GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 16, 2026

Kristi Weber
3965 Newt Drive
Gaylord, MI 49735

RE: License #: AF690088835
Investigation #: 2026A0360030
Weber's AFC Home I

Dear Ms. Weber:

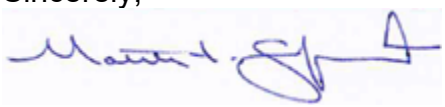
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 #:	2026A0360030
Complaint Receipt Date:	04/16/2026
Investigation Initiation Date:	04/16/2026
Report Due Date:	06/15/2026
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?
Resident A was prescribed a new medication in February and was not administered until April.	Yes
Additional Findings	Yes

III. METHODOLOGY

04/16/2026	Special Investigation Intake 2026A0360030
04/16/2026	Special Investigation Initiated - Letter APS Josh Perri
04/16/2026	APS Referral Josh Perri assigned
04/16/2026	Inspection Completed On-site Resident A, Kristi Weber, Josh Perri
04/29/2026	Inspection Completed On-site Kristi Weber
04/29/2026	Exit Conference Kristi Weber
06/15/2026	Contact - Telephone call made Guardian A

ALLEGATION:

Resident A was prescribed a new medication in February and was not administered until April.

INVESTIGATION:

On 4/16/26, I conducted an unannounced onsite inspection at the home with adult protective services worker Josh Perri. The licensee Kristi Weber stated that there was a medication change for Resident A on 2/9/26 to discontinue Aripiprazole 15 mg and to start a new medication Mirtazapine. Ms. Weber stated that she inquired with the Meijer pharmacy about the new medication, and they stated that it had not been called in. Ms. Weber stated that she contacted community mental health several

times but that the medication was never called in. Ms. Weber denied that she had any documentation of the contacts. Ms. Weber stated that the medication was finally filled on 4/14/26 and provided me with the prescription bottle. I asked to see the February, March, and April medication administration records for Resident A. Ms. Weber stated that she had not completed the March or April medication administration records (MAR). I reviewed the February 2026 MAR and it documented that the discontinued Aripiprazole 15 mg was administered the entire month of February. Ms. Weber stated that she must have been going fast and accidentally documented that it was administered but that it was discontinued on 2/9/26. Ms. Weber stated that she will update the MAR immediately and make sure that all medications are administered as prescribed. Ms. Weber stated that she intends to close her license when it expires in July 2026 and will be issuing discharge notices to all residents and their guardians.

While at the facility, I interviewed Resident A. Resident A stated that she does not remember what medications she takes. She stated that Ms. Weber brings her medication in a cup and she is not sure which medications are which.

On 4/29/26, I conducted another unannounced onsite inspection at the home. Ms. Weber provided me with Resident A's MAR for March and April 2026 which were filled out and current. Ms. Weber stated that she has issued a 30-day discharge notice to Resident A due to closing in July and Guardian A is supposed to come to the home to sign it.

On 6/15/26, I contacted Guardian A. Guardian A stated that she has had some issues with Ms. Weber cancelling medication review appointments with community mental health and their next appointment is on 6/24/26 so she is trying to make arrangements to get Resident A to the appointment. She stated she has received the discharge notice and intends to move Resident A to a new facility before Ms. Weber's AFC license expires in July.

APPLICABLE RULE	
R 400.675	**Resident medications.**
	(1) Medication must be given, taken, or applied as prescribed, ordered, or directed by an appropriately licensed health care professional.
ANALYSIS:	Interviews with Ms. Weber, Resident A, Guardian A and documentation review revealed that Resident A was not administered prescribed medication Mirtazapine until almost two months after it was prescribed.
CONCLUSION:	**VIOLATION ESTABLISHED**

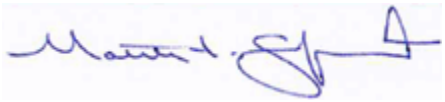
ADDITIONAL FINDINGS:

APPLICABLE RULE	
R 400.675	**Resident medications.**
	(4) A licensee, administrator, or direct care staff shall comply with the following when supervising the taking of medication by a resident: **(b) Complete an individual medication log that contains all of the following:** **(i) Medication name.** **(ii) Dosage.** **(iii) Label instructions for use.** **(iv) Time to be administered.** **(v) Initials of the individual who administered the medication at the time given.** **(vi) Resident's refusal to accept prescribed medication or procedures at time of refusal.**
ANALYSIS:	Interviews with Ms. Weber and review of the February, March, and April Medication Administration Records revealed that she did not document March and April 2026 MAR's when the medication was administered and also documented that prescription medication Aripiprazole had continued to be administered the entire month of February despite the medication being discontinued on February 9th, 2026.
CONCLUSION:	**VIOLATION ESTABLISHED**

On 4/29/26, I conducted an exit conference with Ms. Weber. Ms. Weber concurred with the findings of the investigation.

IV. RECOMMENDATION

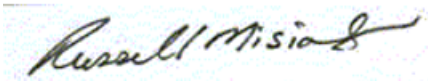
Upon receipt of an acceptable corrective action plan, I recommend no change in the status of the license.



6/15/26

Matthew Soderquist — Date
Licensing Consultant

Approved By:



6/16/26

Russell B. Misiak — Date
Area Manager