



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 17, 2025

Robin Johnson
108 W. Gibson Drive
Greenville, MI 48838

RE: License #: AM590085545
Investigation #: 2025A1029024
Johnson's AFC Home

Dear Ms. Johnson:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan was required. On April 16, 2025, you submitted an acceptable written corrective action plan.

It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. If you desire technical assistance in addressing these issues, please feel free to contact me.

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,

A handwritten signature in cursive script that reads "Jennifer Browning".

Jennifer Browning, Licensing Consultant
Bureau of Community and Health Systems
browningj1@michigan.gov - 989-444-9614

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM590085545
Investigation #:	2025A1029024
Complaint Receipt Date:	03/17/2025
Investigation Initiation Date:	03/18/2025
Report Due Date:	05/16/2025
Licensee Name:	Robin Johnson
Licensee Address:	108 W. Gibson Drive, Greenville, MI 48838
Licensee Telephone #:	(616) 225-1240
Administrator:	Robin Johnson
Name of Facility:	Johnson's AFC Home
Facility Address:	108 W. Gibson Drive, Greenville, MI 48838
Facility Telephone #:	(616) 225-1240
Original Issuance Date:	02/01/2000
License Status:	REGULAR
Effective Date:	05/11/2023
Expiration Date:	05/10/2025
Capacity:	12
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. ALLEGATION(S)

	Violation Established?
Resident A was required to clean the kitchen floor because there were lancets and test strips on the floor from a resident checking their blood sugar. Resident A was also required to clean the floor after someone had a bloody nose.	No
Additional Findings	Yes

III. METHODOLOGY

03/17/2025	Special Investigation Intake 2025A1029024
03/18/2025	Special Investigation Initiated – Letter Email to complainant
03/21/2025	APS Referral made to Centralized Intake
03/28/2025	Inspection Completed On-site - Face to Face with Licensee Robin Johnson, Resident B, Resident C, Resident D at Johnson's AFC Home. Resident A was not home during this on-site.
03/28/2025	Contact - Face to Face Attempted with Resident A at McDonalds, he was not available
04/02/2025	Contact - Document Received - Denial letter from CI - APS will not be investigating the concerns.
04/08/2025	Contact - Telephone call made to Johnsons AFC and Montcalm Care Network Clubhouse to interview Resident A by phone however, he was unavailable.
04/08/2025	Contact - Telephone call made to licensee Robin Johnson
04/16/2025	Contact – face to face with licensee Robin Johnson at Johnson's AFC Home and Resident A at MCN Clubhouse.
04/16/2025	Exit conference with licensee Robin Johnson.

ALLEGATION: Resident A was required to clean the kitchen floor because there were lancets and test strips on the floor from a resident checking their blood sugar. Resident A was also required to clean the floor after someone had a bloody nose.

INVESTIGATION:

On March 17, 2025 a complaint was received via Bureau of Community and Health Systems online complaint system with concerns Resident A was required to clean the kitchen floor where there were lancets on the floor from another resident checking their blood sugar. According to the complaint allegations Resident A also had to clean up blood from another residents bloody nose, however licensee Ms. Johnson typically will do this instead.

On March 28, 2025 I completed an unannounced on-site investigation at Johnson's AFC Home and interviewed licensee Ms. Johnson. Ms. Johnson stated she has never observed blood sugar test strips or lancets on the floor after a meal. Ms. Johnson stated she would never expect the residents to clean up lancets or blood from a resident having a bloody nose and she has never observed Resident A to clean either of these items. Ms. Johnson stated she does have a chore list of who is responsible for cleaning certain areas of the AFC and she also has "House Rules" posted that address household responsibilities. I observed the kitchen and main living areas of the facility to be well cared for. The floors were clean and there was no evidence of lancets, band aids, or blood on the floors.

During the on-site investigation, I reviewed a chore chart which was attached to the refrigerator for "Table Duties" which had a different resident assigned for Breakfast, lunch, and supper each day. According to this complaint, this occurred on March 10, 2025 which was a Monday and Resident A does not have any "Table Duties" on Monday. According to the chart, his table duties were lunch time on Sundays and supper on Wednesdays to clean the tables off after meals. Resident A was assigned to vacuum on Saturdays. Ms. Johnson also has "House rules" taped on the refrigerator which includes the statement under #7: "After meals dirty dishes are to be placed in the appropriate container and then placed in the kitchen to be washed. Residents are to take turns cleaning the table and dining room."

I reviewed the Resident A's resident record and reviewed the following documentation.

1. Resident A's *Resident Care Agreement*.
2. Resident A's *Assessment Plan for AFC Residents* dated April 15, 2023 indicating that he does participate in household chores.
3. Resident A's *Health Care Appraisal* dated December 2, 2022. Resident A has a diagnosis of HTN, COPD, GERD, CHF, insomnia, schizophrenia, and vitamin D deficiency. Ms. Johnson stated she did not have an updated Health Care Appraisal for 2023 or 2024 for Resident A however, she was "working on it."
4. Resident A's most updated *Person-Centered Plan* addendum was from August 2016 and Ms. Johnson stated she did not have an updated plan for Resident A.

I interviewed Resident B who stated there are residents who check their own blood sugar in the mornings. Resident B stated he has never observed test strips lying around. Resident B stated he has never observed a resident cleaning the floor when there was blood on it. Resident B stated Ms. Johnson cleans the bathrooms in the facility but they are responsible for cleaning the floors and vacuuming. Resident B stated they also clean their own bedrooms. Resident B stated there was a schedule on the fridge showing who was responsible for what chores.

I interviewed Resident C who stated he has observed Resident A clean the floors several times because they all take turns. Resident C stated he has never observed test strips on the floor because they are thrown in the trash. Resident C stated he has never observed Resident A clean blood off the floor because that is something Ms. Johnson would clean if needed.

I interviewed Resident D who stated he has never observed lancets or test strips on the floor. Resident D stated he knows what they look like because he goes to the park and he sees them on the ground outside. Resident D stated the residents all clean their rooms but Ms. Johnson typically cleans the rest of the facility.

On April 16, 2025, I interviewed Resident A at Heartland House Club House. Resident A stated he has never cleaned anything off the floor that would put him at risk while residing at Johnson's AFC Home. Resident A stated he has picked up lancet test strips in the past because there was a resident who would test his blood sugar and he dropped them occasionally but he used a dust pan and a broom and did not have to touch them. Resident A stated this has not occurred in several months because the resident who required these is now deceased. Resident A stated Ms. Johnson has been working hard to update and keep the AFC cleaner lately including an updated room for Resident D. Resident A stated he has never cleaned up after someone having a bloody nose because if it's something like that needs to be cleaned, Ms. Johnson will clean it.

APPLICABLE RULE	
R 400.14305	Resident protection.
	(2) All work that is performed by a resident shall be in accordance with the written assessment plan.
ANALYSIS:	Resident A's <i>Assessment Plan for AFC Residents</i> has not been updated, however the <i>Assessment Plan for AFC Residents</i> from April 2023 does have a notation that Resident A will assist with household chores. Ms. Johnson also has a chore chart on the cupboard door which lists what days each resident is responsible for cleaning the floors after meals.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION:

During the on-site investigation, I reviewed the Resident A's resident record and reviewed the following documentation.

- Resident A's *Health Care Appraisal* dated December 2, 2022. Resident A has a diagnosis of HTN, COPD, GERD, CHF, insomnia, schizophrenia, and vitamin D deficiency. Ms. Johnson stated she did not have an updated *Health Care Appraisal* for 2023 or 2024 for Resident A however, she was "working on it".

On April 16, 2025, I completed an on-site and an exit conference with Ms. Johnson. Ms. Johnson stated she did not have the updated paperwork at this time; however, she did make a call to try and obtain this information.

APPLICABLE RULE	
R 400.14301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.
ANALYSIS:	Upon reviewing Resident A's resident record, Resident A's most updated <i>Health Care Appraisal</i> was dated December 2, 2022, and not annually as required. Ms. Johnson stated she did not have an updated <i>Health Care Appraisal</i> for 2023 or 2024 for Resident A however, she was "working on it".
CONCLUSION:	VIOLATION ESTABLISHED

INVESTIGATION:

During the on-site investigation, I reviewed the Resident A's resident record and reviewed the following documentation.

- Resident A's *Assessment Plan for AFC Residents* dated April 15, 2023 includes documentation that Resident A does participate in household

chores. Ms. Johnson indicated she did not have an updated *Assessment Plan for AFC Residents* for 2024.

On April 16, 2025, I completed an on-site and an exit conference with Ms. Johnson. Ms. Johnson stated she did not have the updated paperwork at this time; however, she did make a call to try and obtain this information.

APPLICABLE RULE	
R 400.14301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.
ANALYSIS:	Resident A's most updated <i>Assessment Plan for AFC Residents</i> was dated April 15, 2023, rather than annually as required. Ms. Johnson indicated she did not have an updated <i>Assessment Plan for AFC Residents</i> for 2024.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

An approved corrective action plan was received therefore I recommend no change in the license status.



Jennifer Browning
Licensing Consultant

04/16/2025

Date

Approved By:



04/17/2025

Dawn N. Timm
Area Manager

Date