GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 28, 2026

Vicky Arnold
5313 Rugby
Portage, MI 49024

RE: License #: AF390238306
Arnold AFC
5313 Rugby
Portage, MI 49024

Dear Vicky Arnold:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. 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 dates 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 licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license and specialized certification for the mentally ill and developmentally disabled will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (517) 335-5985.

Sincerely,

Cathy Cushman, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(269) 615-5190

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
RENEWAL INSPECTION REPORT

I. IDENTIFYING INFORMATION

License #:	AF390238306
Licensee Name:	Vicky Arnold
Licensee Address:	5313 Rugby Portage, MI 49024
Licensee Telephone #:	(269) 381-9527
Licensee Designee:	N/A
Administrator:	N/A
Name of Facility:	Arnold AFC
Facility Address:	5313 Rugby Portage, MI 49024
Facility Telephone #:	(269) 381-9527
Original Issuance Date:	09/12/2001
Capacity:	4
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection: 07/22/2026

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 2
No. of residents interviewed and/or observed 2
No. of others interviewed N/A Role:

- Medication pass / simulated pass observed? Yes ☒ No ☐ If no, explain.
- Medication(s) and medication record(s) reviewed? Yes ☒ No ☐ If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes ☒ No ☐ If no, explain.
- Meal preparation / service observed? Yes ☐ No ☒ If no, explain.
  Inspection did not occur at meal time. The food at the facility appeared safe and free from spoilage and contamination, the food service equipment was in good repair, and the facility appeared equipped to prepare and serve adequate meals.
- Fire drills reviewed? Yes ☒ No ☐ If no, explain.
- Fire safety equipment and practices observed? Yes ☒ No ☐ If no, explain.
- E-scores reviewed? (Special Certification Only) Yes ☒ No ☐ N/A ☐
  If no, explain.
- Water temperatures checked? Yes ☒ No ☐ If no, explain.
- Incident report follow-up? Yes ☒ No ☐ If no, explain.
- Corrective action plan compliance verified? Yes ☐ CAP date/s and rule/s:
  N/A ☒
- Number of excluded employees followed-up? N/A ☒
- Variances? Yes ☐ (please explain) No ☐ N/A ☒

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in substantial non-compliance with the following rules:

R 400.611 **Required information; fee; posting of license; change of information.**

(1) An applicant or licensee shall maintain the following documents:
(a) Admission policy and program statement.
(b) Personnel policies.
(d) Standard or routine procedures.
(e) Proposed staffing patterns.
(f) Organizational chart.

FINDING: The licensee did not have an admission policy, standard or routine procedures, proposed staffing pattern or organizational chart available for review during the inspection.

The program statement available did not include the population type of the residents (MI/DD/Aged/Etc.) or a description of the types of staff competencies that are necessary to carry out the services provided by the licensee.

R 400.617 **Records.**

(1) A licensee shall maintain the following records:
(e) Resident register.

FINDING: A resident register was not available for review during the inspection.

R 400.619 **Emergency preparedness plan.**

(2) An emergency preparedness plan must include all of the following:
(a) Specify persons responsible for carrying out the emergency preparedness plan and their responsibilities.
(b) Persons to be notified during an emergency.
(c) Locations of alarm signals and fire extinguishers.
(e) Procedures and special staff response for evacuating residents of limited mobility or special needs and visitors.
(f) Any special assistance needed by a resident.

FINDING: The emergency preparedness plan available for review during the inspection did not specify the persons responsible for carrying out the emergency preparedness plan and their responsibilities, the persons to be notified during an emergency, the locations of all the alarm signals and fire extinguishers, procedures and special staff response for evacuating residents of limited mobility or special needs and visitors, and any special assistance needed by a resident.

R 400.619 Emergency preparedness plan.

(3) A licensee must have a written fire safety plan that includes all of the following:
(a) Use of and response to alarms.
(c) Isolation of fire.
(e) Closure of bedroom doors and corridor access doors on exiting.
(f) Use of fire extinguishers.

FINDING: The written fire safety plan did not include the use of and response to alarms, the isolation of fire, the closure of bedroom doors and corridor access doors on exiting, and the use of fire extinguishers.

R 400.619 Emergency preparedness plan.

(7) A licensee shall ensure that all staff are instructed and retrained quarterly per calendar year, and new staff on hire, with respect to their duties and responsibilities under the emergency preparedness plan, on the operation of the fire alarm and other fire protection equipment. A record of the instruction must be maintained for 2 years.

FINDING: There was no verification available for review during the inspection that staff received instruction and retraining on their duties and responsibilities under the emergency preparedness plan, on the operation of the fire alarm and other fire protection equipment, for the first or second quarter of 2026.

R 400.629 Direct care staff; qualifications and training.

(5) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be trained and competent in all of the following areas before performing assigned tasks independently:
(i) Nutrition and special diets.

FINDING: There was no verification available for review during the inspection that any direct care staff received training in nutrition and special diets.

R 400.631 Health screenings.

(1) A licensee, staff, volunteers, and members of the household shall be in such physical and mental health as not to negatively affect the health or care of the residents.

FINDING: During the inspection, household member and direct care staff, Bill Arnold, exhibited significant hand tremors while handling medications and had trouble navigating the electronic medication administration system. He had difficulty manipulating the computer mouse to access and explore the electronic medication administration system. Additionally, he stated he was having difficulty seeing the computer screen. These observed limitations raised concerns regarding his ability to safely perform direct care responsibilities and ensure the health and care of the residents.

R 400.631 Health screenings.

(4) A licensee shall annually review and maintain in the facility the health status of the staff and members of the household. Verification of annual reviews must be maintained for 2 years.

FINDING: There was no documentation available for review during the inspection verifying the licensee annually reviewed members of household and direct care staff health statuses.

R 400.637 Handling of resident funds and valuables.

(15) A licensee shall have a written refund agreement with a resident or a resident's designated representative. The agreement must state under what conditions a refund of the unused portion of the monthly charge that is paid to the facility is returned to the resident or resident's designated representative.

FINDING: A written refund agreement was not available for review during the inspection.

R 400.639 Staff records.

(1) A licensee shall maintain a record for each staff that contains all of the following:

(e) Verification of experience, highest level of education completed, and training.

FINDING: There was no verification available for review during the inspection of the highest level of education completed for any direct care staff.

R 400.639 Staff records.

(1) A licensee shall maintain a record for each staff that contains all of the following:
(i) Verification of the receipt by the staff of personnel policies and job descriptions.

FINDING: There was no verification available for review during the inspection that any staff had received the personnel policies.

R 400.639 Staff records.

(3) A licensee shall maintain for 90 days a daily work schedule and assignments that includes all of the following:
(a) Names of staff on duty.
(b) Job titles.
(c) Hours or shifts worked.
(d) Date of schedule.
(e) Scheduling changes when made.

FINDING: Ninety days of staff schedules were not available for review during the inspection.

R 400.647 Safety and maintenance of premises.

(9) Stairways with more than 1 step must have sturdy and securely fastened handrails. Handrails must be 30 to 34 inches above the upper surface of the tread.

FINDING: A stairway leading to the front door did not have handrails on either open side. The stairway leading from the backyard to the driveway also did not have handrails on either open side.

The stairway leading from the rear deck to grade was not equipped with handrails extending to the bottom of the stairway. The handrails terminated before the final two steps, preventing a continuous handhold for residents using the stairs. Additionally, the handrail on the left side of this stairway was not securely fastened.

R 400.651 Living space.

(1) Common use areas of the facility must be accessible to all residents unless a resident has restrictions imposed in the resident's assessment plan or individual plan of service.

FINDING: The licensee indicated on multiple occasions that the main level of the facility, including the kitchen, dining, living area, and deck are "designated family space" and off limits to residents; however, none of the resident's assessment plans or individual plans of service identified restrictions to these areas of the facility.

R 400.655 Bathrooms.

(3) Bathrooms must have doors with positive-latching, non-locking-against-egress hardware. Hooks, bolts, bars, and other similar devices are prohibited on bathroom doors.

FINDING: The shower room door on the lower level was equipped with hardware that was not positive latching.

The bathroom door on the lower level was equipped with hardware that was not positive latching or non locking against egress.

R 400.665 Food service.

(7) When food is removed from its original packaging and stored, it must be clearly labeled to identify the prepared or opened date and an expiration or discard date. The discard date must be no more than 7 days on all perishable foods that are opened or if food is prepared and held at safe storage temperatures. The day of opening or day of preparation must be counted as day 1. If there are signs of spoilage, food must be discarded immediately. If any residents of the home have known food allergies, the label must also indicate that this food contains the food or ingredient that the resident is allergic to.

FINDING: Leftovers were observed in the refrigerator without an open date and discard date.

R 400.673 Use of assistive devices, therapeutic support.

(2) An assistive device or therapeutic support must be authorized in writing by an appropriately licensed health care professional and the authorization must state the reason for and the term of the authorization.

FINDING: Resident A's bed was equipped with half bed rails, and a walker was present for Resident A's use. At the time of the inspection, the licensee did not have written authorization from an appropriately licensed health care professional for the use of the half bed rails or the walker. Documentation stating the reason for and the term of the authorization was not available for review.

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.

FINDING: Review of a physician's order revealed Resident A's Aripiprazole 15 mg (Abilify) was discontinued effective 07/02/2026 and a new order for Aripiprazole 20 mg daily became effective the same date. Review of the Medication Administration Records (MAR) and interview with direct care staff, Bill Arnold, revealed Resident A continued to receive the discontinued 15 mg dose in addition to the prescribed 20 mg dose. Subsequently, Resident A was not receiving his prescribed Abilify, as directed.

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.

FINDING: Review of medications stored in the medication cart revealed Resident B's bottle of multivitamins and Flonase bottle were not labeled with Resident B's name, as required.

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.

FINDING: Review of Resident A's MAR revealed the administration of Aripiprazole 20 mg with the instruction of take one tablet by mouth once daily, was not documented as administered. Direct care staff, Bill Arnold, stated the medication was administered; however, the MAR did not contain the initials of the individual administering the medication at the time given.

Additionally, a review of Resident B's MAR revealed the administration of Resident B's Oxcarbazepine 300 mg (Trileptal) with the instruction of take 3 tablets by mouth every evening, was not documented as administered. Bill Arnold again stated the medication was administered; however, the MAR did not contain the initials of the individual administering the medication at the time given.

R 400.675 Resident medications.

(7) Prescription medication that is no longer required by a resident or expired must be properly disposed of.

FINDING: Review of Resident A's medications revealed multiple prescription medications, including Oxycodone 10 mg, were no longer utilized by the resident. The medications had not been properly disposed of and based on my interview with direct care staff, Bill Arnold, continued to be stored in the facility for multiple months.

R 400.685 Resident admission; resident assessment plan; resident care agreement; health care appraisal.

(4) A written assessment plan must be completed with and signed by the resident or the resident's designated representative, responsible agency if applicable, and the licensee at the time of admission and annually thereafter. A licensee shall maintain a copy of the resident's most recent assessment plan on file at the facility for up to 2 years after discharge.

FINDING: Review of Resident A's record revealed the most recent *Assessment Plan for AFC Residents* was dated September 2019. An updated annual assessment plan was not available for review at the time of the inspection.

R 400.687 Resident admission and discharge policy; house rules; change of residency; provision of resident records.

(1) A licensee shall have a written admission and discharge policy and shall make it available to a resident and resident's designated representative.

FINDING: The licensee did not have a written admission and discharge policy available for review at the time of the inspection.

R 400.687 Resident admission and discharge policy; house rules; change of residency; provision of resident records.

(3) A licensee shall have a written policy on visitation that includes if overnight visitors are allowed. A roommate shall consent to have an overnight visitor spend the night if in a resident semi-private room. An overnight visitor is considered an occupant. The facility cannot exceed the occupant capacity in accordance with R 400.613(3).

FINDING: The licensee did not have a written policy on visitation regarding overnight visitors available for review during the inspection.

R 400.697 Resident transportation.

(2) A licensee shall ensure all of the following when providing transportation services:
(c) The vehicle operator has a valid driver's license. This may include a chauffeur and a commercial driver license (CDL) if transporting 16 or more people including the driver.

FINDING: The licensee stated direct care staff, Stephanie Miller, provides transportation for residents; however, a review of her staff record revealed a copy of her driver's license expired on 04/28/2025. Verification of a current, valid driver's license was not available for review at the time of the inspection.

R 400.707 Staff training.

(1) Staff who work with residents shall have successfully completed training that provides basic concepts required in providing specialized dependent care before working

independently. Staff shall show the ability to comprehend and be competent to deliver each resident's individual plan of service as written. Training must include all of the following before working independently:

(a) An introduction to community residential services and the role of direct care staff.

(b) Understanding and carrying out individual plans of service for residents.

(c) An introduction to the special needs of residents that have developmental disabilities or have been diagnosed as having a mental illness and is specific to the needs of residents to be served by the facility.

(d) Protecting and respecting the rights of residents in accordance with chapter 7 of the mental health code, 1974 PA 258, MCL 330.1700 to 330.1758, including providing resident orientation to written facility policies and procedures.

(e) Non-aversive techniques for prevention and treatment of challenging behavior of residents in accordance with an individual plan of service.

FINDING: Review of Resident A's and B's resident records revealed documentation verifying *Individual Plan of Service* (IPOS) training for the licensee, Vicky Arnold, and direct care staff, Bill Arnold. There was no verification available during the inspection that direct care staff, Cynthia Elliott and Stephanie Miller, had been trained on either resident's IPOS.

R 400.725 Means of egress.

(1) A means of egress must be considered the entire way and method of passage through the facility and out an exit door to free and safe ground outside the facility and must be arranged and maintained to provide free and unobstructed egress from all parts of the facility.

FINDING: At the time of the inspection, a safety gate was installed across the required path of travel to the facility's primary means of egress. The licensee stated the gate was installed to prevent the family dog from accessing the lower level. The gate opened inward toward a person attempting to exit the facility, obstructing the required path of travel to the exit door.

R 400.725 Means of egress.

(3) Doors that form a part of a required means of egress must be equipped with positive-latching, non-locking-against-egress hardware and have a width to allow for

residents requiring wheelchairs or other devices to easily navigate through doorways.

FINDING: Review of the facility's required means of egress revealed multiple exit doors were equipped with locking against egress hardware. The facility's front door, identified as the primary means of egress, was equipped with locking against egress hardware.

The facility's sliding glass door off the kitchen, identified on the facility's evacuation route as a required means of egress, was also equipped with locking against egress hardware and secured with a bar at the bottom of the door.

The lower level door leading to the garage, also identified as a required means of egress on the facility's evacuation route, was equipped with locking against egress hardware and a chain lock.

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.

FINDING: At the time of the inspection, combustible materials, including clothing and linens, laundry baskets, plastic storage items, were observed being stored in the enclosed furnace room.

Technical assistance: The one hour rated furnace room may be utilized for the approved washer and dryer; however, combustible materials shall not be stored within the enclosure. Laundry should not be left in the room except while actively being washed or dried, and all other storage should be removed.

The licensee was emailed a copy of the updated Adult Foster Care administrative rules on 11/07/2025 following promulgation of the rules on 11/05/2025. The licensee was also provided the AFC Required Policies, Procedures, and Information Checklist, and templates for Admission Policy, Confidentiality Policy, Direct Care Staff Training Policy, Discharge Policy, Employee Annual Health Review, Mandatory Reporting Policy, Practice Evacuation-Fire Drill Record, Program Statement, Sample Reference Check Form, Resident Care Related Prohibited Practices Policy, Resident Refund Agreement, Resident Rights Policy, and Review of Rules and Act Policy.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license and specialized certification for the mentally ill and developmentally disabled populations is recommended.

07/28/2026

Cathy Cushman Licensing Consultant — Date

Approved:

Dawn Timm — 07/24/2026 Date