



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

November 28, 2023

Kelli Kelley  
8376 S. 27 Rd.  
Cadillac, MI 49601

RE: License #: AF830413403  
Investigation #: 2024A0870003  
Cherry Grove Adult Foster Care

Dear Mrs. Kelley:

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 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 (231) 922-5309.

Sincerely,



Bruce A. Messer, Licensing Consultant  
Bureau of Community and Health Systems  
Suite 11  
701 S. Elmwood  
Traverse City, MI 49684  
(231) 342-4939

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF830413403
<b>Investigation #:</b>	2024A0870003
<b>Complaint Receipt Date:</b>	10/31/2023
<b>Investigation Initiation Date:</b>	11/01/2023
<b>Report Due Date:</b>	12/30/2023
<b>Licensee Name:</b>	Kelli Kelley
<b>Licensee Address:</b>	8376 S. 27 Rd. Cadillac, MI 49601
<b>Licensee Telephone #:</b>	(231) 383-5206
<b>Name of Facility:</b>	Cherry Grove Adult Foster Care
<b>Facility Address:</b>	8376 S. 27 Rd. Cadillac, MI 49601
<b>Facility Telephone #:</b>	(231) 383-5206
<b>Original Issuance Date:</b>	09/06/2022
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	03/06/2023
<b>Expiration Date:</b>	03/05/2025
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED

## II. ALLEGATION(S)

	Violation Established?
Licensee Kelli Kelley does not reside in the home.	No
The Licensee has not obtained criminal background checks on staff.	Yes
A 17-year-old girl works at the facility.	Yes
Staff have not had TB tests done.	Yes
Resident paperwork is not being done.	Yes
Resident medications are being set-up at night and are kept unlocked on the kitchen counter.	Yes

## III. METHODOLOGY

10/31/2023	Special Investigation Intake 2024A0870003
11/01/2023	Special Investigation Initiated - On Site Interview conducted with staff member Rachelle Haysmer.
11/01/2023	Contact - Telephone call made. Telephone interview with Licensee Kelli Kelley.
11/01/2023	Contact - Document Received Multiple facility records received via email from Kelli Kelley.
11/08/2023	Contact - Telephone call made. Telephone call with Kelli Kelley.
11/15/2023	Contact - Document Received Multiple documents received from Kelli Kelley.
11/27/2023	Inspection Completed-BCAL Sub. Non-Compliance
11/28/2023	Exit Conference Completed with Licensee Kelli Kelley.

**ALLEGATION: Licensee Kelli Kelley does not reside in the home.**

**INVESTIGATION:** On November 1, 2023, I conducted an unannounced on-site special investigation at the Cherry Grove AFC home, arriving at approximately 10:00 a.m. I met with staff member/responsible person Rachelle Haysmer, as Licensee Kelli Kelley was not present in the facility at the time and, per Ms. Haysmer, was “running errands.” I questioned Ms. Haysmer as to whether Ms. Kelley resides in the home. Ms. Haysmer stated that Ms. Kelley does reside in the home, and she accompanied me into the lower-level living area used by Ms. Kelly. I noted that this area of the home does indicate that someone is residing/sleeping in this part of the home. It is noted that the three residents of the facility all reside on the main/upper level of the home. Upon departing the home, I observed that the driveway contained fresh snow from overnight. I did not observe any car tracks or footprints in the snow, indicating that a vehicle had not arrived or left the home that morning. I also observed a car parked in the driveway, which had snow from overnight on it, giving the appearance that this car had been parked in the driveway all night.

On November 1, 2023, I spoke by telephone with Licensee Kelli Kelley. I informed her of the above stated allegation. Ms. Kelley stated that she does reside at the home. I asked her to email me documentation that the address of the AFC home is her “residence of record.” On November 2, 2023, Ms. Kelley emailed me photos of her driver’s license and voter registration card. Both noted the address of 8376 S. 27 Rd. Cadillac, which is the address of the AFC home.

I questioned Ms. Kelley regarding the lack of car tire tracks in the snow on the morning of November 1, 2023. She stated that although her residence is at the AFC home, 8376 S. 27 Rd. Cadillac, she occasionally will stay with her husband and children who reside at another location. Which was the case on the previous night. Ms. Kelley stated she does stay at the AFC home “at least five nights per week.”

<b>APPLICABLE RULE</b>	
<b>MCL 400.703</b>	<b>Definitions: A.</b>
	<b>(5) "Adult foster care family home" means a private residence with the approved capacity to receive at least 3 but not more than 6 adults to be provided with foster care. The adult foster care family home licensee must be a member of the household and an occupant of the residence.</b>

<b>ANALYSIS:</b>	Statements of Ms. Kelley and staff member/responsible person Rachelle Haysmer, along with documents provided by Ms. Kelley, note Ms. Kelley is an occupant of the household.
<b>CONCLUSION:</b>	VIOLATION NOT ESTABLISHED

**ALLEGATION:** The Licensee has not obtained criminal background checks on staff.

**INVESTIGATION:** Ms. Kelley stated that she currently has one staff member/responsible person, Rachelle Haysmer, working for her. I requested she provide me a copy of Ms. Haysmer's "eligibility letter" which would indicate that an appropriate criminal background check had been completed. Ms. Kelley emailed a copy of Ms. Haysmer "Consent and Disclosure" form dated October 11, 2023, and a receipt, dated November 2, 2023, from Identogo, the State of Michigan vendor providing fingerprint scanning. Later that same day, November 2, 2023, Ms. Kelley provided a copy of Ms. Haysmer's "eligibility letter." Ms. Kelley stated that Ms. Haysmer has been working, unaccompanied, in the AFC home since October 15, 2023.

<b>APPLICABLE RULE</b>	
<b>MCL 400.734b</b>	<b>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.</b>
	<b>(4) Upon receipt of the written consent to conduct a criminal history check and identification required under subsection (3), the adult foster care facility or staffing agency that has made a good-faith offer of employment or independent contract to the individual shall make a request to the department of state police to conduct a criminal history check on the individual and input the individual's fingerprints into the automated fingerprint identification system database, and shall make a request to the relevant licensing or regulatory department to perform a check of all relevant registries established according to federal and state law and regulations for any substantiated findings of abuse, neglect, or misappropriation of property. The request shall be made in a manner prescribed by the department of state police and the relevant licensing or</b>

	<p>regulatory department or agency. The adult foster care facility or staffing agency shall make the written consent and identification available to the department of state police and the relevant licensing or regulatory department or agency. Until June 30, 2020, if the department of state police or the Federal Bureau of Investigation charges a fee for conducting the criminal history check, the charge shall be paid by or reimbursed by the department. Until June 30, 2020, the adult foster care facility or staffing agency shall not seek reimbursement for a charge imposed by the department of state police or the federal bureau of investigation from the individual who is the subject of the criminal history check. Beginning July 1, 2020, if the department of state police or the Federal Bureau of Investigation charges a fee for conducting the criminal history check, the charge shall be paid by the adult foster care facility, the staffing agency, or the individual. The department of state police shall conduct a criminal history check on the individual named in the request. The department of state police shall provide the department with a written report of the criminal history check conducted under this subsection. The report shall contain any criminal history record information on the individual maintained by the department of state police.</p>
<b>ANALYSIS:</b>	<p>The Licensee, Kelli Kelley, failed make a request to the department of state police to conduct a criminal history check, and input the fingerprints into the automated fingerprint identification system database for Ms. Haysmer after Ms. Kelley made a good faith offer of employment to Ms. Haysmer on October 11, 2023.</p> <p>Ms. Kelley did subsequently have Ms. Haysmer submit fingerprints for a criminal background check on November 2, 2023, after being questioned and prompted to do so by this Consultant.</p>
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**ALLEGATION: A 17-year-old girl works at the facility.**

**INVESTIGATION:** Ms. Haysmer stated that another staff member (Minor-1) works in the AFC home every other weekend. She noted Minor-1 works by herself, with the facility residents, with no other staff members present. Ms. Haysmer stated she believes Minor-1 is 17 or 18 years old, but “isn’t sure.”

Ms. Kelley stated she has let Minor-1 work at the facility and acknowledged that Minor-1 is 17 years old. She further noted that Minor-1 has worked by herself in the facility, with residents, without any qualified staff members present. Ms. Kelley stated she “has no excuses” for allowing an underage, and ineligible, minor to work with the facility residents unaccompanied.

<b>APPLICABLE RULE</b>	
<b>R 400.1404</b>	<b>Licensee, responsible person, and member of the household; qualifications.</b>
	<b>(1) A licensee and responsible person shall not be less than 18 years of age.</b>
<b>ANALYSIS:</b>	Licensee Kelli Kelley allowed a person less than 18 years of age to work unaccompanied in the facility with AFC residents.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**ALLEGATION:** Staff have not had TB tests done.

**INVESTIGATION:** On November 1, 2023, I requested that Ms. Kelley send me a copy of staff member/responsible person Rachelle Haysmer’s proof of TB test results. On November 2, 2023, she emailed me a document showing that Ms. Haysmer had a TB test done that same day. On November 15, 2023, Ms. Kelley emailed a document showing that Ms. Haysmer’s TB test was read on November 5, 2023, with a “negative” result.

Ms. Kelly had previously stated that Ms. Haysmer was hired and began working unaccompanied with the AFC residents on October 15, 2023.

<b>APPLICABLE RULE</b>	
<b>R 400.1405</b>	<b>Health of a licensee, responsible person, and member of the household.</b>
	<b>(3) A licensee shall provide the department with written evidence that he or she and each responsible person in the home is free from communicable tuberculosis. Verification shall be within the 3-year period before employment and verification shall occur every 3 years thereafter.</b>



<b>ANALYSIS:</b>	The Licensee, Kelli Kelley, was unable to provide the department with written evidence, when requested to do so on November 1, 2023, that staff member/responsible person Rachelle Haysmer is free from communicable tuberculosis.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**ALLEGATION:** Resident paperwork is not being done.

**INVESTIGATION:** On November 1, 2023, I asked Ms. Kelley to provide me with copies of each of her residents' *Assessment Plan for AFC Residents (BCAL-3265)*, *Resident Care Agreement (BCAL-3266)* and their *Health Care Appraisal (BCAL-3947)*. Between November 1, 2023, and November 8, 2023, Ms. Kelley emailed copies of these documents for each of her three residents. It was noted that the *Assessment Plan for AFC Residents (BCAL-3265)* and the *Resident Care Agreement (BCAL-3266)* for Resident A were dated July 27, 2023, and July 28, 2023, respectively. Ms. Kelley noted that Resident A was admitted to the facility on July 20, 2023.

<b>APPLICABLE RULE</b>	
<b>R 400.1407</b>	<b>Resident admission and discharge criteria; resident assessment plan; resident care agreement; house guidelines; fee schedule; physician's instructions; health care appraisal.</b>
	<p><b>(2) A licensee shall not accept or retain a resident for care unless and until a resident assessment plan is made and it is determined that the resident is suitable pursuant to the following provisions:</b></p> <ul style="list-style-type: none"> <li><b>(a) The amount of personal care, supervision, and protection required by the resident is available in the home.</b></li> <li><b>(b) The kinds of services and skills required of the home to meet the resident's needs are available in the home.</b></li> <li><b>(c) The resident appears to be compatible with other residents and members of the household.</b></li> </ul> <p><b>(5) At the time of a resident's admission, a licensee shall complete a written resident care agreement which shall be established between the resident or the resident's designated representative, the responsible agency, and the licensee. A department form shall be used unless prior authorization for a substitute form has been granted in writing by the department. A resident shall be provided</b></p>

	<b>the care and services as stated in the written resident care agreement.</b>
<b>ANALYSIS:</b>	The Licensee, Kelli Kelley, accepted Resident A for admission on July 20, 2023, prior to completing an assessment for Resident A on July 27, 2023. She also failed to complete a written resident care agreement for Resident A at the time of Resident A's admission on July 20, 2023.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**ALLEGATION:** Resident medications are being set up at night and are kept unlocked on the kitchen counter.

**INVESTIGATION:** Upon my November 1, 2023, unannounced on-site investigation. I asked Ms. Haysmer how the resident medications are stored. Ms. Haysmer stated that the resident medications are "preset" in plastic weekly pill boxes and have the resident's name on them. Ms. Haysmer further noted that the prescription bottles with the remaining pills are kept in a locked box in a cabinet. I asked her to show me the "preset" medications and she escorted me to the kitchen where I observed three weekly pill boxes located on the counter and accessible to the facility residents, and any other person who might be in the home. Each pill box had a resident name handwritten on it and no other information. I observed what appeared, and what Ms. Haysmer described, as resident medication contained within each pill box. I asked Ms. Haysmer why the medications were kept on the kitchen counter, and she stated that this is "normal." She further noted, after I informed her of the licensing rules for medication storage, that she was unaware that this was not allowed.

Ms. Kelley stated that she does the "preset" of resident medication at the request of the resident family members. She noted that the facility residents often go on outings or overnight with family members and this way of medication storage allows the family members to easily take the medication with them.

<b>APPLICABLE RULE</b>	
<b>R 400.1418</b>	<b>Resident medications.</b>
	<b>(1) Prescription medication, including tranquilizers, sedatives, dietary supplements, or individual special medical procedures, shall be given or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy container which shall be labeled for the specific resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being ( 33.1101 et. seq. of the Michigan Compiled Laws.</b>

	<b>(5) Prescription medication shall be kept in the original pharmacy-supplied and pharmacy-labeled container, stored in a locked cabinet or drawer, refrigerated if required, and labeled for the specific resident.</b>
<b>ANALYSIS:</b>	<p>The Licensee is not keeping resident medications in the original pharmacy container, labeled for the specific resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being 33.1101 et. seq. of the Michigan Compiled Laws.</p> <p>The Licensee is not keeping resident medications in the original pharmacy-supplied and pharmacy-labeled container, stored in a locked cabinet or drawer, refrigerated if required, and labeled for the specific resident.</p>
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

On 11/28/2023, I conducted an exit conference with Licensee Kelli Kelley. I explained my findings to Ms. Kelley as noted above. Ms. Kelley stated she understood the findings and would submit a corrective action plan to address each area of rule noncompliance. I informed her of my recommendation as noted below. She had no further information to provide, or questions to ask, concerning this special investigation or this report.

#### IV. RECOMMENDATION

I recommend, contingent upon the submission of an acceptance corrective action plan, that the status of the license remain unchanged.



November 28, 2023

\_\_\_\_\_  
Bruce A. Messer, Licensing Consultant      Date

Approved By:



November 28, 2023

\_\_\_\_\_  
Jerry Hendrick, Area Manager      Date