



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 10, 2021

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

RE: License #: AS370088135
Investigation #: 2021A0565014
McBride #2

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. If I am not available, and you need to speak to someone immediately, please contact the local office at (517) 284-9730.

Sincerely,

A handwritten signature in black ink that reads "Dawn M. Campbell". The signature is written in a cursive style with a large, looped initial "D".

Dawn Campbell, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 899-5607

Enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS370088135
Investigation #:	2021A0565014
Complaint Receipt Date:	04/12/2021
Investigation Initiation Date:	04/13/2021
Report Due Date:	06/11/2021
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 #2
Facility Address:	2051 Greencrest Mount Pleasant, MI 48858
Facility Telephone #:	(989) 773-6299
Original Issuance Date:	04/12/2000
License Status:	REGULAR
Effective Date:	10/12/2020
Expiration Date:	10/11/2022
Capacity:	6

Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL
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ALLEGATION(S)

	Violation Established?
On 4/9/2021, Resident A reached for a ham bone that was on the counter. In response home manager Jeffrey Wheeler slapped her hand and made a comment to her about needing to listen and take her medication.	Yes

II. METHODOLOGY

04/12/2021	Special Investigation Intake 2021A0565014
04/13/2021	Special Investigation Initiated - Telephone Attempted telephone call with direct care staff Angelica Rusztowicz.
04/19/2021	Contact - Telephone call made Attempted telephone call with direct care staff Angelica Rusztowicz. Let voicemail for return telephone call.
04/19/2021	Contact - Telephone call made Interviewed facility manager Jeffrey Wheeler regarding the complaint allegations.
04/19/2021	Inspection Completed-BCAL Sub. Compliance
05/26/2021	Contact - Telephone call made Interviewed Assistant Director of Service Jackie Brown.
05/26/2021	Contact - Telephone call made Attempted telephone call with Ms. Rusztowicz.
06/07/2021	Exit Conference Conducted with Licensee Designee Kent VanderLoon.

ALLEGATION:

On 4/9/2021, Resident A reached for a ham bone that was on the counter. In response home manager Jeffrey Wheeler slapped her hand and made a comment to her about needing to listen and take her medication.

INVESTIGATION:

On 04/19/2021, I conducted an unannounced onsite special investigation at the facility. I interviewed direct care staff Alissa Baldwin and observed Resident A.

Ms. Baldwin stated she was not present when the incident between Resident A and facility manager Jeffrey Wheeler occurred. Ms. Baldwin stated she was not familiar with the incident and only knows “what she heard.” Ms. Baldwin stated she “heard” from other staff that Mr. Wheeler “slapped” Resident A on the wrist when she tried to grab food. Ms. Baldwin stated she has never observed Mr. Wheeler mistreat a resident in “any way.” Ms. Baldwin stated she has no concerns about the care that Mr. Wheeler provides to the Residents.

I was unable to interview Resident A due to her limited verbal skills. Resident A was appropriately dressed for the season. I did not observe any marks or bruises on Resident A.

I reviewed the file of Resident A. Resident A is cognitively impaired, and her diagnoses include major depressive disorder, dysthymic disorder, autistic disorder, type 2 diabetes, morbid obesity, ADHD, and hyperlipidemia. Resident A has limited verbal skills.

On 04/19/2021, I interviewed Mr. Wheeler who stated on 04/08/2021 he and direct care staff Angelica Rusztowicz were working the evening shift. Mr. Wheeler stated he was making dinner while Ms. Rusztowicz was passing resident medication. Mr. Wheeler stated Resident A reached for a ham bone on the counter that was part of the meal. Mr. Wheeler stated in response to Resident A reaching for the bone, he “slapped her hand away.” Mr. Wheeler stated that he then told Resident A to “listen to staff and to go take her medication.” Mr. Wheeler stated he did not “hit” Resident A with great force and described it has a “swat.” Mr. Wheeler stated that he used an open hand. Mr. Wheeler stated it was a “knee jerk” reaction and he is very sorry that it occurred. Mr. Wheeler stated at the time he was thinking about Resident A contaminating the food that all residents were going to be eating. Mr. Wheeler stated he apologized to Resident A immediately. Mr. Wheeler stated he was disciplined and required to call Resident A’s guardian and report what occurred. On 05/26/2021, I interviewed Assistant Director of Service Jackie Brown who stated Mr. Wheeler has been working at the facility since 2014. Mr. Brown stated Mr. Wheeler is a “good” employee and has never been involved in or accused of hitting a resident. Mr. Brown stated Mr. Wheeler has historically provided excellent care to Resident A. Mr. Brown stated Mr. Wheeler was remorseful and admitted he made a

mistake. Mr. Brown stated Mr. Wheeler was formally disciplined and required to contact Resident A's guardian and report what happened. Mr. Brown provided documentation of the "Coach and Counsel" form dated 04/14/2021 signed by him and Mr. Wheeler which outlined the incident and provided a warning that if such behavior occurred again, Mr. Wheeler would be terminated.

I attempted to contact direct care staff Angelica Rusztowicz on three dates. Ms. Rusztowicz did not return my telephone calls.

On 06/07/2021, I conducted an exit conference with Licensee Designee Kent VanderLoon. Mr. VanderLoon stated Mr. Wheeler was given a written reprimand that will remain in his personnel file. Mr. VanderLoon stated this is not a pattern of behavior for Mr. Wheeler and if there is a similar incident Mr. Wheeler will be terminated. Mr. VanderLoon stated that he will submit a corrective action plan.

APPLICABLE RULE	
R 400.14308	Resident behavior interventions prohibitions.
	(2) A licensee, direct care staff, the administrator, members of the household, volunteers who are under the direction of the licensee, employees, or any person who lives in the home shall not do any of the following: (b) Use any form of physical force other than physical restraint as defined in these rules.
ANALYSIS:	Based on the above statements, facility manager Mr. Wheeler hit Resident A on the hand in response to her reaching for the ham bone he was preparing for dinner. Mr. Wheeler acknowledged his behavior was inappropriate and was formally disciplined for using physical force against Resident A.
CONCLUSION:	VIOLATION ESTABLISHED

III. RECOMMENDATION

Upon receipt of an acceptable corrective action plan, I recommend that the status of the license remain unchanged.

 06/08/2021

Dawn Campbell
Licensing Consultant

Date

Approved By:

 06/10/2021

Dawn N. Timm
Area Manager

Date