



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

February 6, 2025

Timothy Adams  
Braintree Management, Inc.  
7280 Belding Rd. NE  
Rockford, MI 49341

RE: License #: AL340338193  
Investigation #: 2025A0466014  
Harrison House AFC

Dear Mr. Adams:

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) 284-9727.

Sincerely,

A handwritten signature in cursive script that reads "Julie Elkins".

Julie Elkins, 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**

<b>License #:</b>	AL340338193
<b>Investigation #:</b>	2025A0466014
<b>Complaint Receipt Date:</b>	01/07/2025
<b>Investigation Initiation Date:</b>	01/08/2025
<b>Report Due Date:</b>	03/08/2025
<b>Licensee Name:</b>	Braintree Management, Inc.
<b>Licensee Address:</b>	7280 Belding Rd. NE Rockford, MI 49341
<b>Licensee Telephone #:</b>	(616) 813-5471
<b>Administrator:</b>	Jessica Adams
<b>Licensee Designee:</b>	Timothy Adams
<b>Name of Facility:</b>	Harrison House AFC
<b>Facility Address:</b>	532 Harrison Avenue Belding, MI 48809
<b>Facility Telephone #:</b>	(616) 244-3443
<b>Original Issuance Date:</b>	04/02/2013
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	10/01/2023
<b>Expiration Date:</b>	09/30/2025
<b>Capacity:</b>	20
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

**II. ALLEGATION:**

	<b>Violation Established?</b>
Residents are not getting enough food.	No
Additional Findings	Yes

**III. METHODOLOGY**

01/07/2025	Special Investigation Intake 2025A0466014.
01/08/2025	Special Investigation Initiated – Telephone call to assigned licensing consultant Bridget Vermeesch.
01/30/2025	Inspection Completed On-site.
02/03/2025	Contact -Document received Fire Marshall’s Inspection Report.
02/05/2025	Contact- Telephone call made to Fire Marshall Phillip Scheer interviewed.
02/06/2025	Exit Conference with Timothy Adams

**ALLEGATION: Residents are not getting enough food.**

**INVESTIGATION:**

On 01/07/2025, Complainant reported that Residents are not getting enough food. Complainant reported that issue appears to have been going on for the past few months as one resident went to a food bank and picked up food to feed the other residents in the home. Complainant did not provide the name of any specific resident nor did Complainant provide any additional details. Complainant was anonymous, no additional information or details regarding the allegation could be gathered.

On 01/30/2025 I conducted an unannounced investigation. I arrived at 11:38pm and lunch was completed. I observed direct care worker (DCW) Desire Wyatt making a grill cheese sandwich and provided bean soup to a resident that had just come back to the facility from being in the community and DCW Wyatt acknowledged that was the lunch meal served to all residents. I observed a several gallon beverage dispenser on the counter that was full and DCW Wyatt reported it was a juice that they provided for the residents. DCW Wyatt reported that every meal is prepared at the facility and there is plenty of food for everyone. DCW Wyatt reported that Residents can have a second helping or a sandwich if they ask for it. DCW Wyatt reported three meals and snacks are provided daily. DCW Wyatt reported that breakfast is typically served between 8am to 9am, lunch from 11 am to 12pm and dinner between 5:30pm and 6pm. DCW Wyatt reported that a brownie or popcorn

could be served as snack after dinner around 6pm-7pm. DCW Wyatt reported that snacks are also provided throughout the day as requested. DCW Wyatt reported residents also purchase their own snacks therefore because of the evening snack, not more than 14 hours elapses between the evening and morning meal. DCW Wyatt reported residents often go into the community and come back with food. DCW Wyatt reported she has no knowledge that any of the residents go to a food pantry, but they might as they do not always let staff know what they do when they are away from the facility. DCW Wyatt reported direct care workers do not search resident bags when they come home from being in the community.

I observed that the facility had food in the refrigerator, freezer and in the pantry. I reviewed the facilities menu.

I interviewed Resident A, Resident B, Resident C and Resident D who all reported that the food at the facility is good and that there is plenty of it. Resident A, Resident B, Resident C and Resident D all reported that they are provided with three meals a day. Resident A, Resident B, Resident C and Resident D all denied going to a food pantry and they had no knowledge of any resident that did get food from a food pantry. Resident B, Resident C and Resident D all reported that the facility provides snacks. Resident A stated that the facility has limited meal choices, no milk available and that she purchases her own snacks. Resident B reported that peanut butter and jelly is available if you don't like the meal being served.

<b>APPLICABLE RULE</b>	
<b>R 400.15313</b>	<b>Resident nutrition.</b>
	<b>(1) A licensee shall provide a minimum of 3 regular, nutritious meals daily. Meals shall be of proper form, consistency, and temperature. Not more than 14 hours shall elapse between the evening and morning meal.</b>
<b>ANALYSIS:</b>	Everyone interviewed reported that the facility provided three meals daily to the residents. Additionally, DCW Wyatt, Resident B, Resident C and Resident D all reported that the facility provides snacks. Therefore there was not enough evidence to establish a violation.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ADDITIONAL FINDINGS:**

**INVESTIGATION:**

On 01/30/2025 I conducted an unannounced investigation and I went into Resident A's bedroom who had a couple bottles of pink "stomach relief" medications unsecured in her room. When I asked Resident A about the medication, she said it was just Pepto-Bismol that she self-administers and takes as needed for her stomach aches.

I interviewed DCW Wyatt about the medication found in Resident A's bedroom. At first DCW Wyatt reported that she cannot control what residents bring into the home when they are in the community unsupervised. DCW Wyatt then reported Resident A had an order to self-administer the medication as she gets weak when her stomach hurts and it is difficult for Resident A to come all the way down the stairs to obtain the medication. DCW Wyatt and I went into the medication room and reviewed the medication administration record (MAR) for Resident A. DCW Wyatt could not locate a written physician prescription for Pepto-Bismol for Resident A, nor could she locate a written physician order for Resident A to self-administer this medication. DCW Wyatt reported that she was going to follow up with the physician about this and/or remove this medication from Resident A's bedroom.

<b>APPLICABLE RULE</b>	
<b>R 400.15312</b>	<b>Resident medications.</b>
	<p><b>(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being S333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.</b></p> <p><b>(2) Medication shall be given, taken or applied pursuant to label instructions.</b></p> <p><b>(3) Unless a resident's physician specifically states otherwise in writing, the giving, taking, or applying of prescription medications shall be supervised by the licensee, administrator, or direct care staff.</b></p>
<b>ANALYSIS:</b>	Resident A had over-the-counter medications in her bedroom that were not secured nor was there a current prescription for these medications and there was no physician's order for Resident A to self-administer the medication therefore a violation has been established.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**INVESTIGATION:**

On 01/30/2025 I conducted an unannounced investigation and while in the facility it smelled of smoke. In the family room there was a cigarette rolling machine with two rolled cigarettes in it and several boxes of nicotine next to the rolling machine.

I interviewed Resident A who denied smoking in her bedroom even though she acknowledged that her bedroom smelled of smoke and she had empty cigarette containers and a lighter in plain view in her bedroom. Resident A reported that Resident E whose bedroom is upstairs and Resident F whose bedroom is on the main floor both smoke in their bedrooms.

I interviewed Resident B who reported that the residents that live upstairs smoke in their rooms and everyone can smell it. Resident B reported that Resident C who lives upstairs and Resident F who lives on the main floor both smoke in the facility. Resident B denied that she has ever smoked in her bedroom or in the facility, but she did agree that the facility smelled of smoke.

I interviewed Resident C whose bedroom was upstairs, smelled of smoke and she admitted to smoking in her bedroom. Resident C would not confirm if any other residents smoke in the facility.

I interviewed Resident D who denied smoking in his bedroom which was on the main floor. Although I commented about Resident D's bedroom smelling of smoke Resident D reported having a medical condition which impacted his ability to smell. I observed Resident D to have cigarettes, tobacco and a lighter in his bedroom. Resident D reported that he knows that the residents that live upstairs smoke in their bedrooms, but he reported that he does not know exactly which residents smoke in their rooms. Resident D did confirm that he has his cigarettes, lighter and his supplies to roll cigarettes in his bedroom. Resident D did report having knowledge that there is a problem with residents smoking in the facility, but he is not sure when that began or if anything is being done to correct that.

I interviewed DCW Wyatt who acknowledged that there was an issue with Resident E smoking in his room and that they have a plan for him through community mental health (CMH). DCW Wyatt reported having no knowledge of any other DCW smoking in the facility. DCW Wyatt reported that she cannot take the residents personal belongings including cigarettes and lighters. DCW Wyatt reported that the smoking issue with Resident E has been rectified but that it takes a long time to get that smoke smell out of the facility.

On 02/03/2024 I received and reviewed the *Inspection Report* dated 01/27/2025 and written by Fire Marshall Phillip Scheer which documented several deficiencies. The deficits pertinent to this report are as follows:

- “Smoking shall be prohibited in any room or compartment where oxygen is used or stored. Such areas shall be posted with No Smoking signs. Sign letters shall be not less than 2 inches high and 1/4-inch-wide stroke.
- Oxygen was improperly stored in the lower level.
- Smoking regulations shall include the following:
  - Smoking shall be prohibited in any room, compartment, or area where flammable or combustible liquids, combustible gasses, or oxygen is

used or stored or in any other hazardous location and the following shall also apply:

a. Signs shall be posted with signs that read NO SMOKING or bear the international symbol for no smoking. Sign letters shall be not less than 2 inches high and ¼ inch wide stroke.

b. In residential board and care facilities where smoking is totally prohibited and signs so indicating are placed at all major entrances; secondary signs with language that prohibits smoking are not required.

(2) Smoking by residents classified as not responsible with regard to their ability to safely use and dispose of smoking materials shall be prohibited, unless the resident is under direct supervision by staff or by a person approved by the administration. In such a case, smoking may be permitted.

(3) Smoking materials shall not be provided to residents nor maintained by residents without the approval of the administration.

(4) Areas where smoking is permitted shall be clearly identified.

(5) Ashtrays of noncombustible materials shall be provided and required to be used in all areas where smoking is permitted.

(6) Self-closing cover devices into which ashtrays may be emptied shall be made available to all areas where smoking is permitted, and shall be required to be used.

- There were several cigarette butts not properly disposed of in the main level living room emergency exit landing.
- The rear emergency exit/porch has several cigarette butts not properly disposed of and the ashtrays are not non-combustible.”

On 02/05/2025, I interviewed Fire Marshall Phillip Scheer who reported being at the facility on 01/27/2025 and he reported that the facility smelled of smoke at that time. Fire Marshall Scheer reported that he did not observe any resident smoking in the facility, nor did he observe any ash trays in the resident bedrooms. Fire Marshall Scheer reported that the outside smoking area was cluttered with cigarette butts not properly disposed of and the facility was improperly storing oxygen tanks. Fire Marshall Scheer reported that a temporary fire safety certification was issued until 3/15/2025.

<b>APPLICABLE RULE</b>	
<b>R 400.15403</b>	<b>Maintenance of premises.</b>
	<b>(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.</b>

<b>ANALYSIS:</b>	<p>Resident A, Resident B, Resident C and Resident D all reported that residents are smoking inside the facility. Resident C who lives on the second floor of the facility admitted to smoking in her bedroom Two residents reported Resident C, one resident reported Resident E and two residents reported that Resident F are all smoking in the facility.</p> <p>DCW Wyatt admitted to having an issued with Resident E smoking in the facility which she reported as rectified.</p> <p>Based on the information above the home was not constructed adequately for the health safety, and well-being of the residents due to residents smoking inside the facility and around oxygen that was not properly stored.</p>
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**IV. RECOMMENDATION**

Contingent upon receipt of an acceptable corrective action plan I recommend no change in license status.

*Julie Elkins*

02/05/2025

Julie Elkins  
Licensing Consultant

Date

Approved By:

*Dawn Timm*

02/05/2025

Dawn N. Timm  
Area Manager

Date