



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 10, 2025

Nancy Posey and Theresa Posey
8470 Parshallville
Fenton, MI 48430

RE: License #: AM470078613
Investigation #: 2025A0577060
Fenton Assisted Living

Dear Nancy Posey and Theresa Posey:

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) 335-5985.

Sincerely,

Bridget Vermeesch

Bridget Vermeesch, 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

License #:	AM470078613
Investigation #:	2025A0577060
Complaint Receipt Date:	09/03/2025
Investigation Initiation Date:	09/03/2025
Report Due Date:	11/02/2025
Licensee Name:	Nancy Posey and Theresa Posey
Licensee Address:	8470 Parshallville Fenton, MI 48430
Licensee Telephone #:	(810) 632-7760
Administrator:	Nancy Posey
Licensee:	Nancy Posey and Theresa Posey
Name of Facility:	Fenton Assisted Living
Facility Address:	6077 Linden Fenton, MI 48430
Facility Telephone #:	(810) 629-1131
Original Issuance Date:	11/22/1997
License Status:	REGULAR
Effective Date:	01/03/2025
Expiration Date:	01/02/2027
Capacity:	12
Program Type:	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
Facilities annual Bureau Fire Service inspection was disapproved, licensee did not address violations cited in report.	No
No written safety plan to be found in the facility. Nor evacuation routes posted in the facility.	Yes
Fire drills are not being completed during daytime, evening, and sleeping hours at least once per quarter.	Yes
Smoke detection equipment is not maintained as recommended by the manufacturer.	No

III. METHODOLOGY

09/03/2025	Special Investigation Intake 2025A0577060
09/03/2025	Special Investigation Initiated - Telephone Julie Elkins, AFC Licensing Consultant.
09/03/2025	APS Referral No allegations of abuse or neglect investigated.
09/05/2025	Contact - Telephone call made Interview with BFS Inspector Don Collick.
09/05/2025	Contact - Document Received Via email, BFS Don Collick sent 2023 Disapproval Inspection.
09/12/2025	Inspection Completed On-site
09/15/2025	Contact - Telephone call made Nancy Posey, LD.
09/15/2025	Contact - Document Received Emergency Plan via email.
09/22/2025	Exit Conference with Nancy Posey, LD.
09/22/2025	Inspection Completed-BCAL Sub. Compliance

ALLEGATION: The facilities annual Bureau Fire Service inspection was disapproved, licensee did not address violations cited in report.

INVESTIGATION:

On September 03, 2025, the Bureau of Community and Health Services (BCHS) received a Bureau of Fire Services Annual Inspection (BFS) Report with date of inspection on July 16, 2025, for 2017-AFC 00204, License Number AM470074861 with a disapproval rating and Fire Safety Certification not being issued.

Per review of the BFS Report received on September 03, 2025, the following deficiencies were cited as second offense, with the initial offense being in 2023, causing fire safety disapproval. The second offenses included the following: no record book onsite for review of fire alarm system approved maintenance and testing, inspection of sprinkler and standpipe system including testing and maintenance, no written emergency procedures or evacuation plan, and no documentation of emergency egress and relocation drills. The BFS Report documented "multiple repeat violations from 2023 inspection, recommend AFC Licensing Consultant visit."

On September 03, 2025, I spoke with Julie Elkins, assigned Adult Foster Care Licensing Consultant with BCHS, who reported the facility has a history of documented deficiencies in past BFS inspections. Ms. Elkins reported that often co-licensees Nancy Posey and Theresa Posey do not have documents at the facility rather than they are located at the business office of the licensee.

On September 04, 2025, BCHS received a BFS report with the date of inspection on August 25, 2025, for 2017-AFC00204, License Number AM470074861 with approval rating and comment of "this office is in receipt of a plan of correction for the deficiencies cited on the annual inspection. The plan of correction is acceptable."

On September 05, 2025, I interviewed BFS Inspector Don Collick who reported when he arrived at the facility, unannounced on July 16, 2025, to complete the annual fire inspection, the facility did not have any of the required documentation available for review. BFS Inspector Collick reported this also happened for the 2023 inspection and the same deficiencies were cited at that time. BFS Inspector Collick reported co-licensee Nancy Posey reported she has the facility documents at her business office. BFS Inspector Collick reported he provided consultation to Nancy Posey that BFS requires certain documents to be that facility at all times, and these documents were repeatedly not available at this facility. BFS Inspector Collick reported he has since received a plan of correction, completed a second inspection on August 25, 2025, and the facility has received an approved fire safety certification.

On September 12, 2025, I conducted an unannounced onsite investigation and was provided a record book of the facilities required annual inspections for the fire extinguishers, sprinkler system, fire safety panel, fire drills, and emergency preparedness and evacuation plan as required.

APPLICABLE RULE	
R 400.14403	Maintenance of premises.
	(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.
ANALYSIS:	Based on the initial BFS reported received on September 03, 2025, the facility received a disapproval rating due to the facility not having the required documentation at the facility for BFS Inspector Don Collick to review and determine safety. Then on September 04, 2025, BCHS received a second BFS report with an approved rating due to an acceptable plan of correction being received. During my onsite inspection on September 12, 2025, the facility had the record book available for my review which included all current inspections for fire extinguishers, fire safety panel, and sprinkler system.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

- **No written safety plan to be found in the facility.**
- **No evacuation plans or routes posted in the facility.**

INVESTIGATION:

On September 03, 2025, the Bureau of Community and Health Services (BCHS) received a Bureau of Fire Services Annual Inspection (BFS) Report with date of inspection on July 16, 2025, documenting no written emergency procedures or evacuation plan was on site for review.

On September 05, 2025, I interviewed BFS Inspector Don Collick who reported during this inspection on July 16, 2025, the facility had no written emergency policy and procedures available at the facility for the direct care staff to follow in case of an emergency.

On September 12, 2025, during the onsite investigation, no written emergency procedures or evacuation plan were located in the facility record book or prominently posted in the facility. I also interviewed direct care staff, Benita Blackmon and Sue Talmadge who reported the emergency procedures and evacuation plan are in the record book. DCS Talmadge reviewed the record book and could not find the emergency procedures and evacuation plan. Upon leaving the onsite investigation I contacted Nancy Posey, Administrator, who reported the emergency policy should be in

the record book at the facility. Ms. Posey emailed me stating, “they should be in the records book” and a copy of the emergency procedures and evacuation plan on September 15, 2025.

During the physical plant inspection to review the monthly fire extinguisher checks and observed there were no evacuation plans posted throughout the facility.

APPLICABLE RULE	
R 400.14318	Emergency preparedness; evacuation plan; emergency transportation.
	(1) A licensee shall have a written emergency procedure and evacuation plan to be followed in case of fire, medical, or severe weather emergencies. The evacuation plan shall be prominently posted in the home. Residents who require special assistance shall be identified in the written procedure.
ANALYSIS:	During the onsite investigation on September 12, 2025, there were no written emergency procedure or evacuation plan in the facility record book or posted for review. Nor were there evacuation floor plans posted throughout the facility.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION: Fire drills are not being completed during daytime, evening, and sleeping hours at least once per quarter as required.

INVESTIGATION:

Per the BFS disapproval inspection report completed on July 16, 2025, fire evacuation drills were not being completed as required which includes fire drills being conducted no less than once per quarter during daytime, evening and sleeping hours.

On September 05, 2025, I interviewed BFS Inspector Don Collick who reported BFS requires fire drills to be recorded as daytime (7:00am-3:00pm), evening (3:00pm-11:00pm), and sleeping hours (11:00pm-7:00am). Mr. Collick reported the facility recorded fire drills based on the facility’s 12-hour shift schedule of 7:00am-7:00pm and 7:00pm-7:00am. Mr. Collick reported he provided consultation to co-licensee Nancy Posey and advised that she update the fire drill record sheet to reflect the times of 7:00am-3:00pm, 3:00pm-11:00pm, and 11:00pm-7:00am which coincides with the rule of daytime, evening, and sleeping.

On September 12, 2025, during my onsite investigation I reviewed the recorded fire drills for calendar year 2024 and current 2025 records which documented the completion of two fire drills per quarter, reflecting their 12-hour shifts, 7:00am-9:00pm

and 9:00pm-7:00am. The fire drill form documented completed fire drills in the first quarter completed on January 01, 2025, at 9:00am and February 08, 2025, at 5:00am. The fire drill form documented drills being completed during the second quarter on April 03, 2025, at 12:00pm and on June 25, 2025, at 11:00pm. I reviewed a copy of a revised fire drill form documenting drills being completed for daytime, 7:00am-4:00pm, evening, 4:00pm-8:00pm, and sleep hour, 9:00pm-6:00am.

APPLICABLE RULE	
R 400.14318	Emergency preparedness; evacuation plan; emergency transportation.
	(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.
ANALYSIS:	Based on the information gathered during the investigation, fire drills were not conducted as required during daytime, evening and sleeping hours at least once per quarter. Rather, per my review of facility records, fire drills were only completed twice per quarter during daytime and sleeping hours only.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION: Smoke detection equipment is not maintained as recommended by the manufacturer.

INVESTIGATION:

The disapproved BFS report received on September 03, 2025, documented during the BFS inspection on July 16, 2025, no record book was found on site for review, so BFS Inspector Don Collick could not determine if the fire alarm system has been inspected annually as required.

On September 12, 2025, during my onsite investigation, a record book was available for review, and I observed and received a copy of the following annual inspections:

- Annual Fire Alarm Inspection & Testing Reported, inspection completed by All Star Alarm LLC on October 04, 2024, with no operational concerns regarding the fire alarm and panel system.
- Annual Fire Extinguisher Inspection, inspection completed by OK Fire Equipment Co. on December 09, 2024, three new extinguishers were purchased.
- Annual Sprinkler System inspected by Beck Fire Protection Inc. on October 15, 2024, with no operations concerns regarding the sprinkler system.

APPLICABLE RULE	
R 400.14505	Smoke detection equipment; location; battery replacement; testing, examination, and maintenance; spacing of detectors mounted on ceilings and walls; installation requirements for new construction, conversions, and changes of category.
	(4) Detectors shall be tested, examined, and maintained as recommended by the manufacturer.
ANALYSIS:	During the onsite investigation completed on September 12, 2025, I was able to review the facilities record book of annual inspections of the smoke detection equipment, fire alarms system, and sprinkler system. All were completed annually per the recommendations of the manufacturer and required by the Bureau of Fire Services.
CONCLUSION:	VIOLATION NOT ESTABLISHED

IV. RECOMMENDATION

Upon approval of a corrective action plan, I recommend continuation of the current status of the license of this AFC adult medium group home, capacity 12.

Bridget Vermeesch

09/22/2025

Bridget Vermeesch
Licensing Consultant

Date

Approved By:

Dawn Timm

10/10/2025

Dawn N. Timm
Area Manager

Date