GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

November 4, 2020

Faith Giplaye
Acare Human Services, Inc.
3210 Eastern Ave. S.E.
Grand Rapids, MI 49508

RE: License #: AM410394626
Investigation #: 2021A0583002
Acare Home

Dear Mrs. Giplaye:

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,

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

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|---|---|
| **License #:** | AM410394626 |
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| **Investigation #:** | 2021A0583002 |
| | |
| **Complaint Receipt Date:** | 10/28/2020 |
| | |
| **Investigation Initiation Date:** | 10/29/2020 |
| | |
| **Report Due Date:** | 11/27/2020 |
| | |
| **Licensee Name:** | Acare Human Services, Inc. |
| | |
| **Licensee Address:** | 3210 Eastern Ave. S.E.<br>Grand Rapids, MI 49508 |
| | |
| **Licensee Telephone #:** | (615) 204-4651 |
| | |
| **Administrator:** | Faith Giplaye |
| | |
| **Licensee Designee:** | Faith Giplaye |
| | |
| **Name of Facility:** | Acare Home |
| | |
| **Facility Address:** | 2720 44th St. SE<br>Kentwood, MI 49512 |
| | |
| **Facility Telephone #:** | (616) 204-4651 |
| | |
| **Original Issuance Date:** | 07/11/2018 |
| | |
| **License Status:** | REGULAR |
| | |
| **Effective Date:** | 09/14/2019 |
| | |
| **Expiration Date:** | 09/13/2021 |
| | |
| **Capacity:** | 12 |
| | |
| **Program Type:** | DEVELOPMENTALLY DISABLED, MENTALLY ILL<br>AGED, TRAUMATICALLY BRAIN INJURED |

## II. ALLEGATION(S)

| | **Violation Established**? |
|---|---|
| Resident A's personal belongings were destroyed after facility staff left the items in the rain. | No |
| Facility staff verbally mistreated Resident A. | No |
| Facility staff do not administer Resident A's insulin as prescribed. | No |
| The facility is infested with bedbugs. | No |
| Additional Findings | Yes |

## III. METHODOLOGY

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|---|---|
| 10/28/2020 | Special Investigation Intake<br>2021A0583002 |
| 10/29/2020 | APS Referral |
| 10/29/2020 | Inspection Completed On-site<br>Staff Laura Ese, Staff Beryl Ochieng, Resident A, Resident B |
| 10/29/2020 | Contact - Telephone call made<br>Zachary Blevins, APS staff |
| 10/29/2020 | Contact - Telephone call made<br>Guardian Cheryl Mazelkowski |
| 10/30/2020 | Contact – Email<br>Staff Hans Giplaye |
| 11/04/2020 | Exit Conference<br>Licensee Designee Faith Giplaye |

**ALLEGATION: Resident A's personal belongings were destroyed after facility staff left the items in the rain.**

**INVESTIGATION:** On 10/28/2020 I received a complaint from Adult Protective Services alleging Resident A's personal belongings were destroyed as a result of facility staff leaving Resident A's items outside in the rain. It is alleged that Resident A's family pictures were destroyed while outside in the rain.

On 10/30/200 I completed an unannounced onsite investigation at the facility. I interviewed Staff Laura Ese, Staff Beryl Ochieng, Resident A, and Resident B each privately.

Staff Laura Ese stated the facility was treated professionally with high heat by Ehrlich Pest Control on 10/23/2020. Ms. Ese stated residents and staff packed residents' clothing and placed them outside under the covered deck and roof overhang. Ms. Ese stated it did rain and some residents' clothing did get wet. Ms. Ese stated facility staff have since washed all of the residents' clothing and nothing has been ruined. Ms. Ese stated no residents' personal items were ruined.

Staff Beryl Ochieng stated residents and staff packed residents' clothing and placed them outside under the covered deck and roof overhang. Ms. Ochieng stated it did rain and some residents' items did get wet. Ms. Ochieng stated staff have since washed all of the residents' clothing and no personal items have been ruined.

Resident A stated the facility was treated for bedbugs on 10/23/20 and she assisted staff with packing her clothing and placing them outside. Resident A stated it subsequently rained and her clothing did get wet. Resident A stated staff washed her wet clothing, and nothing was destroyed. Resident A stated her family pictures were never packed and brought outside, therefore they were not ruined.

Resident B stated the facility was professionally treated for bedbugs on 10/23/2020. Resident B stated residents' clothing were set outside by staff in bags and subsequently rained on. Resident B stated facility staff washed all residents' wet clothing and nothing was ruined.

On 10/29/2020 I interviewed Adult Protective Services Staff Zachary Blevins via telephone. Mr. Blevins stated he is investigating complaint allegations.

On 10/29/2020 I interviewed Cheryl Mazelkowski via telephone. Ms. Mazelkowski stated she is the public guardian appointed to represent Resident A. Ms. Mazelkowski stated she was aware the facility has struggled with bedbugs. Ms. Mazelkowski stated she is happy with the care provided at the facility and has never been informed that facility staff left Resident A's personal belongings outside in the rain.

On 11/04/2020 I completed an Exit Conference with Licensee Designee Faith Giplaye via telephone. Ms. Giplaye stated she agreed with the findings.

| **APPLICABLE RULE** | |
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| **R 400.14305** | **Resident Protection.** |
| | **(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.** |

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| **ANALYSIS:** | Staff Laura Ese, Staff Beryl Ochieng, Resident A, and Resident B each stated Resident A's belongings were not destroyed; therefore, there is insufficient evidence to substantiate violation of the applicable rule. |
| **CONCLUSION:** | VIOLATION NOT ESTABLISHED |

**ALLEGATION: Facility staff verbally mistreat Resident A.**

**INVESTIGATION:** On 10/28/2020 I received a complaint from Adult Protective Services alleging Resident A is verbally abused by facility staff. The complaint alleges facility staff told Resident A to "shut up".

On 10/30/2020 I completed an unannounced onsite investigation at the facility. I interviewed Staff Laura Ese, Staff Beryl Ochieng, Resident A, and Resident B, each privately.

Staff Laura Ese stated she has never verbally abused Resident A in any manner and has never observed any other staff verbally abuse Resident A.

Staff Beryl Ochieng stated she has never verbally abused Resident A in any manner and has never observed any other staff verbally abuse Resident A.

Resident A stated facility staff have not verbally abused her in any manner. Resident A denied any facility staff have told her to "shut up".

Resident B stated she has never observed facility staff verbally abuse Resident A or any other resident at the facility in any manner.

On 10/29/2020 I interviewed Resident A's Legal Guardian, Cheryl Mazelkowski via telephone. Ms. Mazelkowski stated Resident A has a history of making false allegations towards staff at other facilities. Ms. Mazelkowski stated she has never observed facility verbally abuse Resident A.

On 11/04/2020 I completed an Exit Conference with Licensee Designee Faith Giplaye via telephone. Ms. Giplaye stated she agreed with the findings.

| **APPLICABLE RULE** | |
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| **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 |

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| | 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:** | Staff Laura Ese, Staff Beryl Ochieng, Resident A, and Resident B all stated facility staff have not verbally mistreated Resident A; therefore, there is insufficient evidence to substantiate violation of the applicable rule. |
| **CONCLUSION:** | VIOLATION NOT ESTABLISHED |

**ALLEGATION: Facility staff do not administer Resident A's insulin as prescribed.**

**INVESTIGATION:** On 10/28/2020 I received a complaint from Adult Protective Services alleging facility staff do not administer Resident A's insulin as prescribed. The complaint alleged Resident A went four days without receiving her prescribed insulin from facility staff.

On 10/30/200 I completed an unannounced onsite investigation at the facility. I interviewed Staff Laura Ese, Staff Beryl Ochieng, Resident A, and Resident B, each privately.

Staff Laura Ese stated Resident A is diagnosed with diabetes and requires the use of insulin and daily blood sugar checks. Ms. Ese stated Resident A is able to move independently in the community and often misses her blood sugar checks and/or insulin. Ms. Ese stated staff always check Resident A's blood sugar and administer insulin when she arrives home. Ms. Ese stated it has been challenging to check Resident A's blood sugar as often as required because Resident A often leaves the facility in the morning and arrives home after 5:00 pm. Ms. Ese denied facility staff did not administer Resident A's prescribed insulin for four days.

Staff Beryl Ochieng denied facility staff did not administer Resident A's prescribed insulin for four days. Ms. Ochieng stated facility staff administer Resident A's insulin as prescribed.

Resident A stated she is able to move independently in the community and is often gone during the day visiting friends and relatives. Resident A stated facility staff check her blood sugar regularly and administer her insulin daily. Resident A stated she has never gone four days without receiving her insulin.

I received and reviewed Resident A's Assessment Plan for AFC residents was completed 07/24/2020 however is not signed her legal Guardian, Cheryl Mazelkowski. The Assessment Plan indicates Resident A is able to move independently in the community.

I reviewed Resident A's Medication Administration Record indicates Resident A is prescribed Humalog quick pen three times daily based upon her blood sugar level. The document indicates facility staff administer Resident A's medication as prescribed.

On 10/29/2020 I interviewed Resident A's Legal Guardian, Cheryl Mazelkowski via telephone. Ms. Mazelkowski stated Resident A is able to move independently in the community. Ms. Mazelkowski stated Resident A is diabetic and is prescribed insulin from her physician. Ms. Mazelkowski stated Resident A is often gone during the day which makes it difficult for facility to check her blood sugar as often as required. Ms. Mazelkowski stated she has no concerns facility staff are not administering Resident A's insulin as prescribed.

On 11/04/2020 I completed an Exit Conference with Licensee Designee Faith Giplaye via telephone. Ms. Giplaye stated she agreed with the findings.

| **APPLICABLE RULE** | |
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| **R 400.14312** | **Resident medications.** |
| | **(2) Medication shall be given, taken, or applied pursuant to label instructions.** |
| **ANALYSIS:** | I reviewed Resident A's Medication Administration Record indicates Resident A is prescribed Humalog quick pen three times daily based upon her blood sugar level. The document indicates facility staff administer Resident A's medication as prescribed.<br><br>Staff Laura Ese, Staff Beryl Ochieng, and Resident A each stated facility staff administer Resident A's insulin as prescribed; therefore, there is insufficient evidence to substantiate violation of the applicable rule. |
| **CONCLUSION:** | VIOLATION NOT ESTABLISHED |

**ALLEGATION: The facility is infested with bedbug.**

**INVESTIGATION:** On 10/28/2020 I received a complaint from Adult Protective Services alleging the facility is infested with bedbugs.

On 10/30/200 I completed an unannounced onsite investigation at the facility. I interviewed Staff Laura Ese, Staff Beryl Ochieng, Resident A, and Resident B, each privately.

Staff Laura Ese stated a resident brought bedbugs into the facility recently. Ms. Ese stated the facility was professionally treated with high heat by Ehrlich Pest Control on 10/23/2020. Ms. Ese stated residents' bedding and clothing have been washed and there is currently on indication of active bedbugs.

Staff Beryl Ochieng stated the facility was professionally treated with high heat on 10/23/20 and there has been no indication of active bedbugs since the treatment.

Resident A stated the facility was infested with bedbugs. Resident A stated the facility was professionally treated for bedbugs on 10/23/2020 and she has not observed an active bedbug since the treatment.

Resident B stated the facility was infested with bedbugs. Resident B stated the facility was professionally treated for bedbugs on 10/23/2020 and she has not observed an active bedbug since the treatment.

I completed a visual inspection of the facility and did not observe active bedbugs.

On 10/30/2020 I received an email from Staff Hans Giplaye containing an invoice from Ehrlich Pest Control. I observed the invoice indicated the facility paid $5200.00 for a high heat treatment to eradicate bedbugs on 10/2020.

On 11/04/2020 I completed an Exit Conference with Licensee Designee Faith Giplaye via telephone. Ms. Giplaye stated she agreed with the findings.

| **APPLICABLE RULE** | |
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| **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:** | Staff Laura Ese stated a resident brought bedbugs into the facility recently. Ms. Ese stated the facility was professionally treated with high heat by Ehrlich Pest Control on 10/23/2020. Ms. Ese stated residents' bedding has been washed and there is currently on indication of active bedbugs.<br><br>I observed the invoice indicated the licensee paid $5200.00 to Ehrlich for a high heat treatment to eradicate bedbugs on 10/2020.<br><br>I completed a visual inspection of the facility and did not observe active bedbugs; therefore, there is insufficient evidence to substantiate violation of the applicable rule. |

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| **CONCLUSION:** | VIOLATION NOT ESTABLISHED |

**ADDITIONAL FINDING: Resident A's Assessment Plan for AFC Residents lacks the signature of Resident A's legal guardian.**

**INVESTIGATION:** On 10/29/2020 I received and reviewed Resident A's Assessment Plan for AFC residents was completed 07/24/2020 however is not signed her legal Guardian, Cheryl Mazelkowski.

On 11/04/2020 I completed an Exit Conference with Licensee Designee Faith Giplaye via telephone. Ms. Giplaye stated she agreed with the findings and would submit an acceptable Corrective Action Plan.

| **APPLICABLE RULE** | |
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| **R 400.14301** | **Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.** |
| | **(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.** |
| **ANALYSIS:** | Resident A's Assessment Plan for AFC Residents lacks the signature of Resident A's legal guardian; therefore, violation of the application is supported by a preponderance of the evidence. |
| **CONCLUSION:** | **VIOLATION ESTABLISHED** |

## IV. RECOMMENDATION

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

11/04/2020

Toya Zylstra Date
Licensing Consultant

Approved By:

11/04/2020

Jerry Hendrick Date
Area Manager