GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 23, 2026

Leone Swanberg
5329 McCords
Alto, MI 49302

RE: License #: AM410008670
Investigation #: 2026A0467019
Swanberg AFC - Springwood

Dear Mrs. Swanberg:

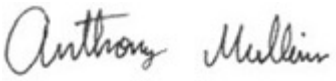
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 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 (616) 356-0100.

Sincerely,



Anthony Mullins, 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

License #:	AM410008670
Investigation #:	2026A0467019
Complaint Receipt Date:	03/10/2026
Investigation Initiation Date:	03/11/2026
Report Due Date:	05/09/2026
Licensee Name:	Leone Swanberg
Licensee Address:	5329 McCords Alto, MI 49302
Licensee Telephone #:	(616) 893-6613
Administrator:	Ben Visel
Licensee Designee:	Leone Swanberg
Name of Facility:	Swanberg AFC - Springwood
Facility Address:	1158 Springwood Drive SE Kentwood, MI 49508-6055
Facility Telephone #:	(616) 532-0356
Original Issuance Date:	08/01/1979
License Status:	REGULAR
Effective Date:	10/15/2024
Expiration Date:	10/14/2026
Capacity:	12
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. ALLEGATION(S)

	Violation Established?
On 3/5/26, Resident A was not offered or provided lunch by the live-in staff member, Neeva James.	Yes

III. METHODOLOGY

03/10/2026	Special Investigation Intake 2026A0467019
03/11/2026	APS Referral Recipient Rights Officer Ashton Byrne confirmed Kent County CPS is involved
03/11/2026	Special Investigation Initiated - On Site
03/12/2026	Contact – telephone call made to Breanna Burrows
03/16/2026	Contact – Telephone call made to Kim Novak
03/18/2026	Exit conference with AFC administrator Ben Visel

ALLEGATION: On 3/5/26, Resident A was not offered or provided lunch by the live-in staff member, Neeva James.

INVESTIGATION: On 3/10/26, I received a complaint from Kent County Recipient Rights officer Ashton Bryne. The complaint alleges that on 3/5/26, Resident A was not offered or provided lunch by live-in staff member Neeva James between 11:30am and 1:45pm. The complaint further states that two support team members from Network 180 were present in the home and able to confirm this allegation. The complaint also listed concerns regarding Resident A's reported weight loss of more than 20 pounds since November 2025.

On 3/11/26, I conducted an unannounced onsite investigation at the home. Upon arrival, live-in staff member Neeva James allowed entry and her colleague, Renee Partee, was present and agreed to be interviewed.

Ms. Partee reported that she was not in the home on 3/5/26 when the alleged incident occurred. However, she stated that she does not believe the allegation to be true, explaining that Ms. James consistently provides Resident A and other residents with meals. Ms. Partee also stated that she was not aware of Resident A losing more than 20 pounds since November 2025 since she has only lived in the home since 1/12/26. The resident register was reviewed and confirmed Resident A has been at the home since 1/12/26. Ms. Partee reported that Resident A has a poor

appetite and although staff prompts her to eat, Resident A often states, “I’m not hungry.” Since Resident A’s admission at the home, Ms. Partee reported that she has not observed her finish a full meal.

Ms. Partee stated that she is not aware of Resident A taking any appetite suppressant medication that could be contributing to this issue. While onsite, Ms. Partee provided Resident A’s weight records, which indicate that Resident A weighed 169 pounds upon admission on 1/12/26. The most recent weight recorded on 3/4/26 was 160 pounds, confirming that Resident A has lost 9 pounds since admission. Ms. Partee believes this weight loss is likely related to Resident A’s decreased appetite.

Ms. Partee reported that Resident A is consistently offered food by staff. She reported that yesterday, live-in staff member Ms. James took Resident A to Steak and Shake restaurant for dinner, where Resident A was able to eat. However, Ms. Partee stated that Resident A later told her sister she had not eaten, which she states was not true.

It should be noted that I was unable to interview Ms. James regarding the allegations during this onsite visit due to her prior obligation to transport a client to a medical appointment.

During my onsite investigation, administrator Ben Visel arrived at the home. Mr. Visel stated that he has observed staff prepare food for Resident A and that she typically eats only small portions. Mr. Visel confirmed that he was at the home on 3/5/26 at 1:00pm for a meeting with Resident A, her guardian/sister, and her supports team through N180. Although he was not in the home earlier, Mr. Visel shared that it is possible that Resident A was offered a meal prior to her supports team arriving at the home.

On 3/12/26, I spoke to Resident A’s supports coordinator from Network 180, Breanna Burrows. Ms. Burrows reported that on 3/5/26, she and behavioral supports specialist Kim Novak conducted a “pop up” visit for Resident A. Ms. Burrows stated that she was in the home from11:30am until approximately 1:45pm and never once did she observe Ms. James offer or provide Resident A with lunch. Ms. Burrows stated that her colleague, Ms. Novak left earlier than her but she also never witnessed Resident A receiving lunch. Ms. Burrows reported that Resident A’s sister eventually arrived at the home and gave her a snack and mints.

Ms. Burrows denied any knowledge of Resident A having difficulty eating meals. She reported that in Resident A’s previous AFC home, food restrictions were in place due to excessive eating. According to Ms. Burrows, these food seeking behaviors are documented in Resident A’s behavior plan and Individualized Plan of Service (IPOS), including locking the refrigerator and cabinets. Ms. Burrows provided copies of both documents via email, which confirmed this. Despite the food restrictions

being documented in Resident A's IPOS, Ms. Burrows stated that the AFC home has not followed this plan.
On 3/16/26, I spoke to live-in staff member Neeva James via phone regarding the allegation. Ms. James confirmed that Resident A's supports team was at the home for more than an hour on 3/5/26. She stated that she did not offer Resident A food during this time because she did not want to interrupt the meeting. Ms. James reported that although the supports team did not observe her offer a meal to Resident A during their visit, she did offer Resident A a sandwich, chips and fruit before they arrived, and Resident A declined. Ms. James stated that Resident A was excited about her sister's upcoming visit and was not focused on eating. She added that she again offered Resident A a meal after the meeting concluded around 1:45pm, and Resident A reportedly ate. Ms. Jeames stated that she is not depriving Resident A of food.

Regarding Resident A's weight loss, Ms. James stated that Resident A moved into the home on 1/12/26, and she has no knowledge of weight loss prior to that date. She acknowledged that Resident A has lost weight since admission and attributed this to her poor appetite. Ms. James reported that other residents in the home have cooking goals in their IPOS, and she believes Resident A may be hesitant to eat food prepared by others due to being new and not being able to trust staff at this time. Ms. James described Resident A as a picky eater and added that she informed her guardian of this because Resident A "never wants to eat the food." Ms. James stated that Resident A's appetite has recently increased and that Resident A's sister provided Boost nutritional drinks to supplement, which have been helpful.

On 3/16/26, I spoke to Resident A's guardian, Daphne Welton via phone. She agreed to meet me in person with Resident A at a restaurant on 44th and Division to discuss the allegations. Due to Resident A's history of trauma involving men, Mrs. Welton remained present to support her during the interview. During the meeting, Resident A acknowledged that she recalled a meeting at the home with Ms. Burrows, Ms. Novak, and her sister on 3/5/26. Resident A denied being offered lunch before or during the meeting but reported that a meal was offered afterward by Ms. James. Resident A was unable to recall what meal was offered to her and what time she ate.

Resident A stated that she is typically offered at least 3 meals per day, but there have been days when she was offered less. Aside from the 3/5/26 incident, Resident A was unable to provide specific dates as to when she was offered less than 3 meals. Resident A also shared that when she does receive food from the home, she doesn't eat much because she "gets full." She denied any concerns with the quality of food and added that it "taste good."

Mrs. Welton confirmed she provided Resident A with a snack and mints during the meeting on 3/5/26. She also reported that since licensing conducted an onsite investigation at the home this past week, she has received text messages from Ms.

James three times per day showing each meal prepared for Resident A. Prior to this incident, she did not receive pictures from staff of meals being served.

On 3/16/26, I also spoke to Resident A's behavioral specialist Kim Novak via phone. Ms. Novak confirmed that she was at the home on 3/5/26 from 11:30am to 12:30pm and Ms. Burrows remained at the home until 1:45pm. Ms. Novak reported that she did not observe Ms. James offer or prepare lunch for Resident A during her time at the home. Ms. Novak reported that she heard Ms. James tell another resident to prepare lunch for three residents, excluding Resident A. Ms. Novak denied any knowledge of Resident A being offered or provided lunch prior to 11:30am on the day in question.

Ms. Novak confirmed that Resident A has lost more than 20 pounds since November 2025 and that Resident A did not move into the AFC home until January 2026. She reported that Resident A has a behavioral plan documenting food seeking behaviors, which led to the recommendation of cabinets and the refrigerator being locked. Ms. Novak stated that current AFC home has declined to implement this recommendation because staff have not observed this behavior with Resident A. Ms. Novak added that the team plans to reevaluate the need for these restrictions in the coming months after Resident A is settled into the home.

On 3/18/26, I conducted an exit conference with administrator, Ben Visel. He was informed of the investigative findings and agreed to complete a CAP within 15 days of receipt of this report.

APPLICABLE RULE	
R 400.663	**Nutrition; adoption by reference.**
	(1) A licensee shall provide daily a minimum of 3 nutritious meals to residents.
ANALYSIS:	Resident A reported that she was not offered or provided lunch on 3/5/26 prior to 1:45pm. Both Ms. Burrows and Ms. Novak also reported that they did not observe Resident A being offered or provided lunch during this time. Ms. James stated that she offered Resident A lunch before and after the supports team arrived at the home. Based on the statements provided, there is a preponderance of evidence to support this applicable licensing rule.
CONCLUSION:	**VIOLATION ESTABLISHED**

IV. RECOMMENDATION

Upon receipt of an acceptable corrective action, I recommend no changes to the current license status.

03/23/2026

_____

Anthony Mullins Date
Licensing Consultant

Approved By:

03/23/2026

_____

Jerry Hendrick Date
Area Manager