GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

December 2, 2019

Kent VanderLoon
McBride Quality Care Services, Inc.
P.O. Box 387
Mt. Pleasant, MI 48804-0387

RE: License #: AS370088019
Investigation #: 2020A0867012
McBride #1

Dear Mr. VanderLoon:

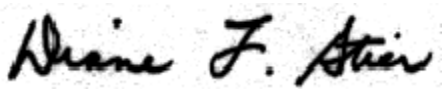
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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,



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
WARNING: THIS REPORT CONTAINS QUOTED PROFANITY

I. IDENTIFYING INFORMATION

License #:	AS370088019
Investigation #:	2020A0867012
Complaint Receipt Date:	11/06/2019
Investigation Initiation Date:	11/06/2019
Report Due Date:	01/05/2020
Licensee Name:	McBride Quality Care Services, Inc.
Licensee Address:	3070 Jen's Way Mt. Pleasant, MI 48858
Licensee Telephone #:	(989) 772-1261
Administrator:	Kent VanderLoon
Licensee Designee:	Kent VanderLoon
Name of Facility:	McBride #1
Facility Address:	235 S. Bamber Road Mount Pleasant, MI 48858
Facility Telephone #:	(989) 773-7058
Original Issuance Date:	10/01/1999
License Status:	REGULAR
Effective Date:	04/01/2018
Expiration Date:	03/31/2020
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. ALLEGATION(S)

	Violation Established?
According to an Incident Report, staff was verbally disrespectful to Resident A and made threatening remarks.	Yes

III. METHODOLOGY

11/06/2019	Special Investigation Intake 2020A0867012
11/06/2019	Special Investigation Initiated - Telephone RRA Jane Gilmore
11/08/2019	Contact - Face to Face Interviews at McBride office
11/22/2019	Exit Conference Licensee Designee Kent VanderLoon

ALLEGATION: According to an Incident Report, staff was verbally disrespectful to Resident A and made threatening remarks.

INVESTIGATION:

On 11/6/19, I received and reviewed an *Incident/Accident Report* dated 11/5/19 and completed by Home Manager (HM) Tiffany Giles. According to the report, after taking her 8 PM medications, Resident A returned to the dining room table and worked on a puzzle while eating her snack. The report noted that Resident A became agitated when staff reminded her not to eat too quickly. Ms. Giles wrote that Resident A said, "I want to go to the bathroom first." When staff told her the bathroom was available, Resident A flipped the chair next to her over on its side. Ms. Giles wrote that when she asked Resident A if she wanted to go brush her teeth, Resident A stood up, picked up the chair and threw it. Ms. Giles wrote that she [Ms. Giles] asked Resident A if she was finished with her snack or if she wanted to use the bathroom, at which point Resident A screamed and then threw the chair again. Ms. Giles wrote that Assistant Home Manager (AHM) Samantha "Sam" Douglas then came into the dining room and yelled at Resident A, "What do you think you're doing?!" Ms. Giles wrote that Resident A again said she wanted to go to the bathroom first. Ms. Giles wrote in explanation, "She did not want another housemate to go in the bathroom before her." Ms. Giles wrote that AHM "Sam" Douglas then said to Resident A, "You're being inappropriate! That's unacceptable! Do you want me to take your shit and throw it outside and break it? How about that?!" Ms. Giles wrote that Resident A yelled "No!" Ms. Giles wrote that Ms.

Douglas then yelled, “Get in the bathroom and let me put your powder on! That’s enough!” Ms. Giles noted that she [Ms. Giles] went in the bathroom with AHM Douglas and Resident A while Ms. Douglas applied Resident A’s powder and Resident A brushed her teeth. Ms. Giles wrote that Resident A then went to bed. Ms. Giles wrote that Ms. Douglas then went to Resident A’s doorway and told her to “come get your puzzle and put it away.” Ms. Giles noted that Resident A came to the dining room to put her puzzle away. Ms. Giles wrote that Resident A said she did not like it at the AFC home and wanted to return to a house she had lived in previously in Mason. Ms. Giles noted that Ms. Douglas then said to Resident A, “You know if we take you back to Mason, no one is there anymore. We will have to drop you off on a corner and you will be all by yourself.” Ms. Giles wrote that Resident A said she did not want that and then finished picking up her puzzle and went to bed. In the section of the *Incident/Accident Report* for “Action taken by Staff,” Ms. Giles wrote that she asked Ms. Douglas to calm down, told her to walk away, and did not leave Resident A or any other resident alone with Ms. Douglas for the rest of the shift.

On 11/8/19, Home Manager (HM) Tiffany Giles reported that she worked on 11/5/19 from 5 PM – 11 PM to cover a shift. Ms. Giles said that she worked with Assistant Home Manager (AHM) Samantha “Sam” Douglas, whose shift was from 3 PM – 11 PM. Ms. Giles went through the *Incident/Accident Report* she had completed, adding explanations. Ms. Giles said that when Resident A first flipped the chair at the table, she moved the other residents away from the dining room. Ms. Giles said that when Resident A finally went to the bathroom, Ms. Douglas already had gloves on and it was appropriate for Ms. Douglas to apply Resident A’s powder, but Ms. Giles went into the bathroom to assure Resident A’s safety. Ms. Giles said that when Resident A was picking up her puzzle and said she wanted to move back to her previous home, Ms. Douglas had not been in the dining room but overhead Resident A speaking. Ms. Giles said that Ms. Douglas’s tone of voice was “very threatening” when she told Resident A they would have to leave her on a street corner by herself if the resident wanted to leave her current AFC home. Ms. Giles said that this was the point when Ms. Giles told Ms. Douglas, “That’s enough – walk away.” Ms. Giles said that Ms. Douglas “just rolled her eyes and walked away.” Ms. Giles said that she has had no complaints about Ms. Douglas from the residents of the home. Ms. Giles said, “Other staff say she’s stern toward the residents, but I’ve never been told about any specific incident.” Ms. Giles said, “An oncall staff did say that [Ms. Douglas] was especially stern with (Resident A).” Ms. Giles reported that this oncall staff person told her that Ms. Douglas said Resident A doesn’t respond well to people who are not stern with her.” Ms. Giles said she has worked with Ms. Douglas quite often and has never seen anything like this before. Ms. Giles said that Direct Care Worker (DCW) Paul Mackie, who is a new worker, was also working during this shift on 11/5/19. Ms. Giles said, “Looking back, I feel like I should have taken her [Ms. Douglas] off the floor.”

On 11/8/19, DCW Paul Mackie reported that he had been working in the home for around two months. Mr. Mackie reported that when the residents were eating their bedtime snack, he was in the kitchen doing documentation. Mr. Mackie said, “(Resident A) got in a little spat of some sort and threw a chair. She was asked to calm down by

Sam [AHM Samantha Douglas]. When asked what Ms. Douglas said, Mr. Mackie said he could not remember. Mr. Mackie said that Resident A "went and took care of stuff in the bathroom" and he did not hear any arguing at that time. Mr. Mackie said he did hear Ms. Douglas say something to Resident A like, "You're inappropriate. You want me to throw your shit away?" Mr. Mackie said, "It was a fairly loud voice, maybe not yelling." Mr. Mackie said, "Tiffany [Giles] was right there, too. Tiffany had a look on her face like 'Yikes!'" Mr. Mackie said, "When she [Ms. Douglas] raised her voice like that, I just knew that was not okay."

On 11/8/19, Assistant Home Manager Samantha "Sam" Douglas was asked about what happened on 11/5/19 when Resident A threw a chair. Ms. Douglas said, "I was in the kitchen doing dishes when she went off. I heard the chair being thrown. It was just Tiffany [Giles] in the dining room area." Ms. Douglas said she heard Resident A running to the bathroom, because Resident A was afraid that Resident B was going to beat her to the bathroom. Ms. Douglas said, "I told (Resident A), 'We're not going to be having behaviors today' because a lot of times when we tell her that she'll calm down." Ms. Douglas said she asked Resident A to stop throwing the chair. When asked what else she said to Resident A, Ms. Douglas said, "Probably something I impulsively said. I don't remember." When asked if she remembered asking Resident A if she would like it if Ms. Douglas threw Resident A's belongings out, Ms. Douglas said, "I could have. It was a reaction. I probably should have said it differently. It's not that I would ever throw anyone's stuff outside, but I wanted her to see another person's feelings." Ms. Douglas said that Resident A did not have any reaction to whatever she said. Ms. Douglas said, "In all honesty, I might have said, 'Get in the bathroom so you can get your treatment.'" Ms. Douglas said that Resident A is prescribed Nystatin powder. Ms. Douglas said she was alone in the bathroom with Resident A and applied the Nystatin. Ms. Douglas said that Resident A was calm by this point. When asked where other staff were at the time, Ms. Douglas said, "Paul [Mackie] was in the home somewhere. Tiffany [Giles] was in the foyer when I went in the bathroom with (Resident A)." Ms. Douglas denied that Ms. Giles ever asked her to calm down or to walk away from Resident A. Ms. Douglas said that Ms. Giles never gave her any impression that she did anything inappropriate. Ms. Douglas said, "I was surprised she didn't say something, that I should have said things differently." Ms. Douglas said she knows better than to talk to residents the way she did. Ms. Douglas said, "It was a very bad day that day for me. I didn't receive good news a couple days before that and I was stressed." When asked why she did not ask someone else to work with Resident A if she knew she was stressed, Ms. Douglas said, "I didn't want to involve Paul [Mackie] because he's a male staff. Tiffany had already had the chair stuff, and we try to switch off." When asked about her interactions with Resident A when the resident said she wanted to move back to Mason, Ms. Douglas said, "That wasn't the first time she's said that. She doesn't like it here because of rules. I told her the house probably wasn't there anymore. I was joking when I asked her if she wanted us to take her there and leave her on the corner. She [Resident A] chuckled and said, 'No.'"

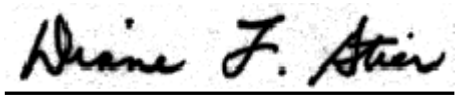
Neither Resident A nor Resident B were able to provide any information useful for this investigation due to their problems with accurate memory.

In an exit conference on 11/22/19, Licensee Designee Kent VanderLoon said he agreed that there was sufficient evidence to conclude that the staff had not treated Resident A with respect and dignity. Mr. VanderLoon said he would check to see what corrections had already been made and would submit a written corrective action plan to address the violation cited in the report.

APPLICABLE RULE	
R 400.14304	**Resident rights; licensee responsibilities.**
	(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: **(o) The right to be treated with consideration and respect, with due recognition of personal dignity, individuality, and the need for privacy.** **(2) A licensee shall respect and safeguard the resident's rights specified in subrule (1) of this rule.**
ANALYSIS:	In her interactions with Resident A on 11/5/19, Assistant Home Manager Samantha Douglas did not treat Resident A with consideration and respect when she used a very loud or threatening voice, threatened to throw Resident A's belongings away, ordered the resident to "get" to the bathroom, and "joked" about leaving the resident on a street corner alone.
CONCLUSION:	**VIOLATION ESTABLISHED**

IV. RECOMMENDATION

Contingent upon receipt of an acceptable written corrective action plan, 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

November 22, 2019
Date

Approved By:

12/02/2019

Dawn N. Timm
Area Manager

Date