GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 30, 2026

Brooke Selleck-Fredrickson
The Mitten Adult Foster Care L.L.C.
1546 N. Royston Road
Charlotte, MI 48813

RE: License #: AM230402660
Investigation #: 2026A0581043
The Mitten Adult Foster Care LLC

Dear Brooke Selleck-Fredrickson:

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 (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

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM230402660
Investigation #:	2026A0581043
Complaint Receipt Date:	08/10/2026
Investigation Initiation Date:	08/13/2026
Report Due Date:	10/09/2026
Licensee Name:	The Mitten Adult Foster Care L.L.C.
Licensee Address:	4957 Burt Avenue Grand Ledge, MI 48813
Licensee Telephone #:	(517) 927-5734
Administrator:	Brooke Selleck-Fredrickson
Licensee Designee:	Brooke Selleck-Fredrickson
Name of Facility:	The Mitten Adult Foster Care LLC
Facility Address:	4957 Burt Avenue Grand Ledge, MI 48837
Facility Telephone #:	(517) 898-1983
Original Issuance Date:	04/16/2020
License Status:	REGULAR
Effective Date:	10/16/2024
Expiration Date:	10/15/2026
Capacity:	12
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. ALLEGATIONS

	Violation Established?
The facility is short staffed.	No
The facility smells like ammonia from cat urine.	No
Residents are served food of poor quality or inappropriate form and consistency.	No
Residents are served old or expired leftovers.	No
Resident bedding is not changed if a resident is incontinent.	No
Resident medication is not administered as prescribed.	No
Resident medications are not kept locked up.	No
Residents are not supervised when medication is administered.	Yes
Residents do not shower for one to two weeks at a time.	No
Residents are required to purchase their own hygiene products.	No

III. METHODOLOGY

08/10/2026	Special Investigation Intake - 2026A0581043
08/10/2026	APS Referral - APS received the allegations, but denied investigating.
08/13/2026	Special Investigation Initiated - On Site - Interviewed residents and staff.
08/25/2026	Contact - Document Received - Email from licensee designee, Brooke Selleck-Fredrickson.
09/24/2026	Contact – Telephone call made – Interview with direct care staff, Joshlyn Blakenberg.
09/25/2026	Contact – Telephone call made – Attempted to contact direct care staff, Natalie Fredrickson.
09/25/2026	Contact – Telephone call made – Interview with direct care staff, Desiree Smith.
09/29/2026	Contact – Document Received – Email from Brooke Selleck-Fredrickson.
09/29/2026	Exit conference with licensee designee, Brooke Selleck-Fredrickson.

ALLEGATION: The facility is short staffed.

INVESTIGATION: On 08/10/2026, I received this complaint through the Bureau of Community Health Systems (BCHS) online complaint system. The complaint alleged the facility was short staffed. No additional information was provided regarding when the alleged staffing shortage occurred or how resident care was affected.

On 08/13/2026, I conducted an unannounced onsite inspection. I interviewed direct care staff, Michele Hitsman and Rokita Butler, whose statements were consistent. Michelle Hitsman stated that although she was trained as direct care staff, she primary performed administrative duties; however, she stated she was frequently present at the facility during the day. Michele Hitsman and Rokita Butler stated there were 11 residents in the facility, and one staff was scheduled each shift. They stated additional staff were frequently present during the day and available to assist with resident care as needed. Michele Hitsman and Rokita Butler stated none of the residents required two person assistance and described most residents as independent.

I reviewed the facility's Resident Register, which confirmed there were 11 residents admitted to the facility.

I also reviewed the facility's staff schedule, which was consistent with Michele Hitsman's and Rokita Butler's statements regarding staffing.

I interviewed Residents A, B, C, D, E and F. None of the residents expressed concerns regarding staffing or stated that their supervision, personal care, or protection needs or other residents' needs were not being met by staff.

On 08/25/2026, I reviewed each residents' *Health Care Appraisal* (HCA) and *Assessment Plan for AFC Residents* (assessment plan). The records did not identify any residents requiring enhanced supervision or two person assistance with personal care.

On 09/24/2026, I interviewed direct care staff, Joshlyn Blankenberg, whose statements were consistent with those provided by Michele Hitsman's and Rokita Butler's statements. Joshlyn Blankenberg stated the facility's staffing was sufficient to meet the residents' current care needs, and she had not experienced circumstances in which additional staff were needed to provide residents with their required supervision, personal care, or protection. She denied having concerns regarding insufficient staffing.

APPLICABLE RULE	
R 400.633	**Staffing requirements.**
	(1) A licensee shall always have sufficient direct care staff on duty for the supervision, personal care, and protection of residents and to provide the services specified in a resident's assessment plan, health care appraisal, and resident care agreement. At a minimum, the ratio of direct care staff to residents must not be less than 1 direct care staff to either of the following: **(b) 12 residents for small group and family home.**
ANALYSIS:	Based on my investigation, which included interviews with multiple direct care staff and residents and review of pertinent AFC records, there is insufficient evidence to support the allegation that the facility is inadequately staffed to meet the supervision, personal care, and protection of the residents.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION: The facility smells like ammonia from cat urine.

INVESTIGATION: The complaint alleged the facility had several cats, and the facility had an ammonia odor. No additional information regarding the allegation was provided.

Direct care staff, Michele Hitsman, Rokita Bulter, and Joshlyn Blankenberg each confirmed that multiple cats were kept at the facility and stated the cats primarily remained outside during the day. None of the staff reported concerns regarding an ammonia odor in the facility. They all consistently stated that litter boxes were cleaned daily when the bathrooms were cleaned.

During my unannounced inspection on 08/13/2026, I walked throughout the facility and observed at least four cat litter boxes on the main level where residents reside. I did not detect an ammonia, cat urine, or other notable odors within the facility, including the areas immediately surrounding the litter boxes.

I interviewed Residents A, B, C, D, E and F and none of them stated concerns regarding odors or the condition of the cat litter boxes. The residents consistently stated that staff regularly cleaned the litter boxes. Resident A stated staff do not “sterilize” the litter boxes after emptying them.

APPLICABLE RULE	
R 400.647	**Safety and maintenance of premises.**
	(1) A facility must be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.
ANALYSIS:	Based on my investigation, which included interviews with multiple direct care staff and residents and observations made during an unannounced inspection, there is insufficient evidence to support the allegation that the facility was not adequately maintained due to ammonia or cat urine odors. Multiple litter boxes were observed in the facility; however, no notable odors were detected, and those interviewed consistently stated that the litter boxes were regularly cleaned.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION:

- **Residents are served food of poor quality or inappropriate form and consistency.**

- **Residents are served old or expired leftovers.**

INVESTIGATION: The complaint alleged residents are served leftovers throughout the week and were sometimes served food described as “slop”, including tuna fish and sloppy joes mixed together. The complaint further alleged that although the facility had food available in its freezers, staff served residents old food. The complaint alleged residents had expressed dissatisfaction with the food being served. The complaint did not identify any specific residents or staff associated with the allegations and did not provide specific dates or timeframes regarding when the alleged incidents occurred.

Direct care staff, Michele Hitsman’s, Rokita Butler’s, and Joshlyn Blankenberg’s statements were consistent. They did not state concerns regarding the quality or condition of food served to residents. They all stated residents were provided with the planned menu items and alternatives were available when residents did not want the scheduled meal. Michele Hitsman, Rokita Butler, and Joshlyn Blankenberg stated leftovers could be offered as an alternative at a resident’s request. Rokita Butler stated leftovers were used within three days or frozen. Joshlyn Blankenberg stated staff routinely reviewed food stored in the pantry, refrigerators, and freezers and discarded old or expired food.

I conducted my unannounced onsite inspection during lunch. I observed residents being served ham soup and did not observe concerns with its form, consistency, or temperature. I reviewed the facility's menu, which identified gyros for dinner, and observed the food necessary for the planned dinner available in the refrigerator. I also inspected food stored in the facility's pantry, refrigerator, and freezers and did not observe expired food or food exhibiting signs of spoilage.

I interviewed Residents A, B, C, D, E, and F regarding the food served at the facility. Resident A stated she did not generally care for the food, but described the lunch served that day as "okay". She stated she was a former cook and acknowledged being critical of food. Resident B also expressed personal preferences regarding the food but stated that when she did not like a scheduled menu item, staff would prepare an alternative for her. Residents C, D, E, and F did not identify concerns regarding the food served at the facility.

APPLICABLE RULE	
R 400.663	**Nutrition; adoption by reference.**
	(2) Meals must be of proper form, consistency, and temperature.
ANALYSIS:	Based on my investigation, which included observations during an unannounced onsite inspection and interviews with multiple direct care staff and residents, there is insufficient evidence to establish that residents were served food that was not of proper form, consistency, or temperature. The meal observed during the inspection did not present concerns regarding form, consistency or temperature, and residents did not identify concerns consistent with the allegation.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

APPLICABLE RULE	
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.
ANALYSIS:	Based on my investigation, which included inspection of the food stored in the facility's pantry, refrigerator, and freezers and interviews with multiple direct care staff and residents, there is insufficient evidence to establish that perishable food was being retained beyond the required discard period or that spoiled or expired food was being served to residents. Staff consistently described practices for monitoring and discarding stored food, and no expired food or food exhibiting signs of spoilage was observed during the inspection.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION: Resident bedding is not changed if a resident is incontinent.

INVESTIGATION: The complaint alleged that when residents experience incontinence, they are not changed and their soiled bedding is not laundered or replaced promptly. The complaint did not identify any specific residents or staff associated with the allegation and did not provide specific dates or timeframes when the alleged incidents occurred.

Direct care staff, Michele Hitsman, Rokita Butler, and Joshlyn Blankenberg had consistent statements. They denied that residents were left in soiled briefs, linens, or bedding and stated residents were assisted with incontinence care as needed. Staff stated that bed linens were routinely changed and laundered at least weekly and more frequently when soiled. Joshlyn Blakenberg stated she had encountered Resident G and Resident H with soiled bedding when working in the morning and assisted with changing their incontinence briefs and laundering their soiled bedding.

Residents A, B, C, D, E and F had statements that were generally consistent. They stated their bedding was changed and laundered weekly or more frequently when needed. Resident F stated he preferred that his bedding not be changed as frequently and stated laundering his bedding approximately twice per month.

During my unannounced onsite inspection, I inspected resident bedrooms and bedding. I did not observe soiled bedding or other conditions indicating that soiled bedding was not being changed or laundered as needed.

APPLICABLE RULE	
R 400.669	**Linens.**
	(1) A licensee shall provide all of the following: **(a) Clean bedding in good condition that includes a minimum of a fitted sheet, top sheet, pillowcase, and blanket or comforter for each bed.**
ANALYSIS:	Based on my investigation, which included interviews with multiple direct care staff and residents and observations made during an unannounced onsite inspection, there is insufficient evidence to establish that residents were not provided clean bedding in good condition. Resident bedding observed during the inspection was clean and in good condition, and those interviewed did not report concerns regarding residents being left with soiled bedding.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

APPLICABLE RULE	
R 400.669	**Linens.**
	(2) Bed linens must be changed and laundered at least once a week and towels and washcloths changed and laundered not less than twice weekly or more often if soiled.
ANALYSIS:	Based on my investigation, there is insufficient evidence to establish that resident bed linens were not changed and laundered at least weekly or more frequently when soiled. Staff and residents consistently stated that bedding was changed routinely and when soiled, and no soiled bedding was observed during the unannounced onsite inspection.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

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ALLEGATION:

- **Resident medication is not administered as prescribed.**
- **Resident medications are not kept locked up.**
- **Residents are not supervised when medication is administered.**

INVESTIGATION: The complaint alleged resident medications were “messed up”, including medications not being available or residents not receiving their medications. The complaint further alleged the medication cart was left unlocked, and staff did not supervise residents while taking their medications. The complaint did not identify any specific residents or staff involved and did not provide specific dates or timeframes when the alleged incidents occurred.

Direct care staff, Michele Hitsman’s, Rokita Butler’s and Joshlyn Brekenberg’s statements were generally consistent regarding the facility’s medication practices; however, Michele Hitsman stated she did not administer medications. All three staff stated that residents are supervised when medications are administered to ensure the medications are taken and denied being aware of staff leaving medications with residents unsupervised. Staff stated no concerns regarding medications being unavailable and stated resident medications were accounted for. They also stated that the medication cart was maintained locked in the staff office, which was also kept locked.

During my unannounced onsite inspection, I observed the medication cart to be locked.

I reviewed the medications and August 2026 Medication Administration Records (MARs) for Residents D, F, G, and I. The medications reviewed were available in the facility and corresponded with the medications documented on the residents’ MARs. I did not identify evidence during this review that prescribed medications were not available.

Residents A, B, C, D, E and F had consistent statements regarding medication administration. The residents stated receiving their medications and being supervised by staff while taking them. None of the residents stated concerns regarding their medications. The residents also stated that the medication cart was kept locked and that they did not have access to resident medications.

On 09/25/2026, while interviewing direct care staff, Desiree Smith, regarding a separate complaint she described an incident involving Resident J that occurred on or around 09/22/2026. Desiree Smith stated Resident J had been admitted to the facility approximately five days earlier and she had previously administered her medications without incident.

Desiree Smith stated that on the evening of 09/22/2026, she prepared Resident J's medications, placed them in a medication cup, and gave the cup to Resident J in her bedroom. Desiree Smith stated that because she had not previously experienced difficulty with Resident J taking her medications, she expected Resident J to take them and left the bedroom without observing her do so. Desiree Smith stated she estimated she returned approximately four to six minutes later and observed that Resident J had not taken the medications. According to Desiree Smith, Resident J questioned whether one of the medications was correct and accused Desiree Smith of attempting to poison her. Desiree Smith stated she left Resident J's bedroom again to verify Resident J's medications and returned approximately two minutes later. Desiree Smith acknowledged this was the first time she had left medications with a resident without supervising the resident taking them.

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:	Based on my investigation, which included a review of resident medications and August 2026 MARs and interviews with multiple residents and direct care staff, there is insufficient evidence to establish that resident medications were not given, taken or applied as prescribed, ordered, or directed by an appropriately licensed health care professional, as required.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

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:	During my unannounced onsite inspection, I observed the facility's medication cart locked. Staff and residents interviewed also consistently stated that the medication cart was kept locked and inaccessible to residents. Subsequently, there is insufficient evidence to establish that resident medications were not maintained in a locked cabinet or drawer, as required.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

APPLICABLE RULE	
R 400.675	**Resident medications.**
	(3) Giving, taking, or applying of prescription medications must be supervised by a licensee, administrator, or direct care staff unless otherwise directed by an appropriately licensed health care professional in writing.
ANALYSIS:	Direct care staff, Desiree Smith, acknowledged that on or around 09/22/2026, she gave Resident J her prescription medications and left Resident J's bedroom without supervising her taking the medications. Desiree Smith stated she returned approximately four to six minutes later and observed that Resident J had not taken the medications.
CONCLUSION:	**VIOLATION ESTABLISHED**

ALLEGATION: Residents do not shower for one to two weeks at a time.

INVESTIGATION: The complaint alleged residents were not being showered by staff for periods of one to two weeks and had an odor. The complaint did not identify any specific residents or staff involved and did not provide dates or other information regarding when this allegedly occurred.

Direct care staff, Michele Hitsman, Rokita Butler, and Joshlyn Blakenberg had consistent statements regarding resident bathing. They stated residents have scheduled shower days multiple times per week to ensure staff assistance is available when needed. They stated residents may shower more frequently if they choose and denied being aware of any resident going for one or two weeks without bathing.

Residents A, B, C, D, E and F provided consistent statements regarding bathing. The residents stated they were able to bathe or shower as often as they wanted and that staff were available to provide assistance when needed. The residents also stated having scheduled shower days to ensure staff assistance was available.

During my unannounced onsite inspection, I did not observe any hygiene concerns or noticeable odors from the residents that would support the allegation.

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 multiple residents and direct care staff indicated residents had scheduled shower days multiple times per week, could bathe more frequently if desired, and had staff assistance available when needed. No hygiene concerns were observed during the unannounced onsite inspection. Subsequently, there is insufficient evidence to establish that residents did not receive or have access to bathing at least weekly.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION: Residents are required to purchase their own hygiene products.

INVESTIGATION: The complaint alleged residents are required to purchase their own hygiene products and that residents who do not purchase their own products are not bathed. The complaint did not identify any specific residents or staff involved or provide dates when this allegedly occurred.

Direct care staff, Michele Hitsman, Rokita Butler, and Joshlyn Blakenberg had consistent statements regarding resident hygiene supplies. They stated the licensee designee, Brooke Selleck-Fredrickson, purchases hygiene and bathing products for residents. They stated residents may purchase their own products if they prefer a specific product or brand.

During my unannounced onsite inspection, I observed hygiene and bathing supplies available in the facility bathrooms and additional supplies in a storage area.

Residents A, B, C, D, E and F provided consistent statements that hygiene products were available to them. Resident B stated a relative purchases her preferred hygiene products; however, she stated the facility would provide hygiene products I needed.

APPLICABLE RULE	
R 400.677	**Resident hygiene, clothing.**
	(2) A licensee shall ensure the resident receives or has access to all of the following: **(d) Availability of all the following resident hygiene supplies:** **(i) Deodorant.** **(ii) Feminine hygiene products.** **(iii) Razors and shaving cream.** **(iv) Shampoo.** **(v) Soap.** **(vi) Toothpaste.** **(vii) Toothbrushes.** **(viii) Toilet paper.**
ANALYSIS:	Direct care staff and residents consistently stated that hygiene supplies were provided by the facility, and hygiene and bathing supplies were observed during unannounced onsite inspection. Although residents may purchase preferred products, there is insufficient evidence to establish that residents are required to purchase their own hygiene supplies.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

On 09/29/2026, I conducted my exit conference with the licensee designee, Brooke Selleck-Fredrickson. Brooke Selleck-Fredrickson stated she was disappointed with the actions of staff, Desiree Smith, and stated this was not how the rest of her staff administered medications. She stated Desiree Smith's employment was terminated on 09/22/2026. She agreed to provide an acceptable plan of correction.

IV. RECOMMENDATION

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



09/29/2026

Cathy Cushman — Date
Licensing Consultant

Approved By:



09/30/2026

Dawn N. Timm — Date
Area Manager