



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

November 18, 2019

Zad White  
Caring Hands AFC, LLC  
PO Box 37618  
Oak Park, MI 48237

RE: License #: AS820378117  
Investigation #: 2019A0778027  
Caring Hands - Normandy

Dear Mr White:

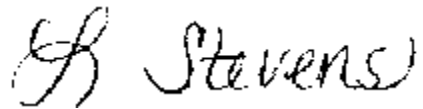
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 black ink that reads "LaKeitha Stevens". The signature is written in a cursive, flowing style.

LaKeitha Stevens, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 949-3055

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS820378117
<b>Investigation #:</b>	2019A0778027
<b>Complaint Receipt Date:</b>	09/19/2019
<b>Investigation Initiation Date:</b>	09/20/2019
<b>Report Due Date:</b>	11/18/2019
<b>Licensee Name:</b>	Caring Hands AFC, LLC
<b>Licensee Address:</b>	24270 Ithaca Oak Park, MI 48237
<b>Licensee Telephone #:</b>	(248) 670-9787
<b>Administrator:</b>	Zad White
<b>Licensee Designee:</b>	Zad White
<b>Name of Facility:</b>	Caring Hands - Normandy
<b>Facility Address:</b>	16596 Normandy Detroit, MI 48221
<b>Facility Telephone #:</b>	(248) 670-9787
<b>Original Issuance Date:</b>	11/03/2015
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	05/11/2018
<b>Expiration Date:</b>	05/10/2020
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

	ALZHEIMERS AGED TRAUMATICALLY BRAIN INJURED
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## II. ALLEGATION(S)

	Violation Established?
Alleged that the facility is over ratio. The facility will be over ratio on 9/20/19 and during the weekend as well.	Yes
Additional Findings	Yes

## III. METHODOLOGY

09/19/2019	Special Investigation Intake 2019A0778027
09/20/2019	Special Investigation Initiated - On Site Interviewed staff Anita Miller, observed 12 residents
09/21/2019	Inspection Completed On-site interviewed staff Anita Miller
09/23/2019	Referral - Recipient Rights Complaint made to Office of Recipient Rights (ORR)
09/30/2019	Contact - Telephone call made Telephone call made to Zad White, licensee designee. I spoke with Mr. White and requested the information that has not been received.
10/07/2019	Contact - Telephone call received Telephone call from Recipient Rights Worker
10/15/2019	Contact - Telephone call made Telephone call made to case manager Julia Gilliam
10/28/2019	Contact - Telephone call made

	Telephone calls made to Case Managers Ms. Shawve and Ms. Toya Coleman
10/28/2019	Contact - Telephone call made Telephone call made to staff Anita Miller
10/30/2019	Contact - Document Received Received documentation from case manager
10/30/2019	Contact - Telephone call made Telephone call receive from Case Manager; Toya Coleman
11/05/2019	Contact - Telephone call made Telephone call made to home manager Lucinda Dick
11/05/2019	Contact - Telephone call made Telephone call made to staff Donna Dixon
11/05/2019	Contact - Telephone call made Telephone call made to staff Richard Ogadinma
11/05/2019	Contact - Telephone call made Telephone call made to staff Isaac Williams
11/05/2019	Exit Conference Telephone exit conference with licensee designee Zad White
11/05/2019	Inspection Completed-BCAL Sub. Compliance

**ALLEGATION:** Alleged that the facility is over ratio. The facility will be over ratio on 9/20/19 and during the weekend as well.

**INVESTIGATION:** On 09/19/19, I completed an unannounced onsite inspection. I observed staff Anita Miller to be on duty with 12 Residents. She indicated the 12

residents were a combination of 2 Adult Foster Care Facilities owned and operated by Mr. Zad White, licensee designee. According to Ms. Miller the residents of Lauder facility are picked up around 9:00 a.m. and brought over to this home, Normandy Facility. Ms. Miller stated the residents will be at this facility until approximately 9:00 p.m. which time they'll be taken back to their original facility. According to Ms. Miller, she is the only staff on duty.

During my onsite, I observed 12 Residents and was able to interview 3 residents. Resident A stated he lives in the Normandy Home and the other residents come over and spend the day on Friday, Saturday and Sunday. Resident A stated he feels overcrowded when the residents are there. In addition, he stated he has a reading disability and staff use to help him; now, they can't because they have a lot more people to provide care for. Resident L stated he resides in the other home and does not like spending the day at this facility. He stated his medicine makes him sleepy and would like to sleep in his bed instead of sleeping in a chair. According to Resident C he can't relax in someone else's' home. He stated he prefers to spend the day in his facility.

Lastly, during my onsite I viewed a staff schedule to be posted in the facility. The schedule had one staff scheduled for 2 facilities, as observed today.

On 09/20/19, I made a telephone call to Mr. White, licensee designee. I informed him of this complaint and the concerns of the residents. In addition, I requested Individual Plans of Service for all residents, case manager information, and staff contact information.

On 09/21/19, I completed another onsite inspection. Staff Anita Miller was on shift again. Only the residents of this facility were present during my onsite. According to Ms. Miller the residents from the previous night were gone by 7:30 p.m.; shortly after my call to Mr. White.

On 10/15/19, I spoke with Julia Gilliam. Ms. Gilliam is the case manager for 10 of the 12 residents. According to Ms. Gilliam one staff is not enough to handle Residents A – J given their diagnosis. Of Residents A-J; 8 are diagnosed with Schizophrenia and 2 are diagnosed with bipolar disorder. Of Residents A-J, all have a secondary diagnosis. Many of the secondary diagnosis include substance abuse or alcohol abuse.

On 10/28/19, I made telephone calls to Case Managers Ms. Shawve and Ms. Toya Coleman. To date, I have not received a return call from Ms. Shawve.

According to Ms. Coleman, Resident K should receive 1 hour of 1 to 1 staffing a day. She is concerned that Resident K is not receiving his needed care if the facilities are combined.

On 10/30/19, I made a follow-up call to Ms. Miller. She stated the facilities have not been combined since my initial onsite inspection.

On 11/05/19, I made a telephone call to the home manager Lucinda Dick. Ms. Dick stated she was a second staff on duty on 9/20/19. According to Ms. Dick the facilities are not single staffed. I then asked Ms. Dick if the facility has 2 staff why wouldn't staff indicate that during the interview and why does the staff schedule show one person on shift per 2 facilities. Unfortunately, she was unable to provide an explanation. Ms. Dick did indicate the residents of the homes have remained in separate facilities since my onsite inspection.

On 11/5/19, I made a telephone calls to staff Donna Dixon, Richard Ogadinma and Isaac Williams. Staff stated the homes were combined on weekends only for approximately 2 months. They indicated the facilities are no longer merged. They stated the residents have remained in separate facilities since my onsite inspection.

<b>APPLICABLE RULE</b>	
<b>R 400.14206</b>	<b>Staffing requirements.</b>
	<b>(2) A licensee shall have sufficient direct care staff on duty at all times for the supervision, personal care, and protection of residents and to provide the services specified in the resident's resident care agreement and assessment plan.</b>
<b>ANALYSIS:</b>	At the time of my onsite inspection there were 12 residents to 1 staff. The 12 residents were a combination of 2 facilities functioning as 1 home from approximately 9:00 a.m. – 9:00 p.m. Case Manager Julia Gilliam indicated 1 staff is unable to meet the needs of the Residents A -J who have been diagnosed with bi-polar and schizophrenia. Resident K did not receive his required 1 hour of 1 to 1 staffing due to one staff providing care for the residents. Lastly, Resident A indicated he's unable to receive assistance with his reading due to the number of resident's staff must provide for.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**ADDITIONAL FINDINGS:**

**INVESTIGATION:** During my onsite inspection Resident B indicated he does not like spending the day at a facility outside of his own. He stated his medication makes him sleepy and he prefers to sleep in his bed instead of sleeping in a chair. In

addition, Resident C stated he is unable to “relax” in someone else’s home and would like to be in his own home.

<b>APPLICABLE RULE</b>	
<b>R 400.14304</b>	<b>Resident rights; licensee responsibilities.</b>
	<p><b>(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:</b></p> <p style="padding-left: 40px;"><b>(p) The right of access to his or her room at his or her own discretion.</b></p>
<b>ANALYSIS:</b>	Resident L indicated he is unable to take a nap in his bed and is forced to sleep in a chair. Resident C stated he is unable to relax in someone else’s home. As a result of the Residents spending large amounts of time in another facility on the weekends; they are not able to access their room at their own discretion.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**INVESTIGATION:** During my unannounced onsite inspection, I observed the couch in the facility to be torn. The chairs in the facility were severely stained and in need of cleaning or repairing. I observed spider webs and dead spiders in the corners of the wall and a larger gathering of gnats in the kitchen nook area.

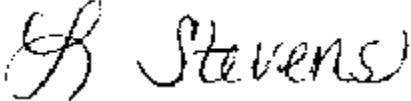
<b>APPLICABLE RULE</b>	
<b>R 400.14403</b>	<b>Maintenance of premises.</b>
	<b>(2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.</b>
<b>ANALYSIS:</b>	The furnishing and housekeeping standards are not clean and orderly. The facility and furniture are in need of cleaning and/or repairing
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>



On 11/05/19, I completed a telephone exit conference with Mr. Zad White, licensee designee. He was informed this complaint will be substantiated and I'm seeking a corrective action plan.

**IV. RECOMMENDATION**

Contingent upon submission of an acceptable corrective action plan I recommend the status of the license is unchanged.

 11/15/19

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LaKeitha Stevens Date  
Licensing Consultant

Approved By:

 11/18/19

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Ardra Hunter Date  
Area Manager