



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 30, 2026

Kristi Weber
3965 Newt Drive
Gaylord, MI 49735

RE: License #: AF690088835
Investigation #: 2026A0360025
Weber's AFC Home I

Dear Ms. Weber:

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 (616) 356-0100

Sincerely,

Matthew Soderquist, Licensing Consultant
Bureau of Community and Health Systems
350 Ottawa Ave NW Unit #13
Grand Rapids, MI 49503
(989) 370-8320

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AF690088835
Investigation #:	2026A0360025
Complaint Receipt Date:	03/02/2026
Investigation Initiation Date:	03/02/2026
Report Due Date:	05/01/2026
Licensee Name:	Kristi Weber
Licensee Address:	3965 Newt Drive Gaylord, MI 49735
Licensee Telephone #:	(989) 619-0602
Administrator:	Kristi Weber
Licensee Designee:	N/A
Name of Facility:	Weber's AFC Home I
Facility Address:	3965 Newt Drive Gaylord, MI 49735
Facility Telephone #:	(989) 619-0593
Original Issuance Date:	01/15/2000
License Status:	REGULAR
Effective Date:	07/15/2024
Expiration Date:	07/14/2026
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. ALLEGATION(S)

	Violation Established?
Facility has a strong odor of urine.	Yes
Resident C is not allowed weekly showers.	Yes
Additional Findings	Yes

III. METHODOLOGY

03/02/2026	Special Investigation Intake 2026A0360025
03/02/2026	Special Investigation Initiated - Letter APS Josh Perri
03/02/2026	APS Referral APS Josh Perri
03/26/2026	Contact - Telephone call made Guardian A
03/26/2026	Contact - Telephone call made Liz Shirley, NCCMH
03/27/2026	Inspection Completed On-site Kristi Weber, Resident A, Resident B, Resident C
04/08/2026	Contact - Telephone call made Relative C
04/16/2026	Inspection Completed On-site APS Josh Perri, Kristi Weber, Resident A
04/28/2026	Contact - Telephone call made Guardian C
04/29/2026	Inspection Completed On-site Kristi Weber, Resident C, D
04/29/2026	Exit Conference Kristi Weber F/F

ALLEGATION:

Facility has a strong odor of urine.

INVESTIGATION:

On 3/26/26, I contacted Guardian A. Guardian A stated that they were not aware of any urine smell in the home.

On 3/26/26, I contacted Liz Shirley, caseworker from North Country Community Mental Health. Ms. Shirley stated she had no concerns with the smell of urine in the home.

On 3/27/26, I conducted an unannounced onsite inspection at the home. The home did have a smell of urine. The licensee Kristi Weber stated that Resident D and E are both incontinent and share a room. Ms. Weber stated that they both wear briefs. I observed their bedroom and it had an odor of urine. Ms. Weber stated that she cleans the room with Zep urine and odor control and showed me the bottle.

On 4/8/26, I contacted Relative C. Relative C stated that she is very concerned about the smell of urine in the home.

On 4/16/26, I conducted another unannounced onsite inspection at the home with APS worker Josh Perri. The home again had a smell of urine.

On 4/28/26, I contacted Guardian C. Guardian C stated she has not noticed an odor of urine when she was at the home three weeks ago, but she intends to go to the home again in the next week.

On 4/29/26, I conducted another unannounced onsite inspection at the home. The home again had a urine smell. Ms. Weber stated that Resident D has a habit of picking apart her soiled briefs. I observed Resident D and E's bedroom. The bedroom had a strong smell of urine. There were little white bits of cloth on the floor and Ms. Weber stated that it was from Resident D picking her soiled brief apart. I then had Resident D pull her sheets back from the bed and the mattress was heavily soiled and stained. I then observed Resident E's bedding to have feces stains on them. Ms. Weber stated she had not cleaned yet despite it being the afternoon because Resident D refuses and tries to hit her. Resident D then stated that she wants to kill Ms. Weber when she tries to clean her bedroom. Ms. Weber discussed with Resident D the importance of being able to clean the room and Resident D agreed she would leave the room while Ms. Weber cleaned.

While at the facility I observed Resident A and C's bedrooms, which were both clean and did not have a strong smell of urine.

APPLICABLE RULE	
R 400.647	Safety and maintenance of premises.
	(2) Home furnishings and housekeeping standards must present a comfortable, clean, and orderly appearance.
ANALYSIS:	Interviews with Ms. Weber, Resident D, Relative A and unannounced onsite inspections at the home on 3/27/26, 4/16/26, and 4/29/26 revealed that the home did have an odor of urine and Resident D's bedroom had a strong odor, and urine and feces-stained bedding.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

Resident C is not allowed weekly showers.

INVESTIGATION:

On 4/8/26, I contacted Relative C. Relative C stated that Resident C informed her that she is not allowed to take weekly showers.

On 4/29/26, I interviewed Resident C who stated she has not been allowed to take showers as needed. She stated she does not require any assistance with the shower. She stated that Ms. Weber tells her that she can only take one shower per week but then she will tell her that she is not allowed to on the day she is supposed to take a shower. Resident C provided me with a calendar that she documented only taking two showers during the month of April on 4/2/26 and 4/17/26.

While at the home I interviewed Ms. Weber. Ms. Weber stated that Resident C can take a shower anytime she wants but that she usually takes showers once per week before hospice comes to the home. I asked Ms. Weber if she kept any documentation about the showers and she stated she did not. Ms. Weber stated she does not restrict Resident C's showers. I asked Ms. Weber to start keeping a log of Resident C's shower days and she stated she would.

APPLICABLE RULE	
R 400.677	Resident hygiene, clothing.
	(2) A licensee shall ensure the resident receives or has access to all of the following: (a) Bathing at least weekly.

ANALYSIS:	Interviews with Ms. Weber and Resident C revealed that Resident C has kept documentation on her shower logs and Ms. Weber has not. Although Ms. Weber denies restricting Resident C's showering, she has no documentation showing the frequency of when Resident C has bathed.
CONCLUSION:	VIOLATION ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION:

While at the facility on 3/27/26 I observed Resident D's bedroom to have a 6"x12" hole in the drywall above her bed near the floor. Ms. Weber stated that she thinks Resident D was picking at the wall but would have it repaired.

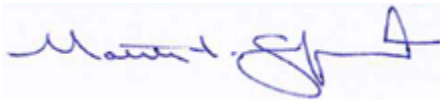
While at the facility on 4/29/26 I again observed the hole in the drywall which was still not repaired. I informed Ms. Weber that it needs to be repaired as soon as possible.

APPLICABLE RULE	
R 400.647	Safety and maintenance of premises.
	(5) Floors, walls, and ceilings must be cleanable, maintained clean, and in good repair.
ANALYSIS:	A 6"x12" hole in the drywall was observed near the headboard of Resident D's bed. It was left unrepaired for over a month. Ms. Weber stated she would have it fixed.
CONCLUSION:	VIOLATION ESTABLISHED

On 4/29/26 I conducted an exit conference with the licensee Kristi Weber. Ms. Weber concurred with the findings of the investigation and stated she would submit a corrective action plan for approval. Ms. Weber stated that she does not intend to renew her license which expires on 7/14/26 and stated she has provided all residents with a 30 day discharge notice.

IV. RECOMMENDATION

Upon receipt of an acceptable corrective action plan, I recommend no change in the status of the license.

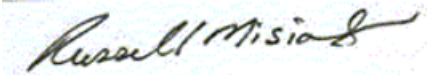


4/30/26

Matthew Soderquist
Licensing Consultant

Date

Approved By:



4/30/26

Russell B. Misiak
Area Manager

Date