



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 8, 2020

Ira Combs, Jr.
Christ Centered Homes, Inc.
327 West Monroe Street
Jackson, MI 49202

RE: License #: AS380381916
Investigation #: 2020A0575021
Adams Street AFC

Dear Mr. Combs, Jr.:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan was required. On June 3, 2020, you submitted an acceptable written corrective action plan.

It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan.

Please review the enclosed documentation for accuracy and contact me with any questions. If I am not available, and you need to speak to someone immediately, please contact the local office at (517) 284-9720.

Sincerely,

A handwritten signature in blue ink that reads "Jeffrey J. Bozsik".

Jeffrey J. Bozsik, Licensing Consultant
Bureau of Community and Health Systems
22 Center Street
Ypsilanti, MI 48198
(734) 417-4277

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

I. IDENTIFYING INFORMATION

License #:	AS380381916
Investigation #:	2020A0575021
Complaint Receipt Date:	05/29/2020
Investigation Initiation Date:	06/02/2020
Report Due Date:	06/28/2020
Licensee Name:	Christ Centered Homes, Inc.
Licensee Address:	327 West Monroe Street Jackson, MI 49202
Licensee Telephone #:	(517) 499-6404
Administrator:	Ira Combs, Jr.,
Licensee Designee:	Ira Combs, Jr.,
Name of Facility:	Adams Street AFC
Facility Address:	606 Adams Street Jackson, MI 49202
Facility Telephone #:	(517) 784-2142
Original Issuance Date:	08/19/2016
License Status:	REGULAR
Effective Date:	02/19/2019
Expiration Date:	02/18/2021
Capacity:	2
Program Type:	DD; MI

II. ALLEGATION(S)

	Violation Established?
Staff Annie Johnson-Thornton mistreated Resident A	Yes
Staff Nakayla Baker failed to report the incident that occurred on 5/3/2020	Yes

III. METHODOLOGY

05/29/2020	Special Investigation Intake 2020A0575021
05/29/2020	APS Referral-received
06/02/2020	Special Investigation Initiated - Telephone
06/03/2020	Contact - Telephone calls made-(a) Resident A; (b) staff Nakayla Baker; (c) staff Annie Johnson-Thornton; (d) home manager- Lisa Wing
06/03/2020	Inspection Completed-BCAL Sub. Compliance
06/03/2020	Corrective Action Plan Requested and Due on 06/05/2020
06/03/2020	Corrective Action Plan Received
06/03/2020	Corrective Action Plan Approved
06/03/2020	Exit Conference with the licensee designee, Ira Combs, Jr.

ALLEGATION:

Staff Annie Johnson-Thornton mistreated Resident A

INVESTIGATION:

An APS referral was received on 5/29/2020.

Resident A was interviewed on 6/3/2020 but her cognitive impairment made her recollection of events not credible.

I interviewed Annie Johnson-Thornton on 6/3/2020 and she stated that on 5/3/2020, Resident A was upset and would not swallow the food she was chewing, so she tried to calm her down. She stated she did not touch her while she was eating.

I interviewed Nakayla Baker on 6/3/2020 and she stated that on 5/3/2020, when Resident A would not swallow her food, Annie Johnson-Thornton used her hand to squeeze her neck. Also, she stated she witnessed Resident A dropped food on the floor and Annie Johnson-Thornton told Resident A to get on the floor and eat the food off the floor.

I interviewed the home manager, Lisa Wing on 6/3/2020 and she stated Annie Johnson-Thornton told her on 5/4/2020 that on 5/3/2020 she slammed Resident A into her chair and made her eat the food on her plate. Also, she stated that Annie Johnson-Thornton's employment was terminated after the incident was investigated by Lifeway's CMH ORR and Nakayla Baker was issued a verbal warning after the incident was investigated and recently quit her employment.

APPLICABLE RULE	
R 400.14308	Resident behavior interventions prohibitions.
	(1) A licensee shall not mistreat a resident and shall not permit the administrator, direct care staff, employees, volunteers who are under the direction of the licensee, visitors, or other occupants of the home to mistreat a resident. Mistreatment includes any intentional action or omission which exposes a resident to a serious risk or physical or emotional harm or the deliberate infliction of pain by any means.
ANALYSIS:	The preponderance of credible evidence is Annie Johnson-Thornton mistreated Resident A and therefore, the licensee permitted Annie Johnson-Thornton, who was under the direction of the licensee, to mistreat Resident A.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

Staff Nakayla Baker failed to report the incident that occurred on 5/3/2020.

INVESTIGATION:

As part of my interview with Nakayla Baker on 6/3/2020, I asked her if she reported the 5/3/2020 incident. She stated she did not report it because she did not think she was supposed to call the manager.

APPLICABLE RULE	
R 400.14311	Investigation and reporting of incidents, accidents, illnesses, absences, and death.
	(1) A licensee shall make a reasonable attempt to contact the resident's designated representative and responsible agency by telephone and shall follow the attempt with a written report to the resident's designated representative, responsible agency, and the adult foster care licensing division within 48 hours of any of the following: (c) Incidents that involve any of the following: (i) Displays of serious hostility.
ANALYSIS:	Since a written report was not received nor was any contact made with adult foster care licensing within 48 hours of the incident on 5/3/2020, then the licensee did not make a reasonable attempt to contact adult foster care licensing.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

An acceptable plan of correction has been received; therefore, I recommend no changes in the status of the license.

Jeffrey J. Bozsik
Licensing Consultant

Date: 6/3/2020

Approved By:

Ardra Hunter
Area Manager

Date: 6/8/2020