



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

May 10, 2018

Amanda Hart
Crisis Center Inc - DBA Listening Ear
PO Box 800
Mt Pleasant, MI 48804-0800

RE: License #: AS370011270
Investigation #: **2018A0867041**
Isabella Home

Dear Ms. Hart:

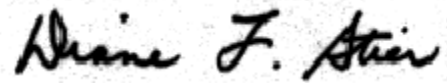
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 (231) 922-5309.

Sincerely,

A handwritten signature in black ink that reads "Diane L. Stier". The signature is written in a cursive style with a large initial 'D' and 'S'.

Diane L Stier, Licensing Consultant
Bureau of Community and Health Systems
1919 Parkland Drive
Mt. Pleasant, MI 48858-8010
(989) 948-0560

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS370011270
Investigation #:	2018A0867041
Complaint Receipt Date:	04/18/2018
Investigation Initiation Date:	04/18/2018
Report Due Date:	06/17/2018
Licensee Name:	Crisis Center Inc - DBA Listening Ear
Licensee Address:	107 East Illinois Mt Pleasant, MI 48858
Licensee Telephone #:	(989) 773-6904
Administrator:	Ellen Powell
Licensee Designee:	Amanda Hart
Name of Facility:	Isabella Home
Facility Address:	2599 S Isabella Road Mount Pleasant, MI 48858
Facility Telephone #:	(989) 773-0326
Original Issuance Date:	10/10/1986
License Status:	REGULAR
Effective Date:	04/05/2018
Expiration Date:	04/04/2020
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED

II. ALLEGATION(S)

	Violation Established?
A staff person is making Resident A sleep on the couch in the living room and is not permitting the resident to walk around the home.	Yes
A staff person uses physical force to make resident A go to his room or to the couch.	Yes
A staff person refuses to give Resident A food for a snack when he comes to the table asking for one.	Yes
A staff person left Resident A unattended in the shower for 10-15 minutes.	Yes

III. METHODOLOGY

04/18/2018	Special Investigation Intake 2018A0867041
04/18/2018	Special Investigation Initiated - Letter Email correspondence with Administrator
04/24/2018	Contact - Face to Face Interviews of staff at Listening Ear
04/25/2018	Inspection Completed On-site Staff interview, resident observation
04/25/2018	Contact - Document Received Resident Assessment Plan, PCP
05/04/2018	Exit Conference Licensee Designee Amanda Hart

ALLEGATION: A staff person is making Resident A sleep on the couch in the living room and is not permitting the resident to walk around the home.

INVESTIGATION:

Recipient Rights Advisor (RRA) Annette Israel, from CMH for Central Michigan, reported receiving an allegation that Direct Care Worker (DCW) Semiya Barlow makes Resident A stay out on the living room couch and does not let the resident go to his bedroom or walk around the house during the midnight shift.

DCW Justina Diem reported that she has worked the 3rd (midnight) shift at the AFC home for about two months. Ms. Diem said some night in the past couple of weeks Resident A came out of his room around 4:30 [AM] and went to the kitchen table asking for a snack. Ms. Diem said that DCW Semiya Barlow said “no” and grabbed Resident A by his hand and took him back to bed. Ms. Diem said, “(Resident A) didn’t like it. He tried to pull away.” Ms. Diem said that Ms. Barlow just told Resident A he needed to go back to bed. Ms. Diem said that on other occasions when Resident A has been sitting or laying on the couch and then got up to walk around, Ms. Barlow told Resident A, “Sit down!” in a very demanding tone. Ms. Diem said Ms. Barlow told Resident A, “You need to sit down or go to bed.” Ms. Diem said Ms. Barlow would not let Resident A just walk around the house. When asked why Ms. Barlow did that, Ms. Diem said she did not know. Ms. Diem said, “Everyone else I work with just lets him walk around.”

DCW Semiya Barlow said she does sometimes try to get Resident A to go back to his bedroom. Ms. Barlow said, “I tell him, ‘(Resident A), you need to go to sleep.’ I’m not saying, ‘Go to bed!’” Ms. Barlow said that Resident A may come out to the table, and if she takes him back to his room and he comes back out, she may try again to get him to go to his room. Ms. Barlow said, “If he pulls away, I let him go.” Ms. Barlow denied ever not letting go when Resident A attempted to pull away. When asked why Resident A could not just sit at the table if he wanted, Ms. Barlow said, “I guess that’s along the line of the snack and I should just let him stay at the table.” Ms. Barlow said that if Resident A is asleep on the couch, she will suggest that he go to bed. Ms. Barlow said, “But I think he likes sleeping on the couch better.” When asked if she tells Resident A to sit down if he is walking around, Ms. Barlow said, “It depends. Sometimes he gets up and hits his head on the doorpost, and I’ll tell him ‘(Resident A), Hey don’t do that, go sit down.’” When asked if there was anything in his plan about intervening because he is walking around, Ms. Barlow said, “Just redirecting about banging his head.” Ms. Barlow said that Resident A did not really like any activity they might have for him at night.

DCW Candy Lucas stated, “I have a big issue with the way Semiya [Barlow] deals with (Resident A). The way she talks to him is – abrasive. She’s constantly yelling at him to sit down. Sit down, lay down, go to sleep.” Ms. Lucas said, “At night there are times he likes to get up and walk around. Instead of redirecting him to go back to bed, she makes him stay on the couch. She’ll yell at him to go to his couch.” Ms. Lucas stated that Resident A sometimes smears feces or masturbates in his bed, and then staff have to change his bedding. Ms. Lucas said, “It’s easier for her to keep him on the couch, but he sleeps better in his bed. On the couch he’s up and down more.” Ms. Lucas said, “He masturbated in his bed and made a mess. She had him go to the couch, not back to his room. I saw this two nights in a row. She wouldn’t let him go back to his room, so he wouldn’t mess his bed again. She was really perturbed.”

Resident A was not able to provide any information useful for this investigation.

APPLICABLE RULE	
R 400.14304	Resident rights; licensee responsibilities.
	<p>(1) Upon a resident's admission to the home, a licensee shall inform a resident or the resident's designated representative of, explain to the resident or the resident's designated representative, and provide to the resident or the resident's designated representative, a copy of all of the following resident rights:</p> <p style="padding-left: 40px;">(b) The rights to exercise his or her constitutional rights, including the right to vote, the right to practice religion of his or her choice, the right to freedom of movement, and the right of freedom of association.</p> <p style="padding-left: 40px;">(p) The right of access to his or her room at his or her own discretion.</p> <p>(2) A licensee shall respect and safeguard the resident's rights specified in subrule (1) of this rule.</p>
ANALYSIS:	DCW Semiya Barlow violated Resident A's right to freedom of movement by repeatedly ordering him to sit down instead of walking around. She also violated Resident A's right to have access to his room at his own discretion when she had him stay on the couch and not return to his bedroom to avoid having to clean his bedding again.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION: A staff person uses physical force to make resident A go to his room or to the couch.

INVESTIGATION:

Recipient Rights Advisor (RRA) Annette Israel, from CMH for Central Michigan, reported receiving an allegation that Direct Care Worker (DCW) Semiya Barlow uses force to take Resident A back to his bedroom or sit on the couch.

DCW Justina Diem reported that she has worked the 3rd (midnight) shift at the AFC home for about two months. Ms. Diem said some night in the past couple of weeks Resident A came out of his room around 4:30 and went to the kitchen table asking for a snack. Ms. Diem said that DCW Semiya Barlow said "no" and grabbed Resident A by his hand and took him back to bed. Ms. Diem said, "(Resident A) didn't like it. He tried to pull away." Ms. Diem said that Ms. Barlow just told Resident A he needed to go back to bed.

DCW Semiya Barlow said that sometimes if Resident A comes to the table during the night, she will take him back to his room. Ms. Barlow said, "If he pulls away, I let him go."

DCW Candy Lucas said, "Semiya [Barlow] will physically grab him by the arm and sit his butt down on the couch." Ms. Lucas said she has worked with Ms. Barlow on 6 midnight shifts. Ms. Lucas said, "She's done it every night."

Resident A was not able to provide any information useful for this investigation. Resident A did not incur any apparent injuries from interactions with Ms. Barlow, and no staff recorded or reported Resident A being injured.

APPLICABLE RULE	
R 400.14308	Resident behavior interventions prohibitions.
	(2) A licensee, direct care staff, the administrator, members of the household, volunteers who are under the direction of the licensee, employees, or any person who lives in the home shall not do any of the following: (b) Use any form of physical force other than physical restraint as defined in these rules.
ANALYSIS:	Two direct care workers who worked with DCW Semiya Barlow reported seeing her use force to make Resident A either go to his room or sit on the couch in the living room. Resident A did not have any visible injuries as a result of the use of force.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION: A staff person refuses to give Resident A food for a snack when he comes to the table asking for one.

INVESTIGATION:

Recipient Rights Advisor (RRA) Annette Israel, from CMH for Central Michigan, reported receiving an allegation that Direct Care Worker (DCW) Semiya Barlow refuses to give Resident A a snack when the resident indicates he wants food.

I reviewed Resident A's *Person Centered Plan, Assessment Plan for AFC Residents, and Health Care Appraisal*. I did not find any dietary restrictions in any of these documents.

DCW Justina Diem said some night in the past couple of weeks Resident A came out of his room around 4:30 [AM] and went to the kitchen table asking for a snack. Ms. Diem said that DCW Semiya Barlow said "no" and grabbed Resident A by his hand and took him back to bed. Ms. Diem said, "(Resident A) didn't like it. He tried to pull away."

DCW Semiya Barlow said, "If (Resident A) comes to the table at any time, he gets a snack. Him wanting a snack is random." Ms. Barlow said Resident A is allowed to have a snack whenever he wants one. Ms. Barlow then said, "Sometimes if he just ate, I'm not going to give him a snack. Sometimes he eats three plates of food. I don't say it to him but I tell the other staff. But sometimes he comes to the table just to hit his head on the table. I'll give him something to drink. I'll try a liquid first." Ms. Barlow insisted that Resident A did not always need a snack when he came to the table, and that she did not think she should give him a snack if he had "just eaten." When asked when Resident A would have last eaten, Ms. Barlow said, "He might have a snack at 9 or 10 [PM] and we come in to work at 11 [PM]."

DCW Candy Lucas said, "I was always told if (Resident A) got up and went to the table he was hungry. The first time he did that [came to the table], I got him a bowl of cereal and milk. She [DCW Semiya Barlow] had him go back to the couch and then she yelled at me. She said 'they' don't give him food at night. She told me if he goes to the table, to give him a glass of water." Ms. Lucas said that Resident A was on the couch and could hear what Ms. Barlow said. Ms. Lucas said, "I told her [Ms. Barlow] I didn't see why we shouldn't give him food and that I was going to talk to Andrea, which I did, and Andrea said to give him a snack." Ms. Lucas said, "I talked to Andrea that morning. I told her [Semiya Barlow] that night that (Resident A) can have whatever snack we give him. After that I sat in the med room and watched. (Resident A) came to the table, and she [Semiya Barlow] gave him water. He got up, went to the couch, then got back up and went to the table and I gave him cereal."

Resident A was not able to provide any information useful for this investigation.

APPLICABLE RULE	
R 400.14308	Resident behavior interventions prohibitions.
	(2) A licensee, direct care staff, the administrator, members of the household, volunteers who are under the direction of the licensee, employees, or any person who lives in the home shall not do any of the following: (e) Withhold food, water, clothing, rest, or toilet use.
ANALYSIS:	DCW Semiya Barlow refused food to Resident A and told other staff to do the same. Despite being told that Resident A could have a snack whenever he came to the table, Ms. Barlow continued to give the resident a glass of water instead of food.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION: A staff person left Resident A unattended in the shower for 10-15 minutes.

INVESTIGATION:

DCW Justina Diem reported that on one morning she was “doing meds” and she saw Resident A standing in the shower as she walked by the bathroom. Ms. Diem reported that when she asked DCW Semiya Barlow about this, Ms. Barlow said, “Oh! I forgot!” Ms. Barlow said that as she walked past she said to Ms. Barlow, “He’s in the shower?” [referring to Resident A], and Ms. Barlow responded, “Oh yeah, I have to give him a shower.”

DCW Semiya Barlow said that the midnight shift staff only give Resident A a shower now if he is already up, but if he sleeps in they do not wake him to give him a shower. When asked if she had forgotten Resident A in the shower recently, Ms. Barlow said, “I didn’t forget him. I’ll get him in the shower, and then he just stands in the shower because he likes water. I don’t leave him long, five minutes at a time.” Ms. Barlow said that she did not know what Resident A’s “plan” said about his need for supervision in the shower. Ms. Barlow said, “I know you have to continuously check on him. If I’m doing meds and he’s in the shower, then I check on him between [administering medications to] every person.” Ms. Barlow said, “Honestly we don’t shower him on our shift any more.”

I received and reviewed a copy of Resident A’s *Assessment Plan for AFC Residents* and his *Person Centered Plan*. The *Assessment Plan for AFC Residents* noted that Resident A is blind but moves freely around the home with no problems. Regarding bathing, the plan notes: “(Resident A) needs help with bathing; he can follow commands if staff asks him to wash an area. (Resident A) loves to soak in the tub; he needs to be checked on every 2 to 3 minutes.” Resident A’s *Person Centered Plan (PCP)* notes the following: “(Resident A) has a history of unsafe climbing. He has climbed up the shower wall hanging onto the shower hose...” The PCP also notes: “Staff should monitor (Resident A) while he is in the bath tub yet provide him with privacy.” Finally, the PCP notes under a special “bathing” heading: “For safety staff will stay within hearing distance (just outside the door) when their physical assistance is not needed. Staff will not go off to attend to someone else. Staff need to be able to attend to (Resident A) if needed while he is in the bath.”

DCW Candy Lucas said, “Andrea said we are to concentrate on the three [residents] that go to MMI in the mornings” so the midnight shift does not generally give Resident A a shower. Ms. Lucas said, “I guess what Semiya [Barlow] was doing was giving (Resident A) a shower if he was up.” When asked if Resident A could be left alone in the shower, Ms. Lucas said, “I wouldn’t!”

APPLICABLE RULE	
R 400.14303	Resident care; licensee responsibilities.
	(2) A licensee shall provide supervision, protection, and personal care as defined in the act and as specified in the resident's written assessment plan.
ANALYSIS:	Both Resident A's <i>Assessment Plan for AFC Residents</i> and his PCP indicate that Resident A needs supervision while bathing. The PCP notes a history of unsafe climbing in the shower. The <i>Assessment Plan for AFC Residents</i> notes that Resident A is to be checked "every 2-3 minutes." Regardless of whether DCW Semiya Barlow left Resident A in the shower for 15 minutes or five minutes, Ms. Barlow did not provide supervision according to the requirements of Resident A's plans.
CONCLUSION:	VIOLATION ESTABLISHED

During our exit conference, Licensee Designee Amanda Hart reported that DCW Semiya Barlow "quit on the spot" when she was called in for a disciplinary conference. Ms. Hart stated that she would submit a written corrective action plan addressing the violations cited in the report.

IV. RECOMMENDATION

I recommend continuation of the current status of the license of this AFC adult small group home (capacity 1-6).



Diane L Stier
Licensing Consultant

May 10, 2018

Date

Approved By:



05/10/2018

Dawn N. Timm
Area Manager

Date