



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

June 25, 2025

Peggy Root  
411 Silver Street  
Reading, MI 49274

RE: License #: AM300008365  
Investigation #: 2025A1032032  
Heritage House AFC

Dear Peg Root:

Attached is the Special Investigation Report for the above referenced facility. No substantial violations were found.

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,

A handwritten signature in black ink, appearing to read "Dwight Forde".

Dwight Forde, 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**

<b>License #:</b>	AM300008365
<b>Investigation #:</b>	2025A1032032
<b>Complaint Receipt Date:</b>	05/09/2025
<b>Investigation Initiation Date:</b>	05/09/2025
<b>Report Due Date:</b>	07/08/2025
<b>Licensee Name:</b>	Peggy Root
<b>Licensee Address:</b>	411 Silver Street, Reading, MI 49274
<b>Licensee Telephone #:</b>	(517) 283-1478
<b>Administrator:</b>	Peg Root
<b>Name of Facility:</b>	Heritage House AFC
<b>Facility Address:</b>	121 West State Street, Reading, MI 49274
<b>Facility Telephone #:</b>	(517) 283-3152
<b>Original Issuance Date:</b>	08/02/1993
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	04/23/2024
<b>Expiration Date:</b>	04/22/2026
<b>Capacity:</b>	12
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

## II. ALLEGATION(S)

	Violation Established?
Residents are not receiving their allowance.	No
Additional Findings	No

## III. METHODOLOGY

05/09/2025	Special Investigation Intake 2025A1032032
05/09/2025	Special Investigation Initiated - Telephone
05/14/2025	Inspection Completed On-site
06/03/2025	Contact - Telephone call made
06/17/2025	Inspection Completed On-site Funds I and II forms reviewed
06/18/2025	Exit Conference

### ALLEGATION:

**Residents are not receiving their allowance.**

### INVESTIGATION:

On 5/9/25, I reviewed the complaint information with the source via telephone.

On 5/14/25, I interviewed employee Alison Baker in the facility. Ms. Baker reported Resident A did not receive a check from Michigan Ability Partners this month. Ms. Baker stated that those checks are issued to the residents and that the funds are not

routed through the facility. Ms. Baker stated that when the checks arrive in the mail, they are distributed to the residents.

I reviewed the resident care agreement for both residents. The documents reflected that the facility does not hold personal funds for residents.

I interviewed Resident A in the facility. Resident A stated that she did not receive a check this month. Resident A advised that when the checks arrive, she will have another resident cash the check for her and that she retains the money.

I attempted to interview Resident B, to gather some financial information, but Resident B was sleeping.

On 6/3/25, I interviewed Resident B by telephone. Resident B stated that she receives a \$30 stipend from Michigan Ability Partners for personal needs. She reported that she keeps her own money and that these funds are not routed through the facility. Resident B advised that she received the full sum this month but only half was issued last month.

On 6/17/25, I observed Resident A and B's Resident Funds I and II forms. The documents reflected no responsibility for the personal needs funds that are sent from the Michigan Ability Partners. Rent payments were recorded on the Funds II forms.

<b>APPLICABLE RULE</b>	
<b>R 400.14315</b>	<b>Handling of resident funds and valuables.</b>
	<b>(7) A resident shall have access to and use of personal funds that belong to him or her in reasonable amounts, including immediate access to not less than \$20.00 of his or her personal funds. A resident shall receive up to his or her full amount of personal funds at a time designated by the resident, but not more than 5 days after the request for the funds. Exceptions to this requirement shall be subject to the provisions of the resident's assessment plan and the plan of services.</b>
<b>ANALYSIS:</b>	I interviewed Residents A and B, who both advised that they receive checks in the mail from Michigan Ability Partners that are not associated with the facility. Both residents advised that the facility gives them their checks and that they hold their own funds.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

On 6/18/25, I conducted an exit conference with licensee Peg Root. I shared my finding and Ms. Root agreed with the conclusions reached.

#### IV. RECOMMENDATION

I recommend no change to the status of this license.



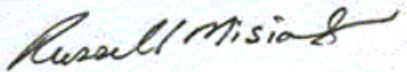
6/25/25

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Dwight Forde  
Licensing Consultant

Date

Approved By:



7/1/25

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Russell B. Misiak  
Area Manager

Date