



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 23, 2019

Porchia Durant
Simply Beautiful AFC Homes
5685 Westpointe St.
Dearborn Heights, MI 48125

RE: License #: AS630397962
Investigation #: 2019A0993042
Simply Beautiful AFC Homes

Dear Ms. Durant:

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.
- Indicate how continuing compliance will be maintained once compliance is achieved.
- Be signed and dated.

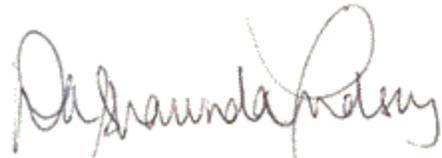
A six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document.

If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan.

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.

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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script, appearing to read "DaShawnda Lindsey".

DaShawnda Lindsey, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 505-8036

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS630397962
Investigation #:	2019A0993042
Complaint Receipt Date:	06/26/2019
Investigation Initiation Date:	06/27/2019
Report Due Date:	08/25/2019
Licensee Name:	Simply Beautiful AFC Homes
Licensee Address:	5685 Westpointe St. Dearborn Heights, MI 48125
Licensee Telephone #:	(248) 238-4084
Administrator:	Porchia Durant
Licensee Designee:	Porchia Durant
Name of Facility:	Simply Beautiful AFC Homes
Facility Address:	13206 Troy St Oak Park, MI 48237
Facility Telephone #:	(248) 238-4084
Original Issuance Date:	04/26/2019
License Status:	TEMPORARY
Effective Date:	04/26/2019
Expiration Date:	10/25/2019
Capacity:	4
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. ALLEGATION(S)

	Violation Established?
Residents are locked in the facility when they are not taken to the drop-in center.	No
The provider 'rages' at the residents.	Yes
Sometimes, there is no food. Resident A is not provided a lunch when she goes to drop-in center.	Yes
Resident A is not administered medications as prescribed.	Yes
There is not a telephone or television in the facility.	No
The facility is dirty with bed bugs.	Yes
Resident A is not provided a washcloth, towel, tissue or toilet paper.	Yes
Additional Findings	Yes

III. METHODOLOGY

06/26/2019	Special Investigation Intake 2019A0993042
06/26/2019	APS Referral Allegations received from adult protective services (APS)
06/26/2019	Referral - Recipient Rights Allegations received from Oakland Community Health Network (OCHN)
06/27/2019	Special Investigation Initiated - On Site Conducted an unannounced onsite investigation. There was no answer at the door.
06/27/2019	Contact - Telephone call made Telephone call made to licensee designee Porchia Durant. Left a message.
06/27/2019	Contact - Document Sent Sent a text message to licensee designee Porchia Durant

06/27/2019	Contact - Telephone call made Telephone call made to APS specialist Tina Edens
06/27/2019	Contact - Telephone call made Telephone call made to recipient rights advocate Darlita Paulding. Left a message.
06/28/2019	Inspection Completed On-site APS specialist Tina Edens and I conducted an announced onsite investigation
06/28/2019	Contact - Face to Face Interviewed Resident B at another licensed adult foster care facility
07/02/2019	Contact - Telephone call made Telephone call made to licensee designee Porchia Durant. Left a message.
07/09/2019	Contact - Telephone call made Telephone call made to licensee designee Porchia Durant
07/09/2019	Inspection Completed On-site Conducted an announced onsite investigation
07/09/2019	Contact - Document Received Received documentation
07/09/2019	Inspection Completed-BCAL Sub. Compliance
08/14/2019	Exit Conference

ALLEGATION:

Residents are locked in the facility when they are not taken to the drop-in center.

INVESTIGATION:

On 06/26/2019, I received the allegations from adult protective services (APS) as well as Oakland Community Health Network (OCHN).

On 06/28/2019, APS specialist Tina Edens and I conducted an announced onsite investigation. We interviewed Resident A and licensee designee Porchia Durant.

Resident A denied the residents are locked in the facility if they are not taken to the drop-in center. She stated if she does not want to go to the drop-in center, she goes to a

day program. Residents are forced to go to leave the facility during the day. Residents are never given the option to remind in the facility if they do not want to go to the drop-in center. Resident A stated there is always a staff present in the facility with the residents.

Ms. Durant stated there are two residents in the facility. She denied residents are locked in the facility when they are not taken to the drop-in center. She denied the residents are forced to leave the facility if they do not want to leave. According to Ms. Durant, residents are not allowed to stay in the facility without staff supervision. If a resident does not want to leave the facility, a staff remains in the facility with that resident.

On 06/28/2019, I interviewed Resident B at Ms. Durant's other licensed adult foster care facility. She denied residents are locked in the facility when they are not taken to the drop-in center. She denied residents are forced to leave the facility. Resident B stated she goes to the other facility because she enjoys visiting it. There is always staff present in both facilities with the residents.

APPLICABLE RULE	
R 400.14206	Staffing requirements.
	(1) The ratio of direct care staff to residents shall be adequate as determined by the department, to carry out the responsibilities defined in the act and in these rules and shall not be less than 1 direct care staff to 12 residents and children who are under the age of 12 years.
ANALYSIS:	The residents are not locked in the facility when they are not taken to the drop-in center. Residents are not forced to leave the facility. There is always present in the facility with the residents.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

The provider 'rages' at the residents.

INVESTIGATION:

On 06/28/2019, APS specialist Tina Edens and I conducted an announced onsite investigation. We interviewed Resident A and licensee designee Porchia Durant.

Resident A stated Ms. Durant yells at her. There are times where they get into screaming matches with Ms. Durant.

Ms. Durant denied raging at the residents. She stated Resident A gets mad at her when she reminds her to do something or prompt her to attend to hygiene needs.

On 06/28/2019, I interviewed Resident B at Ms. Durant’s other licensed adult foster care facility. Resident B stated Ms. Durant rages at the residents. Ms. Durant also screams/yells/raises her voice. Ms. Durant tells Resident A “you stink, you need to get in the shower.” She also tells the residents “go the fuck to bed.”

APPLICABLE RULE	
R 400.14308	Resident behavior interventions prohibitions.
	<p>(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:</p> <ul style="list-style-type: none"> (f) Subject a resident to any of the following: <ul style="list-style-type: none"> (i) Mental or emotional cruelty. (ii) Verbal abuse. (iii) Derogatory remarks about the resident or members of his or her family. (iv) Threats.
ANALYSIS:	Ms. Durant screams and rages at the residents. Ms. Durant talks to the residents inappropriately.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

Sometimes, there is no food. Resident A is not provided a lunch when she goes to drop-in center.

INVESTIGATION:

On 06/28/2019, APS specialist Tina Edens and I conducted an announced onsite investigation. We interviewed Resident A and licensee designee Porchia Durant.

Resident A stated sometimes the residents are not receiving breakfast. Ms. Durant went grocery shopping today, but there is not always food in the facility.

Ms. Durant denied there ever been a time when there was no food in the facility. She stated the residents are fed breakfast, lunch, dinner and a snack.

During the inspection, I observed the food supply there was an adequate supply of food in the facility. I observed Resident A’s and B’s weight charts. The residents are weighed monthly. I did not observe any weight loss concerns.

On 06/28/2019, I interviewed Resident B at Ms. Durant's other licensed adult foster care facility. There have been times when there was not food in the facility. Resident B stated Ms. Durant does not cook breakfast for the residents. Ms. Durant tells the residents there is cereal in the kitchen for them to eat. Residents are told to prepare their own lunch. Sometimes, staff does not prepare dinner for the residents.

APPLICABLE RULE	
R 400.14310	Resident health care.
	(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.
ANALYSIS:	Resident A and Resident B are weighed monthly. I did not observe any weight loss concerns when I observed Resident A's and B's weight charts.
CONCLUSION:	VIOLATION NOT ESTABLISHED

APPLICABLE RULE	
R 400.14313	Resident nutrition.
	(1) A licensee shall provide a minimum of 3 regular, nutritious meals daily. Meals shall be of proper form, consistency, and temperature. Not more than 14 hours shall elapse between the evening and morning meal.
ANALYSIS:	Although I observed an adequate food supply in the facility, the residents stated sometimes they are not receiving three meals per day.
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.14313	Resident nutrition.
	(4) Menus of regular diets shall be written at least 1 week in advance and posted. Any change or substitution shall be noted and considered as part of the original menu.
ANALYSIS:	There is no menu posted in the facility.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

Resident A is not administered medications as prescribed.

INVESTIGATION:

On 06/28/2019, APS specialist Tina Edens and I conducted an announced onsite investigation. We interviewed Resident A and licensee designee Porchia Durant.

Resident A stated there are times when she is not given her medications as prescribed. Resident A was unable to provide any examples.

Ms. Durant stated the residents are administered their medications as prescribed. She stated Resident A is upset that she is not given pain medications more often. According to Ms. Durant, Resident A is only able to take the pain medications every six hours. Ms. Durant stated staff who administer medications are trained to do so.

During the onsite investigation, I reviewed Resident A's medications and medication administration record (MAR) for the month of June 2019. I did not observe any medication administration errors.

On 06/28/2019, I interviewed Resident B at Ms. Durant's other licensed adult foster care facility. Resident B stated she does not receive all her medications as prescribed. Ms. Durant's boyfriend Chuck (last name unknown) has administered medications to her as well.

On 07/09/2019, I conducted a follow up telephone interview with Ms. Durant. She stated her boyfriend's name is Charles Jones (referred to as Chuck by Resident B). She denied that Mr. Jones has ever administered medications to the residents.

On 07/09/2019, I conducted a follow up onsite investigation. I interviewed Resident A and staff Sandra Anthony. Resident A denied that Mr. Jones has ever administered medications to her. Ms. Anthony did not have knowledge of Mr. Jones administering medications to the residents. Ms. Anthony stated she has completed medication administration training.

During the onsite investigation, I reviewed Resident A's and B's medications and MAR. I observed the following medication administration errors:

Resident A:

- Per May's MAR, Resident A did not receive Amlodipine Beslyate 2.5MG, Aspirin EC 81MG, Atorvastatin 80MG, Divalproex SOD 250MG, Levothyroxine 75MCG, Loratadine 10MG and/or Mirtazapine 30MG from 05/18/2019 to 05/31/2019.

Resident B:

- Per May's MAR, Resident B did not receive Atorvastatin 10MG, Polyethylene Glycol 3350 Powder, Sertraline HCL 100MG and Venlafaxine HCL ER150MG at 7am on 05/01/2019 and 05/02/2019. She also did not receive Polyethylene Glycol 3350 Powder at 8pm on 05/01/2019 and 05/02/2019. The reason for administration of PRN Diphenhydramine 25MG daily was not documented.
- Per the July's MAR, Resident B was not given methylphenidate ER 54MG on 07/07/2019 at 7am.

On 07/09/2019, I verified that staff Sandra Anthony and Ms. Durant have completed medication administration training.

APPLICABLE RULE	
R 400.14312	Resident medications.
	(2) Medication shall be given, taken, or applied pursuant to label instructions.
ANALYSIS:	Per the residents' MARs, the residents are not receiving all their medications as prescribed.
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.14312	Resident medications.
	(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions: (a) Be trained in the proper handling and administration of medication. (b) Complete an individual medication log that contains all of the following information: (i) The medication. (ii) The dosage. (iii) Label instructions. (iv) Time to be administered. (v) The initials of the person who administers the medication, which shall be entered at the time the medication is given. (vi) A resident's refusal to accept prescribed medication or procedures. (c) Record the reason for each administration of medication that is prescribed on an as needed basis.

ANALYSIS:	Ms. Anthony and Ms. Durant completed medication administration. Staff are not initialing the MARs as required to signify administration of the medication to the residents. Staff are not always documenting the reason for administering a PRN to a resident.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

There is no telephone or television in the facility.

INVESTIGATION:

On 06/28/2019, APS specialist Tina Edens and I conducted an announced onsite investigation. We interviewed Resident A and licensee designee Porchia Durant. They stated there is a cellphone available in the facility for residents' use.

During the onsite investigation, I observed a cellphone in the facility in the living room available for residents' use.

On 06/28/2019, I interviewed Resident B at Ms. Durant's other licensed adult foster care facility. She verified there is a cellphone in the facility for residents' use.

APPLICABLE RULE	
R 400.14318	Emergency preparedness; evacuation plan; emergency transportation.
	(3) A telephone shall be available and accessible in a home. Emergency telephone numbers shall, at a minimum, include fire, police, and medical emergency services and shall be conspicuously posted immediately adjacent to telephones.
ANALYSIS:	There is a cellphone available in the facility for residents' use.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

The facility is dirty with bed bugs.

INVESTIGATION:

On 06/28/2019, APS specialist Tina Edens and I conducted an announced onsite investigation. We interviewed Resident A and licensee designee Porchia Durant.

Resident A stated there are ants or bugs throughout the facility. Ms. Durant verified there is an issue with ants in the facility. She stated she discussed the issue with her landlord yesterday. He brought some bombs to kill the ants; however, no one can be in the facility while it is being treated. Ms. Durant stated she plans to arrange some time for staff and the residents to be outside of the facility in order to allow the facility to be treated.

During the onsite inspection, I observed there is an issue with ants throughout the facility. I observed ants on the walls, floor, bed, etc.

On 06/28/2019, I interviewed Resident B at Ms. Durant's other licensed adult foster care facility. She verified there is an issue with ants in the facility.

APPLICABLE RULE	
R 400.14401	Environmental health.
	(5) An insect, rodent, or pest control program shall be maintained as necessary and shall be carried out in a manner that continually protects the health of residents.
ANALYSIS:	During the onsite inspection, I observed an issue with ants throughout the facility. I observed ants on the walls, floor, bed, etc.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

Resident A is not provided a washcloth, towel, tissue or toilet paper.

INVESTIGATION:

On 06/28/2019, APS specialist Tina Edens and I conducted an announced onsite investigation. We interviewed Resident A and licensee designee Porchia Durant.

Resident A stated sometimes there is no toilet paper in the facility. There is never any paper towel. There are no clean washcloths or towels for residents' use. Resident A stated she must use footies or tee shirts to wash up and/or dry off.

Ms. Durant stated there is always toilet paper in the facility. There is also an adequate supply of wash clothes and towels. According to Ms. Durant, Resident A washes up five times per day. She uses a lot of towels and washcloths in a given day. Ms. Durant acknowledged there was no paper towel in the facility.

During the onsite investigation, I observed two same colored washcloths in the bathroom. There was no way to determine which washcloth belonged to which resident.

There was no paper towel in the facility. I observed towels in both residents' bedrooms. I observed an adequate supply of washcloths in the linen closet.

APPLICABLE RULE	
R 400.14401	Environmental health.
	(8) Hand-washing facilities that are provided in both the kitchen and bathroom areas shall include hot and cold water, soap, and individual towels, preferably paper towels.
ANALYSIS:	I observed two same colored washcloths in the bathroom. There was no way to determine which washcloth belonged to which resident. There was no paper towel in the facility.
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.14411	Linens.
	(3) A licensee shall provide bath towels and washcloths. Towels and washcloths shall be changed and laundered not less than twice weekly or more often if soiled.
ANALYSIS:	There was an adequate supply of washcloths and towels in the facility.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION:

On 07/09/2019, I conducted a telephone interview with licensee designee Porchia Durant. She acknowledged that she did not complete a background check on staff Sandra Anthony. Ms. Anthony did not have a medical clearance within 30 days of working in the facility. She did not have verification that Ms. Anthony was tested for TB within the last three years.

On 07/09/2019, I reviewed Ms. Anthony's trainings. Ms. Anthony does not have current first aid and CPR certification.

On 08/14/2019, I conducted an exit conference with licensee designee Porchia Durant. She acknowledged she has a lot of things to work on in the facility. She stated she has been working on some of her violations. She agreed to submit a corrective action plan.

APPLICABLE RULE	
MCL 400.734b	Employing or contracting with certain employees providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; failure to conduct criminal history check; automated fingerprint identification system database; report to legislature; costs; definitions.
	(2) Except as otherwise provided in this subsection or subsection (6), an adult foster care facility shall not employ or independently contract with an individual who has direct access to residents until the adult foster care facility or staffing agency has conducted a criminal history check in compliance with this section or has received criminal history record information in compliance with subsections (3) and (11). This subsection and subsection (1) do not apply to an individual who is employed by or under contract to an adult foster care facility before April 1, 2006. On or before April 1, 2011, an individual who is exempt under this subsection and who has not been the subject of a criminal history check conducted in compliance with this section shall provide the department of state police a set of fingerprints and the department of state police shall input those fingerprints into the automated fingerprint identification system database established under subsection (14). An individual who is exempt under this subsection is not limited to working within the adult foster care facility with which he or she is employed by or under independent contract with on April 1, 2006 but may transfer to another adult foster care facility, mental health facility, or covered health facility. If an individual who is exempt under this subsection is subsequently convicted of a crime or offense described under subsection (1)(a) to (g) or found to be the subject of a substantiated finding described under subsection (1)(i) or an order or disposition described under subsection (1)(h), or is found to have been convicted of a relevant crime described under 42 USC 1320a-7(a), he or she is no longer exempt and shall be terminated from employment or denied employment.
ANALYSIS:	There is no verification that a background check was conducted on Ms. Anthony.
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.14204	Direct care staff; qualifications and training.
	(3) 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 competent before performing assigned tasks, which shall include being competent in all of the following areas: (b) First aid.
ANALYSIS:	Ms. Anthony does not have current first aid certification.
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.14204	Direct care staff; qualifications and training.
	(3) 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 competent before performing assigned tasks, which shall include being competent in all of the following areas: (c) Cardiopulmonary resuscitation.
ANALYSIS:	Ms. Anthony does not have current CPR certification.
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.14205	Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.
	(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.
ANALYSIS:	There is no verification that Ms. Anthony had a medical clearance within 30 days of working in the facility.

CONCLUSION:	VIOLATION ESTABLISHED
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APPLICABLE RULE	
R 400.14205	Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.
	(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.
ANALYSIS:	There is no verification that Ms. Anthony had a TB test within the last three years.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, I recommend issuance of a six-month provisional license.

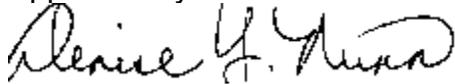


DaShawnda Lindsey
Licensing Consultant

08/15/2019

Date

Approved By:



08/23/2019

Denise Y. Nunn
Area Manager

Date