



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

March 3, 2018

Sammie Brown, Jr.  
Alternative Care Services Inc.  
P.O. Box 368  
Inkster, MI 48141

RE: License #: AS820282019  
Investigation #: **2018A0119009**  
**Lehigh Care**

Dear Mr. Brown, Jr.:

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 (313) 456-0380.

Sincerely,

A handwritten signature in cursive script that reads "Shatonla Daniel".

Shatonla Daniel, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 919-3003

Enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS820282019
<b>Investigation #:</b>	2018A0119009
<b>Complaint Receipt Date:</b>	12/18/2017
<b>Investigation Initiation Date:</b>	12/19/2017
<b>Report Due Date:</b>	02/16/2018
<b>Licensee Name:</b>	Alternative Care Services Inc.
<b>Licensee Address:</b>	28328 Annapolis Inkster, MI 48141
<b>Licensee Telephone #:</b>	(313) 580-4039
<b>Administrator:</b>	Sammie Brown, Jr.
<b>Licensee Designee:</b>	Sammie Brown, Jr.
<b>Name of Facility:</b>	Lehigh Care
<b>Facility Address:</b>	27219 Lehigh Street Inkster, MI 48141
<b>Facility Telephone #:</b>	(313) 359-0067
<b>Original Issuance Date:</b>	03/30/2006
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	10/22/2017
<b>Expiration Date:</b>	10/21/2019
<b>Capacity:</b>	6
<b>Program Type:</b>	MENTALLY ILL

**II. ALLEGATION(S)**

	<b>Violation Established?</b>
On 12/4/17, it is alleged that Staff-Trevaev Evans made an improper comment to Resident A as well as threatened her. Also, Staff -Trevaev Evans curses at the residents and makes threats of retaliation and harassment for making complaints.	YES

**III. METHODOLOGY**

12/18/2017	Special Investigation Intake 2018A0119009
12/19/2017	Special Investigation Initiated - On Site Staff- Rosie Warren and Residents B- D
12/19/2017	Contact - Telephone call made Licensee Designee- Sammie Brown
12/19/2017	Inspection Completed-BCAL Sub. Compliance
01/27/2018	Contact - Telephone call made Staff- Aquila McClendon, Trevaev Evans, and Meonshay Robinson
02/02/2018	Inspection Completed On-site Resident A
02/23/2018	Exit Conference- License Designee- Sammie Brown

**ALLEGATIONS:**

**On 12/4/17, it is alleged that Staff- Trevaev Evans made an improper comment to Resident A as well as threatened her. Also, Staff -Trevaev Evans curses at the residents and makes threats of retaliation and harassment for making complaints.**

**INVESTIGATION:**

On 12/19/2017, I completed an unannounced onsite inspection and interviewed Staff- Rosie Warren and Residents B- D regarding the above allegations. Ms. Warren denies the allegations. She stated she has no direct knowledge of Resident A being mistreated by Ms. Evans. Ms. Warren stated she has not heard threatening comments or staff cursing at residents.

Residents B-D stated a staff person is mistreating them and being “rough with them.” Residents B-D stated they are called names by this staff person. Residents B- D stated they could not remember the staff person’s name but she does not treat them well.

On 12/19/2017, I telephoned and interviewed Licensee Designee/ Administrator- Sammie Brown regarding the above allegations. Mr. Brown stated Resident A did inform him about allegations. Mr. Brown stated the next day, Resident A recanted her story to him. He stated Resident A has a history of making allegations against staff.

On 01/27/2018, I telephoned Home Manager- Aquila McClendon, Staff -Treaev Evans and Meonshay Robinson regarding the above allegations. Ms. McClendon denied the allegations. She stated Resident A exhibits bizarre behaviors when she has changes in her medications. She stated she has not heard threatening comments or staff cursing at residents.

Ms. Evans and Ms. Robinson deny the allegations. Ms. Evans and Ms. Robinson stated Resident A usually carries her bible and is more religious. Ms. Evans denies cursing at residents and making threatening comments towards any residents. Ms. Robinson stated she has not heard threatening comments or staff cursing at residents.

On 02/02/2018, I completed an onsite inspection and interviewed Resident A regarding the above allegations. Resident A stated she feels safe in the home. Resident A stated Ms. Evans does bother her by calling her ugly and saying she looks like an ape. She stated Ms. Evans makes her feel miserable and she wants to be treated fairly. She stated she feels Ms. Evans is trying to get her kicked out of the home. Resident A stated Ms. Evans has cursed at her in the past.

<b>APPLICABLE RULE</b>	
<b>R 400.14308</b>	<b>Resident behavior interventions prohibitions.</b>
	(1) A licensee shall not mistreat a resident and shall not permit the administrator, direct care staff, employees, volunteers who are under the direction of the licensee, visitors, or other occupants of the home to mistreat a resident. Mistreatment includes any intentional action or omission which exposes a resident to a serious risk or physical or emotional harm or the deliberate infliction of pain by any means.

<b>ANALYSIS:</b>	<p>Resident A stated Ms. Evans does not treat her well and it makes her feel miserable.</p> <p>Residents B-D stated a staff person is rough, does not treat them well and has cursed at them.</p> <p>Therefore, it is reasonable to believe a staff in the home is mistreating residents.</p>
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**IV. RECOMMENDATION**

Contingent upon an acceptable corrective action, I recommend that the status of the license remain same.

*Shatonla Daniel*

02/23/2018

Shatonla Daniel  
Licensing Consultant

Date

Approved By:

*A. Hunter*

03/02/2018

Ardra Hunter  
Area Manager

Date