



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

August 26, 2025

Michelle Greer AND Brian Greer  
829 Royal Dr.  
Blackman Township, MI 49202

RE: License #: AF380397397  
**Schweikert AFC**  
**829 Royal Dr.**  
**Blackman Township, MI 49202**

Dear Michelle Greer AND Brian Greer:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report.

To verify your implementation and compliance with this corrective action plan:

- You are to submit documentation of compliance for R 400.1418 (5) & R 400.1405(3) by September 22, 2025.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (517) 335-5985.

Sincerely,

A handwritten signature in black ink, appearing to read "Mahtina Rubritius". The signature is written in a cursive style with a large initial "M".

Mahtina Rubritius, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa  
P.O. Box 30664  
Lansing, MI 48909  
(517) 262-8604

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
RENEWAL INSPECTION REPORT**

**I. IDENTIFYING INFORMATION**

**License #:** AF380397397

**Licensee Name:** Michelle Greer AND Brian Greer

**Licensee Address:** 829 Royal Dr.  
Blackman Township, MI 49202

**Licensee Telephone #:** (303) 870-1573

**Licensee/Licensee Designee:** N/A

**Administrator:**

**Name of Facility:** Schweikert AFC

**Facility Address:** 829 Royal Dr.  
Blackman Township, MI 49202

**Facility Telephone #:** (517) 787-6889

**Original Issuance Date:** 03/01/2019

**Capacity:** 5

**Program Type:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/26/2025

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 4

No. of others interviewed 0 Role: [REDACTED]

- Medication pass / simulated pass observed? Yes  No  If no, explain.
- Medication(s) and medication record(s) reviewed? Yes  No  If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes  No  If no, explain.
- Meal preparation / service observed? Yes  No  If no, explain.
- Fire drills reviewed? Yes  No  If no, explain.
- Fire safety equipment and practices observed? Yes  No  If no, explain.
- E-scores reviewed? (Special Certification Only) Yes  No  N/A   
If no, explain.
- Water temperatures checked? Yes  No  If no, explain.
- Incident report follow-up? Yes  No  If no, explain.  
Incident reports are no longer required to be submitted to LARA.
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
R 400.1405 (3), R 400.1421 (3)(5)(6), R 400.1426 (1), R 400.1437 (2), R  
330.1803 (3)(6), and R 330.1806(2). N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes  (please explain) No  N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

**R 400.1405 Health of a licensee, responsible person, and member of the household.**

**(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.**

- The file for Employee #1 was reviewed and it was noted that her TB test had been completed on November 23, 2020. Employee #1 reported that she had been tested in March of 2025; however, she did not have a copy of the results. There was no written documentation available for review, to demonstrate that Employee #1 had been recently tested for TB, and that the verification occurred every three years, as required by the rule.

**R 400.1418 Resident medications.**

**(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.**

- Resident A's insulin, which required refrigeration, was not contained within a locked container.

**R 400.1421 Handling of resident funds and valuables.**

**(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted in writing by the department.**

- The *Resident Funds Part I* form was not completed at the time of admission for Resident A. The licensee completed the form prior to the conclusion of the inspection.
- **This is a REPEAT Violation:** Please see LSR Dated 8/23/2023. CAP Approved 08/23/2023.

A corrective action plan was requested and approved on 08/26/2025. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

#### **IV. RECOMMENDATION**

An acceptable corrective action plan has been received. Renewal of the license and the special certification are recommended.



08/26/2025

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Date

Licensing Consultant