



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

July 1, 2021

Judith Dunton
Michigan Community Services, Inc.
PO Box 317
Swartz Creek, MI 48473

RE: License #: AS090295290
Investigation #: 2021A0572033
Beechwood

Dear Ms. Dunton:

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 (810) 787-7031.

Sincerely,

A handwritten signature in black ink that reads "Anthony Humphrey". The signature is written in a cursive style with a large, looping flourish at the end.

Anthony Humphrey, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48605
(810) 280-7718

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS090295290
Investigation #:	2021A0572033
Complaint Receipt Date:	05/14/2021
Investigation Initiation Date:	05/18/2021
Report Due Date:	07/13/2021
Licensee Name:	Michigan Community Services, Inc.
Licensee Address:	5239 Morrish Rd. Swartz Creek, MI 48473
Licensee Telephone #:	(810) 635-4407
Administrator:	Karon Lee
Licensee Designee:	Judith Dunton
Name of Facility:	Beechwood
Facility Address:	3648 Bangor Road Bay City, MI 48706
Facility Telephone #:	(989) 667-3682
Original Issuance Date:	05/07/2008
License Status:	REGULAR
Effective Date:	11/12/2020
Expiration Date:	11/11/2022
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. ALLEGATION(S)

	Violation Established?
On 05/12/2021, staff Ladazia Sumler clocked in for work at 10 p.m., however was not at the facility at 5:50 a.m. when 1st shift staff arrived. The five residents were asleep and unharmed. It is unknown at what time staff, Ms. Sumler left the home during the night and left the five residents unattended.	Yes

III. METHODOLOGY

05/14/2021	Special Investigation Intake 2021A0572033
05/14/2021	APS Referral APS made referral.
05/18/2021	Special Investigation Initiated - On Site
05/18/2021	Contact - Face to Face Staff, Vanessa Bignall, Staff, Justine Seymour, Resident A, Resident B, Resident C, Resident D and Resident E.
06/17/2021	Inspection Completed On-site Staff, Justine Seymour, Resident A, Resident B, Resident C and Resident D.
06/17/2021	Contact - Telephone call made Staff, Chelsea Hime.
06/17/2021	Contact - Telephone call made Attempted phone call with ex-staff, Ladazia Sumler.
06/18/2021	Contact - Telephone call made Attempted phone call with ex-staff, Ladazia Sumler.
06/21/2021	Contact - Telephone call made Attempted phone call with ex-staff, Ladazia Sumler.
06/30/2021	Inspection Completed-BCAL Sub. Compliance

06/30/2021	Exit Conference Licensee

ALLEGATION:

On 05/12/2021, staff Ladazia Sumler clocked in for work at 10 p.m., however was not at the facility at 5:50 a.m. when 1st shift staff arrived. The five residents were asleep and unharmed. It is unknown at what time staff, Ms. Sumler left the home during the night and left the five residents unattended.

INVESTIGATION:

On 05/14/2021, the local licensing office received a complaint for investigation. Adult Protective Service (APS) made the referral.

On 05/18/2021, an unannounced onsite was made at Beechwood, located in Bay County, Michigan. Staff, Vanessa Bignall was present for an interview.

On 05/18/2021, an interview was conducted with Staff, Vanessa Bignall regarding an allegation that Staff, Ms. Ladazia Sumler left the residents unattended during 3rd shift and was nowhere to be found when 1st shift arrived. Ms. Bignall informed that she heard about the incident but was not working at the time. None of the residents were harmed as they were still sleeping. She believes that management were able to get ahold of Ms. Bignall later in the day but is unsure what happened after that.

On 05/18/2021, I observed all the residents in the living room area of the home. They all appeared to be safe and in adequate health.

On 06/17/2021, an interview was conducted with Staff, Justine Seymour regarding an allegation that Staff, Ms. Ladazia Sumler left the residents unattended during 3rd shift and was nowhere to be found when 1st shift arrived. Ms. Seymour was on Sick Leave at the time of the incident, however; she did hear about it. From what she heard, Ms. Sumler left around 5am and Staff, Chelsea Hine arrived to work at approximately 5:55am. No residents were harmed as they were safe and still in bed and not aware that they were unattended. Ms. Sumler did not call anyone to let them know that she had an emergency or not. Management tried reaching her and did not get ahold of her until the afternoon. She is unaware of why Ms. Sumler left the facility.

On 06/17/2021, an interview was conducted with Home Manager, Shelby Townsend regarding an allegation that Staff, Ms. Ladazia Sumler left the residents unattended during 3rd shift and was nowhere to be found when 1st shift arrived. She received a call at 5:54am from Staff, Chelsea Hime explaining that there were no staff at the home. She checked the bedrooms, backyard, garage, and there was no car in the driveway. Ms. Townsend tried calling Ms. Sumler to see what happened to her and if

she was okay. Ms. Townsend would receive a call from Ms. Sumler but it would ring once and then hang up. Ms. Sumler finally texted that she left the facility at 4:50am. Ms. Townsend is not sure if she left at that time because she did not clock out. Ms. Sumler explained to her that she had an important family emergency, but she never found out what that family emergency was. Ms. Townsend had called Ms. Sumler's mother because she is the emergency contact, but she did not know where Ms. Sumler was at.

On 06/17/2021, I observed the residents in the home. They were all safe and appeared to be in adequate health. Resident E was away with family.

On 06/17/2021, a phone interview was conducted with Staff, Chelsea Hime regarding an allegation that Staff, Ms. Ladazia Sumler left the residents unattended during 3rd shift and was nowhere to be found when she arrived. Ms. Hime informed that she arrived at work at 5:50am and went to the living room and did not see anyone there, so she went in each bedroom to check on the residents and still did not see a staff person. She continued to search for a staff and did not find anyone, so she contacted the On-Call manager, Shelby Townsend. At that point, she just made sure that all of the residents were okay and safe. None of the residents were awake when she arrived and were not aware that they were alone without supervision. She has not spoken to Ms. Sumler and is not aware of why she left.

On 06/17/2021, 06/18/2021 and 06/21/2021, an attempt to contact Ms. Ladazia Sumler was made. A voicemail was left for each attempt. She did not answer or call back in response to my phone call attempts.

APPLICABLE RULE	
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.
ANALYSIS:	Former Staff, Ladazia Sumler left the residents unattended during her shift. The time that she left is unclear as she did not clock out, but she informed management via text that she left at 4:55am for a family emergency. Staff, Chelsea Hime confirmed that there was no staff at the home when she arrived at approximately 5:50am. Other staff members interviewed were not present but heard about the incident.
CONCLUSION:	VIOLATION ESTABLISHED

On 06/30/2021, an Exit Conference was held with Licensee, Judith Dunton regarding the complaint. She was informed that a CAP must be submitted within 15 days of receipt of the Special Investigative Report.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable plan of correction, I recommend no change to the licensing status of this small adult foster care (capacity 1-6).

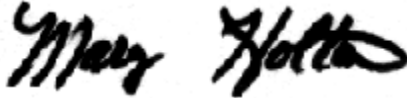


06/30/2021

Anthony Humphrey
Licensing Consultant

Date

Approved By:



07/01/2021

Mary E Holton
Area Manager

Date