



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 28, 2026

Andrea Bubel
Blue Water Developmental Housing, Inc.
1362 River Rd., Bldg. 1
St. Clair, MI 48079

RE: License #: AS500396887
Investigation #: 2026A0604014
Nottingham

Dear Ms. Bubel:

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 (248) 972-9136.

Sincerely,

A handwritten signature in cursive script that reads "Kristine Cilluffo".

Kristine Cilluffo, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 West Grand Blvd Ste 9-100
Detroit, MI 48202
(248) 285-1703

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS500396887
Investigation #:	2026A0604014
Complaint Receipt Date:	04/15/2026
Investigation Initiation Date:	04/17/2026
Report Due Date:	06/14/2026
Licensee Name:	Blue Water Developmental Housing, Inc.
Licensee Address:	Bldg. 1 1362 River Rd. St. Clair, MI 48079
Licensee Telephone #:	(810) 388-1200
Administrator:	Andrea Bubel
Licensee Designee:	Andrea Bubel
Name of Facility:	Nottingham
Facility Address:	80525 Belle River Road Memphis, MI 48041
Facility Telephone #:	(810) 392-2524
Original Issuance Date:	03/12/2019
License Status:	REGULAR
Effective Date:	04/16/2026
Expiration Date:	04/15/2028
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED

II. ALLEGATION(S)

	Violation Established?
Resident medications are being held in food pantry.	No
Knives are being stored in the pantry.	Yes
Items are being held in a closet with gas heater.	Yes
Additional Findings	Yes

III. METHODOLOGY

04/15/2026	Special Investigation Intake 2026A0604014
04/17/2026	Special Investigation Initiated - On Site Attempted unannounced onsite investigation. No one present at home.
04/20/2026	Contact - Document Sent Email to and from Licensee Designee, Andrea Bubel
04/20/2026	Contact - Document Received Email from Andrea Bubel with Resident A's Individual Plan of Service (IPOS) and Crisis Prevention & Safeguard Plan
04/22/2026	Inspection Completed On-site Completed unannounced onsite investigation. Interviewed Home Manager, Andrea Cambell and Assistant Manager, Rachel Fortumase
04/22/2026	Contact- Document Received Additional complaint information received from intake
04/27/2026	Exit Conference Completed exit conference with Licensee Designee, Andrea Bubel

ALLEGATION:

- Resident medications are being held in food pantry.
- Knives are being stored in the pantry.

INVESTIGATION:

I received a licensing complaint regarding Nottingham home on 04/15/2026. It was alleged that medications are being held in the food pantry. Knives are also in the pantry. Items are being held in a closet with a gas heater.

On 04/17/2026, I attempted an unannounced onsite investigation at Nottingham. No one was present at the home.

On 04/20/2026, I received email from Licensee Designee, Andrea Bubel. Ms. Bubel provided hours that staff are at home. She also indicated that Resident A's IPOS indicates that scissors need to be locked up but not knives.

On 04/20/2026, I received copy of Resident A's IPOS and Crisis Prevention & Safeguard Plan from Licensee Designee, Andrea Bubel by email. Resident A's IPOS dated 11/03/2025 and Crisis Prevention & Safeguard Plan dated 03/17/2026 both indicate that scissors need to be kept in locked location

On 04/22/2026, I received additional complaint information. It was alleged that home had their license inspection just a couple weeks ago. Since then, they moved the facilities medication cart into the food pantry of the kitchen. Its current location is in an enclosed, unsafe location they are most definitely aware of. Across from the cart is the homes food and on the left side of cart are all the sharp knives and not locked up. To the right is the homes breaker box. There is no ventilation, so the room is not regulated to extreme heat when summer hits.

On 04/22/2026, I completed an unannounced onsite investigation. I interviewed Home Manager, Andrea Campbell and Assistant Manager, Rachel Fortumase.

On 04/22/2026, I interviewed Home Manager, Andrea Campbell. She stated that the medication cart was moved from dining area to pantry to make room for storage in dining area. They needed additional storage as items needed to be moved out of the closet with water heater. She stated that the medication cart was moved last Wednesday or Thursday. Ms. Campbell stated that Resident A's IPOS indicates that scissors must be locked up. No residents have in their IPOS that knives must be kept in locked location. She stated that Resident A's IPOS requires scissors to be kept locked up because he likes to cut wires. The scissors were stored on a shelf in pantry but were moved to top drawer of medication cart. She stated that there have not been any recent incidents at the home regarding the storage of knives or medications.

On 04/22/2026, I interviewed Assistant Manager, Rachel Fortumase. She stated that medications are always kept locked up. The door to pantry can also be locked. She indicated that scissors were being stored on a shelf in pantry but were moved recently to the top of medication cart.

On 04/22/2026, I observed the walk in food pantry and inside the kitchen cabinets during the onsite investigation. I did not observe any medications being stored outside the locked medication cart. The medication cart has wheels and can be moved if necessary. The pantry door is also able to be locked. I observed clear box in the cabinet underneath island in kitchen. The box had knives and a pair of scissors inside. The box had a built-in combination lock; however, the box was not locked. Home Manager, Ms. Campbell, stated that the lock on box is not working.

APPLICABLE RULE	
R 400.675	Resident medications.
	(2) Prescribed medication must be kept in the original pharmacy container and labeled for a specific resident. Over-the-counter medication must be kept in the original manufacturer's container. Prescription and over-the-counter medication must be kept in a locked cabinet or drawer and refrigerated if required. Equipment necessary to administer a medication must be easily accessible and used only for the resident for whom it is prescribed unless generally used for all residents.
ANALYSIS:	On 04/22/2026, I completed an unannounced onsite investigation. I observed that medications are being stored appropriately in a locked medication cart. The medication cart is stored in a walk in food pantry which is not prohibited by licensing rules. The medication cart has wheels and can be moved out of the pantry if necessary. There is also a lock on the pantry door.
CONCLUSION:	VIOLATION NOT ESTABLISHED

APPLICABLE RULE	
R 400.671	Resident care.
	(4) A licensee shall provide supervision, protection, and personal care as specified in a resident's assessment plan. A hospice service plan, do-not resuscitate order, or any other advance directive must be included as an addendum to the resident assessment and maintained with the assessment plan in the resident record.

ANALYSIS:	Licensee Designee, Andrea Bubel and Home Manger, Andrea Campbell indicated that there are no residents who require knives to be locked up, however, Resident A's IPOS requires scissors to be kept in a locked location. Resident A's IPOS dated 11/03/2025 and Crisis Prevention & Safeguard Plan dated 03/17/2026 both indicate that scissors need to be kept in locked location. On 04/22/2026, I completed an onsite investigation and observed knives and a pair of scissors being stored in a clear box in cabinet underneath island in kitchen. The box had a built-in combination lock, however, was not locked at the time of investigation. Ms. Campbell indicated that the lock on box was not working.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION: Items are being held in a closet with gas heater.

INVESTIGATION:

On 04/02/2026, I completed a renewal inspection at the Nottingham home. During the onsite inspection, I observed that coats, boxes of gloves and other items were being stored in closet with water heater. The home was cited for R 400.731(4). The licensee submitted a corrective action plan (CAP) dated 04/08/2026. The CAP indicated that all combustible materials (coats, boxes, etc.) will be immediately removed from the water heater closet. The area will be cleared and designated as restricted storage. The plan also indicated that the water heater room will have signage posted indicating, "No storage allowed" and date achieved was noted as 04/08/2026.

On 04/22/2026, I completed an announced onsite investigation. I observed closet with water heater. I observed that items have continued to be stored in closet including, mop, broom, bucket, cushion, laundry basket, leaf blower, vacuum cleaner, and trash bags.

I completed an exit conference with Licensee Designee/Administrator, Andrea Bubel on 04/27/2026. I sent Ms. Bubel an email and informed her of the violations found and that a corrective action plan would be requested. I also informed her that a copy of report would be mailed once approved and requested that she contact me if she has any questions or has questions once reviewing report. I received response that Ms. Bubel will be out of office until 05/01/2026.

APPLICABLE RULE	
R 400.731	Flame-producing equipment; enclosures.
	(4) Combustible materials must not be stored in rooms that contain heating equipment, water heater, incinerator, or other flame-producing equipment.
ANALYSIS:	On 04/22/2026, I completed an announced onsite investigation. The home has continued to store items in closet with water heater. I observed items in closet that included closet including, mop, broom, bucket, cushion, laundry basket, leaf blower, vacuum cleaner, and trash bags. Items were also observed in closet during renewal inspection on 04/08/2026.
CONCLUSION:	REPEAT VIOLATION ESTABLISHED Reference LSR dated 04/02/2026, CAP dated 04/08/2026

IV. RECOMMENDATION

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

Kristine Cilluffo

04/27/2026

 Kristine Cilluffo
 Licensing Consultant

 Date

Approved By:

Jay Calwerts

For

04/28/2026

 Denise Y. Nunn
 Area Manager

 Date