication room being open and accessible to anyone in the facility. In addition, I observed non-pharmacy, seven-day medication containers on the staff desk with names of the residents on the containers. The facility administrator acknowledged the allegations were accurate and agreed to update their medication administration procedures to become compliant with the administrative rule.
CONCLUSION:	**VIOLATION ESTABLISHED**

ALLEGATION:

Staff falsified medication administration records.

INVESTIGATION:

I interviewed direct care staff member (DCSM) Megan Middleton at the facility. Ms. Middleton reported that she did not administer medications, however denied ever being encouraged to fill out the medication administration record (MAR) for another staff member.

I interviewed DCSM Zoey Miller at the facility. Ms. Miller denied ever completing the electronic MAR for any other staff member as she was trained to initial the MAR after the medications had been administered.

I interviewed Care Coordinator Rebecca Sturwold at the facility and acknowledged that she is in charge of resident medications. Ms. Sturwold denied ever asking anyone to falsify the MAR or hearing about other staff members completing the MAR when they did not administer medications. I interviewed DCSM Beth Jacobs at the facility. Ms. Jacobs reported that she had never been asked to document anything on the MAR and to her knowledge that had never happened to any other staff member.

I interviewed staff members Dena Bontrager, Brenda Eggleston and Donna Kelley by phone. All three staff members are trained to administer medications however denied ever falsifying the MAR or encouraged other staff members to falsify the MAR.

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: **(b) Complete an individual medication log that contains all of the following:** **(v) Initials of the individual who administered the medication at the time given.**
ANALYSIS:	It was alleged that staff members falsified the medication administration records. Based on interviews, this violation will not be established. During interviews with staff members it was determined that the only staff members who administer medications are properly trained and had never falsified the MAR or encouraged other staff members to falsify the MAR.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

On 7/2/26, I shared the findings of the investigation with facility administrator, Kirt Stauffer by phone. Mr. Stauffer acknowledged the findings and agreed to submit a corrective action plan.

IV. RECOMMENDATION

Based on the submission of an acceptable corrective action plan, I recommend no change to the current license status.

Nile Khabeiry, LMSW

7/9/26

_____

Nile Khabeiry Date
Licensing Consultant

Approved By:

Russell Misiak

7/15/26

_____

Russell B. Misiak Date
Area Manager