



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

October 15, 2018

Debra Krajewski  
SouthWest AFC, L.L.C.  
#296  
6026 Kalamazoo Ave., SE  
Kentwood, MI 49508

RE: License #: AM410285333  
Investigation #: 2019A0583001  
SouthWest AFC

Dear Ms. Krajewski:

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 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) 356-0183.

Sincerely,

A handwritten signature in cursive script, appearing to read "Toya Zylstra".

Toya Zylstra, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 333-9702

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM410285333
<b>Investigation #:</b>	2019A0583001
<b>Complaint Receipt Date:</b>	10/09/2018
<b>Investigation Initiation Date:</b>	10/10/2018
<b>Report Due Date:</b>	11/08/2018
<b>Licensee Name:</b>	SouthWest AFC, L.L.C.
<b>Licensee Address:</b>	#296 6026 Kalamazoo Ave., SE Kentwood, MI 49508
<b>Licensee Telephone #:</b>	(616) 698-6681
<b>Administrator:</b>	Debra Krajewski, Designee
<b>Licensee Designee:</b>	Debra Krajewski, Designee
<b>Name of Facility:</b>	SouthWest AFC
<b>Facility Address:</b>	212 56th St. SW Wyoming, MI 49548
<b>Facility Telephone #:</b>	(616) 534-5870
<b>Original Issuance Date:</b>	05/01/2007
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	10/18/2017
<b>Expiration Date:</b>	10/17/2019
<b>Capacity:</b>	12
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED, MENTALLY ILL, AGED

## II. ALLEGATION(S)

	<b>Violation Established?</b>
Staff smoked marijuana at the facility while working.	Yes
Staff "holler" at Resident A often.	No

## III. METHODOLOGY

10/09/2018	Special Investigation Intake 2019A0583001
10/10/2018	Special Investigation Initiated - On Site Staff Denise Mayfield, Resident A, Resident B, Resident C, Resident D
10/10/2018	Contact - Telephone call made Staff Makenzie Allen
10/10/2018	Contact - Telephone call made Licensee Designee Debra Krajewski
10/10/2018	Adult Protective Services Referral
10/10/2018	Exit Conference Licensee Debra Krajewski

**ALLEGATION: Staff smoked marijuana at the facility while working.**

**INVESTIGATION:** 10/10/2018 I completed an unannounced onsite investigation at the facility. I interviewed Staff Denise Mayfield, Resident A, Resident B, Resident C, and Resident D each privately.

Staff Denise Mayfield stated Staff Mackenzie Allen worked by herself at the facility the weekend of 09/22/2018. Ms. Mayfield stated Resident A stated she smelled marijuana come from the staff apartment while Ms. Allen worked at the facility the weekend of 09/22/2018. Ms. Mayfield stated since she has returned to work at the facility she has not smelled marijuana in the facility anywhere. Ms. Mayfield stated she asked other residents if they smelled marijuana in the facility while Ms. Allen worked and they all stated they had not.

Resident A stated Ms. Allen worked at the facility the weekend of 09/22/2018 as the sole staff. Resident A stated she smelled marijuana emanating from the staff apartment of the facility and heard Ms. Allen and her boyfriend coughing. Resident A stated her bedroom is located next to the staff apartment on the upper level of the facility which is why she smelled the marijuana and heard Ms. Allen and her

boyfriend coughing. Resident A stated this is the only time she has smelled marijuana at the facility.

Resident B, Resident C, and Resident D stated they have never smelled marijuana at the facility. Resident B, Resident C, and Resident D stated the weekend of 09/22/2018 Ms. Allen had her boyfriend at the facility for a visit. Resident D stated during the weekend of 09/22/2018 Ms. Allen asked Resident D if Resident D “smoked marijuana”. Resident D stated she told Ms. Allen “no”. Resident D stated she has never smoked marijuana at the facility.

I viewed the upstairs of the facility which contains resident bedrooms and a staff apartment. The upstairs did not smell of marijuana.

10/10/2018 I interviewed Staff Makenzie Allen via telephone. Ms. Allen stated she worked as the sole staff during the 09/22/2018 weekend. Ms. Allen acknowledged she smoked marijuana with her boyfriend on 09/22/2018 or 09/23/2018 after 9:00 pm while residents were in their bedrooms. Ms. Allen stated she smoked the marijuana with her boyfriend while she was working as the sole staff. Ms. Allen stated she smokes marijuana to self-medicate her “depression and anxiety”. Ms. Allen stated she has only smoked marijuana this one time at the facility.

10/10/2018 I completed a referral via email to Adult Protective Services.

10/10/2018 I completed an Exit Conference via telephone with Licensee Designee Debra Krajewski. Ms. Krajewski stated she heard “rumors” from Ms. Mayfield that Ms. Allen smoked marijuana at the facility while Ms. Allen worked the 09/22/2018 weekend. Ms. Krajewski stated Ms. Allen has not worked at the facility since the 09/22/2018 weekend and Ms. Krajewski sent Ms. Allen to complete a urine screen to test for illicit drugs. Mr. Krajewski stated results from the urine screen are pending. Ms. Krajewski stated she would complete an acceptable Corrective Action Plan.

<b>APPLICABLE RULE</b>	
<b>R 400.14201</b>	<b>Qualifications of administrator, direct care staff, licensee, and members of the household; provision of names of employee, volunteer, or member of the household on parole or probation or convicted of felony; food service staff.</b>
	<b>(10) All members of the household, employees, and those volunteers who are under the direction of the licensee shall be suitable to assure the welfare of residents.</b>
<b>ANALYSIS:</b>	Staff Makenzie Allen acknowledged she smoked marijuana at the facility while working as the sole staff during the weekend of 09/22/2018.

	There is a preponderance of evidence to substantiate violation of R 400.14201 (10).
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**ALLEGATION: Staff “holler” at Resident A often.**

**INVESTIGATION:** 10/10/2018 I completed an unannounced onsite investigation at the facility. I interviewed Staff Denise Mayfield, Resident A, Resident B, Resident C, and Resident D each privately.

Staff Denise Mayfield stated Resident A is a new resident to the facility and has exhibited a difficult time acclimating. Ms. Mayfield stated Resident A was residing at a crisis center before moving to the facility and does not want to reside at the facility. Ms. Mayfield stated she does not “holler” at Resident A, but does have a loud voice in general. Ms. Mayfield stated multiple residents are hearing impaired therefore Ms. Mayfield must speak at a loud volume. Ms. Mayfield stated she has never cursed at any residents or called residents names. Ms. Mayfield stated she has never mistreated Resident A in any manner.

Resident A stated she is new to the facility. Resident A stated Ms. Mayfield “talks loud to me and I’m not used to it”. Resident A stated Ms. Mayfield has never called her names or cursed at her. Resident A stated Ms. Mayfield does “holler” at Resident A. Resident A stated “holler” means a “raised voice”. Resident A stated Ms. Mayfield “hollers” at Resident A when Ms. Mayfield wants Resident A to listen to Ms. Mayfield.

Resident B, Resident C, and Resident D stated Ms. Mayfield does not “holler” or yell at Resident A or any other residents. Resident B, Resident C, and Resident D stated Ms. Mayfield treats all residents with dignity and respect.

10/10/2018 I interviewed Staff Makenzie Allen via telephone. Ms. Allen stated Ms. Mayfield is “very stern and direct” when speaking with residents. Ms. Allen stated she has witnessed Ms. Mayfield “snap” at Resident A verbally. Ms. Allen stated she has never witnessed Ms. Mayfield curse at Resident A or call Resident A names. Ms. Allen stated Ms. Mayfield “sometimes seems like she has a problem with” Resident A. Ms. Allen stated Ms. Mayfield does not mistreat other residents.

10/10/2018 I completed an Exit Conference via telephone with Licensee Designee Debra Krajewski. Ms. Krajewski stated she agreed with the findings.

<b>APPLICABLE RULE</b>	
<b>R 400.14305</b>	<b>Resident protection.</b>
	<b>(3) A resident shall be treated with dignity and his or her personal needs, including protection and safety, shall be attended to at all times in accordance with the provisions of the act.</b>
<b>ANALYSIS:</b>	<p>Ms. Mayfield stated she does not “holler” at Resident A. Ms. Mayfield stated she has a loud voice and must raise her voice when speaking to hearing impaired residents at the facility. Ms. Mayfield stated she has never mistreated Resident A in any manner.</p> <p>Resident A stated Ms. Mayfield talks too loud. Resident A stated Ms. Mayfield has never called her names or cursed at her. Resident A stated Ms. Mayfield does “holler” at Resident A. Resident A stated “holler” means a “raised voice”.</p> <p>Resident B, Resident C, and Resident D stated Ms. Mayfield does not “holler” or yell at Resident A or any other residents. Resident B, Resident C, and Resident D stated Ms. Mayfield treats all residents with dignity and respect.</p> <p>Ms. Allen stated Ms. Mayfield is “very stern and direct” when speaking with residents. Ms. Allen stated she has witnessed Ms. Mayfield “snap” at Resident A verbally. Ms. Allen stated she has never witnessed Ms. Mayfield curse at Resident A or call Resident A names. Ms. Allen stated Ms. Mayfield does not mistreat other residents.</p> <p>There is not a preponderance of evidence to substantiate violation of R 400.14305 (3).</p>
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

#### **IV. RECOMMENDATION**

Upon receipt of an acceptable Corrective Action Plan, I recommend the license remain unchanged.

*Toya Zylstra*

10/15/2018

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Toya Zylstra  
Licensing Consultant

Date

Approved By:

*Jerry Hendrick*

10/15/2018

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Jerry Hendrick  
Area Manager

Date