



STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

GRETCHEN WHITMER
GOVERNOR

ORLENE HAWKS
DIRECTOR

July 23, 2021

Carl Schuler
Mersadies Adult Care, LLC
617 Riverview Court
Gladwin, MI 48624

RE: License #:	AL060312454
Investigation #:	2021A0123031
	The Horizon Senior Living IV

Dear Mr. Schuler:

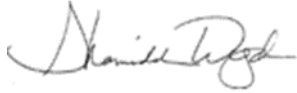
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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.
- Indicate how continuing compliance will be maintained once compliance is achieved.
- Be signed and dated.

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 (906) 226-4171.

Sincerely,

A handwritten signature in cursive script, appearing to read "Shamidah Wyden".

Shamidah Wyden, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48607
989-395-6853

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL060312454
Investigation #:	2021A0123031
Complaint Receipt Date:	06/11/2021
Investigation Initiation Date:	06/14/2021
Report Due Date:	07/11/2021
Licensee Name:	Mersadies Adult Care, LLC
Licensee Address:	617 Riverview Court Gladwin, MI 48624
Licensee Telephone #:	(989) 846-0000
Administrator:	Shelly DeKay
Licensee Designee:	Carl Schuler
Name of Facility:	The Horizon Senior Living IV
Facility Address:	218 Airpark Drive Standish, MI 48658
Facility Telephone #:	(989) 846-0000
Original Issuance Date:	11/23/2011
License Status:	REGULAR
Effective Date:	04/15/2020
Expiration Date:	04/14/2022
Capacity:	20
Program Type:	AGED

II. ALLEGATION(S)

	Violation Established?
The med supervisor leaves residents without their narcotics for multiple days at a time.	No
Residents sit on bed pans hours at a time or toilets waiting to be wiped. Staff wipe residents with washcloths when poopy.	No
Staff leave residents in the kitchen area in chairs and wheelchairs for hours while asleep. Gate belts are not being used.	No
Residents' toilets are broken. There are multiple holes in the walls. There is a set of washers and dryers and only one works properly.	No
The facility runs out of cleaning supplies for multiple days.	No
Food is not ordered in a timely manner.	No
Additional Findings	Yes

III. METHODOLOGY

06/11/2021	Special Investigation Intake 2021A0123031
06/14/2021	Special Investigation Initiated - On Site I conducted an unannounced visit to the facility.
06/15/2021	Contact - Telephone call made I made a call to the facility. I spoke with home manager Kayla Snyder.
06/15/2021	Contact- Document Received I received requested information via email.
06/25/2021	Contact- Document Sent I sent an email to the home manager regarding camera use and inquired about gait belt orders.
06/25/2021	Contact- Document Received I received an email response from home manager Kayla Snyder.
06/25/2021	Contact - Telephone call made I made a call to the facility. I interviewed staff.

06/25/2021	APS Referral An APS referral was completed.
06/29/2021	Contact- Document Sent I sent an email requesting a copy of Resident B's assessment plan.
06/29/2021	Contact- Document Received I received a copy of Resident B's assessment plan via email.
07/09/2021	Contact- Document Sent I sent an email requesting additional information.
07/09/2021	Contact- Document Received I received requested information via fax.
07/09/2021	Contact- Telephone call made I spoke with Staff Snyder via phone.
07/09/2021	Contact- Telephone call made I made a call to Resident A's Relative 1. I left a voicemail requesting a return call.
07/09/2021	Contact- Telephone call made I spoke with Resident B's Relative 2 via phone.
07/14/2021	Contact- Telephone call received I spoke with Resident A's Relative 1 via phone.
07/22/2021	Contact- Telephone call made I left a voicemail requesting a return call from licensee designee Carl Schuler.
07/22/2021	Exit Conference- I conducted an exit conference with Mr. Schuler via phone.

ALLEGATION: The med supervisor leaves residents without their narcotics for multiple days at a time.

INVESTIGATION: On 06/14/2021, I conducted an unannounced visit to the facility. I interviewed medication coordinator Chasity Garno. She denied the allegations. She stated that there are about 11 residents who are prescribed narcotic medication, and some of the medications are PRN. She stated that the PRN narcotics need Hospice permission before administration.

During this on-site, I observed multiple narcotic bubble packs for multiple residents. The medications appeared to have been popped out recently, and it was also observed that staff noted the date of administration directly onto the bubble packs, for each pill that staff administered.

On 06/14/2021, I interviewed Resident A and Resident B at the facility. Resident A denied the allegations and denied having any concern regarding her medication. Resident B denied the allegations as well and denied having any issues with her medications.

On 06/14/2021, I interviewed home manger Kayla Snyder via phone. Staff Snyder stated that she has never witnessed or have any knowledge regarding any residents going without their narcotic medication.

On 06/25/2021, I interviewed staff Madison Nolen via phone. Staff Nolen stated that she is currently being trained as a medication passer. She denied having any knowledge regarding residents not receiving their narcotic medication.

On 07/09/2021, I interviewed Relative 2 via phone. Relative 2, Resident B's relative, stated that he visits the facility about two to three times per week, has no concerns regarding Resident B's medication, and is very pleased with the care she receives.

On 07/09/2021, I received copies of the June 2021 medication administration sheets for four residents. I reviewed the documentation. Most of the narcotic medications listed appeared to be PRN's. I noted no issues with the documentation.

On 07/14/2021, I received a return call from Relative 1 via phone. Relative 1 denied having any concerns regarding Resident A's medications. Relative 1 stated that Resident A has resided in the facility since 2012, and there have been no issues with her care.

APPLICABLE RULE	
R 400.15312	Resident medications.
	(4)(e) Not adjust or modify a resident's prescription medication without instructions from a physician or a pharmacist who has knowledge of the medical needs of the resident. A licensee shall record, in writing, any instructions regarding a resident's prescription medication.
ANALYSIS:	Staff Chasity Garno, staff Kayla Snyder, and staff Madison Nolen denied the allegations. Resident A denied the allegations and denied having any concern regarding their medication. Resident B denied the allegations as well and denied having any issues with her medications. Relative 1 and Relative 2 denied having any

	<p>concerns.</p> <p>On 06/14/2021, during an unannounced on-site, I observed multiple narcotic bubble packs for multiple residents. The medications appeared to have been popped out recently, and it was also observed that staff noted the date of administration directly onto the bubble packs.</p> <p>I received copies of June 2021 medication administration sheets for four residents. I reviewed the documentation. Most of the narcotic medications listed appeared to be PRN's. I noted no issues with the documentation.</p> <p>There is no preponderance of evidence to substantiate a rule violation.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

- **Residents sit on bed pans hours at a time or toilets waiting to be wiped. Staff wipe residents with washcloths when poopy.**
- **Staff leave residents in the kitchen area in chairs and wheelchairs for hours while asleep.**
- **Gate belts are not being used.**

INVESTIGATION: On 06/14/2021, I conducted an unannounced visit to the facility. I interviewed medication coordinator Chasity Garno. She denied the allegations. She stated that Resident A will sit on a bed pan if she has to pee during the night, and that Resident A also wears a brief and has pads. She stated that the only time Resident A is left on the toilet, is if she has to defecate. She denied that the resident is left on the toilet for hours, and that Resident A is on the toilet for no longer than 10 minutes. She stated that staff step out of the room to give Resident A privacy while she is on the toilet. She stated that Resident B uses a gait belt every once in a while. She stated that there is one resident who will fall asleep in the dining room, and that staff will wheel this resident to the living room if she falls asleep at the dining room table.

On 06/14/2021, I interviewed Resident A. Resident A stated that staff provides her with a bed pan at night, and during the day she uses the toilet. She stated that staff do not leave her on the toilet longer than she needs to be. She denied having any concerns.

During this on-site on 06/14/2021, there were not residents observed in the kitchen area of the home sleeping. There was a supply of plenty of toilet paper, gloves, wipes, portable urinals, pads, and briefs observed in the home.

On 06/14/2021, I interviewed Resident B at the facility. Resident B stated that staff uses a gait belt for her daily. She denied having any recent falls. She denied ever having any issues using the toilet and denied ever running out of toilet paper or cleaning supplies. She also denied ever seeing anyone in the kitchen sleeping.

On 06/15/2021, I interviewed Staff Snyder via phone. She denied the allegations. Staff Snyder stated that there was one previous staff person who left Resident A on a bed pan for a long time. She stated that this staff person was terminated. She stated that wash clothes are not used to wipe residents. She stated that they have dry wipes, wet wipes, and peri-care spray. She stated that staff were using wash clothes on one resident who had wound care, passed away, and that those wash clothes thrown away after each use. In regard to a resident sleeping in the kitchen, she denied the allegations, stating that there is one resident who has a recliner in the living room, but prefers her wheelchair, and does not like to be in her room. In regard to gait belts, she stated that Resident B (the only resident who uses a gait belt) uses a gait belt because she is unsteady and has one mobile arm. She stated that staff carry the gait belts on their hip, and this was addressed during the last staff meeting.

On 06/25/2021, I interviewed staff Matthew Garno via phone. He denied the allegations. He stated that when the residents are done eating, they go to the living room or to their bedroom. He stated that some will nod off during their meals, and staff will either moved them to another room, or they will finish eating. He stated that he has not seen any residents sleeping at the table for no longer than five to ten minutes.

On 06/25/2021, I interviewed staff Madison Nolen via phone. She denied having any knowledge of Resident A being left on a bed pan too long. She stated that Resident A is the only resident who uses a bed pan. She stated that they use wipes for toileting. She stated that she has never seen any residents sleeping in the kitchen area, and that staff will transfer residents to the living room, bathroom, or bedroom if they see the residents are tired. She stated that Resident B sits in her wheelchair and has one good arm. She stated that she holds Resident B by her arm and transfers her with a 1,2,3 process, and that Resident B takes steps to her wheelchair.

On 06/29/2021, A copy of Resident B's assessment plan was received. The assessment plan does not indicate use of a gait belt but does note that Resident B receives occupational therapy for her hand, has no use of her right arm, and is a one-person assist with walking and mobility.

On 07/09/2021, I spoke Relative 2 via phone. Relative 2 denied having any concerns regarding Resident B's care, and that he is very pleased. Relative 2 stated that he visits Resident B at the facility about two to three times per week, and that Resident B is happy.

On 07/14/2021, I spoke with Relative 1 via phone. Relative 1 stated that Resident A gets up and goes to the bathroom and uses a bed pan at night. Relative 1 denied having any concerns regarding the bed pan use. She stated that Resident A uses her call light, and staff respond immediately. She stated that when Resident A is wet, staff get her changed, and that Resident A used to not tell staff when she needed a brief change.

APPLICABLE RULE	
R 400.15305	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:	<p>Staff Chasity Garno, Staff Kayla Snyder, Staff Matthew Garno, and Staff Madison Nolen denied the allegations. Relative 2 denied having any concerns. Relative 1 denied having any concerns regarding the bed pan use.</p> <p>Resident A stated that staff provides her with a bed pan at night, and during the day she uses the toilet. She stated that staff do not leave her on the toilet longer than she needs to be. She denied having any concerns.</p> <p>Resident B stated that staff uses a gait belt for her daily. She denied having any recent falls. She denied ever having any issues using the toilet and denied ever running out of toilet paper or cleaning supplies. She also denied ever seeing anyone in the kitchen sleeping.</p> <p>There is no preponderance of evidence to substantiate a rule violation.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: Residents' toilets are broken. There are multiple holes in the walls. There is a set of washers and dryers and only one works properly.

INVESTIGATION: On 06/14/2021, I conducted an unannounced visit to the facility. I interviewed medication coordinator Chasity Garno. She denied the allegations. She stated that the toilet in room #20 is not broken, and that the licensee designee has

recently replaced the handle for it. The toilet was observed to be in working order during this onsite.

I also observed every bedroom, every bathroom/toilet, and the common areas in the facility during this on-site and no issues were noted. Each resident room in the facility has a bathroom with a toilet, and there are community bathrooms with showers. The toilets appeared to be working fine. There was a hole in the wall in room 19, which is a currently unoccupied room, and has been since December 2020 according to Staff Garno. Rooms 17 (which is currently unoccupied), per Staff Garno, had holes that were just repaired. I observed that room 17 is in the process of being repainted. She stated that the licensee designee is in the process of repairing the unoccupied rooms.

The laundry room was observed during this on-site as well. Both washers and both dryers were observed to be functional.

On 06/15/2021, I interviewed Staff Snyder via phone. Staff Snyder stated that there are no broken toilets in the facility. She stated that there was one clogged toilet, that the owner came and fixed the following day. She stated that the owner is in the process of fixing rooms one by one and is currently working on room number 17. She denied that there are any issues with the washer and dryers. She stated that one washer had some glitches, but it was used last week, and that this issue has been brought to Mr. Schuler's attention.

On 06/25/2021, I interviewed staff Matthew Garno via phone. He denied the allegations regarding broken toilets and holes in the walls. He stated that every room he has been into has no holes in the walls, and he has not heard anything about toilets not working. He stated that staff are currently doing laundry and there is no issue with the washers and dryers. He stated that Mr. Schuler responds quickly regarding any repairs that need to be made.

On 06/25/2021, I interviewed staff Madison Nolen via phone. She denied the allegations. She stated that there are no broken toilets, nor holes in the walls, to her knowledge, and that she is in and out of resident rooms all day during her shifts.

On 07/09/2021, I spoke with Relative 2 via phone. Relative 2 stated that there have been no issues to his knowledge regarding the toilets, or holes in the walls.

On 07/14/2021, I spoke with Relative 1 via phone. Relative 1 stated that Resident A has an oversized wheelchair that may hit the wall. She stated that the facility fixes things right away.

APPLICABLE RULE	
R 400.15403	Maintenance of premises.
	(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.
ANALYSIS:	<p>Staff Chasity Garno, staff Kayla Snyder, Staff Matthew Garno, and Staff Madison Nolen, and Relative 2 denied the allegations.</p> <p>Relative 1 stated that the facility fixes things right away.</p> <p>On 06/14/2021, I conducted an unannounced visit at the facility. I also observed every toilet in the facility during this on-site and no issues were noted. Each resident room in the facility has a bathroom with a toilet, and there are community bathrooms with showers. The toilets appeared to be working fine. There was a hole in the wall in room 19, which is a currently unoccupied room, and has been since December 2020 according to Staff Garno. Rooms 17 (which is currently unoccupied), per Staff Garno, had holes that were just repaired. I observed that the room is in the process of being repainted. She stated that the licensee designee is in the process of repairing the unoccupied rooms.</p> <p>The laundry room was observed during this on-site as well. Both washers and both dryers were observed to be functional.</p> <p>There is no preponderance of evidence to substantiate a rule violation.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: The facility runs out of cleaning supplies for multiple days.

INVESTIGATION: On 06/14/2021, I conducted an unannounced visit to the facility. I interviewed medication coordinator Chasity Garno. She denied the allegations. During this on-site, Staff Garno showed me the cleaning supplies in the facility. There were also extra supplies in the basement of the facility as well.

During this on-site on 06/14/2021, I observed the facility to be clean and orderly. I did not note any issues regarding cleanliness.

On 06/14/2021, I interviewed Resident A at the facility. She denied having any concerns. I interviewed Resident B as well, who stated that the staff keeps the facility clean.

On 06/15/2021, I interviewed Staff Snyder via phone. Staff Snyder denied the allegations. She stated that there was an issue with the laundry detergent, where staff would wait until the last minute to note that the facility was low. She stated that she sets out portions of the detergent, so staff does not overuse it.

On 06/25/2021, I interviewed staff Matthew Garno via phone. He denied the allegations stating that the facility has plenty of cleaning supplies.

On 06/25/2021, I interviewed staff Madison Nolen via phone. Staff Nolen denied the allegations. She stated that the facility has enough cleaning supplies, and that Staff Snyder orders supplies about every two weeks. She stated that they do not run out of any supplies.

On 07/09/2021, I interviewed Relative 2 via phone. Relative 2 stated that Resident B drops a lot of things on the floor, and that her bedroom carpet could be cleaner.

On 07/14/2021, I interviewed Relative 1 via phone. Relative 1 stated that the facility does not smell, and that it is clean. She stated that it is one of the nicer facilities in the area.

APPLICABLE RULE	
R 400.15403	Maintenance of premises.
	(2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.
ANALYSIS:	<p>Staff Chasity Garno, staff Kayla Snyder, Staff Matthew Garno, and Staff Madison Nolen denied the allegations.</p> <p>On 06/14/2021, I observed the facility to be clean and orderly. I did not note any issues regarding cleanliness. During this on-site, Staff Garno showed me the cleaning supplies in the facility. There were also extra supplies in the basement of the facility as well.</p> <p>Resident A denied having any concerns, and Resident B stated that staff keep the facility clean.</p> <p>Relative 2 stated that Resident B's carpet could be cleaner, and Relative 1 stated that the facility is clean.</p> <p>There is no preponderance of evidence to substantiate a rule violation.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: Food is not ordered in a timely manner.

INVESTIGATION: On 06/14/2021, I conducted an unannounced visit to the facility. I interviewed medication coordinator Chasity Garno. She stated that food is ordered from Gordon Food Service every Monday. She stated that now that the former cook is gone, they do not run out of any food supplies. She stated that it was the former's cooks responsibility to order the food.

On 06/14/2021, I interviewed Resident A and Resident B during this onsite. Resident A stated that meals are served three times per day. Resident B stated that she eats three times per day and gets enough to eat. She denied that the facility runs out of food.

During this on-site 06/14/2021, I observed the freezers in the basement to be full of food items. In the kitchen, there is a dairy fridge and freezer with food items, as well as two other refrigerator/freezers with food items observed in them as well. There was also food present in the pantry. No issues were noted.

On 06/15/2021, I interviewed Staff Snyder via phone. Staff Snyder stated that food is ordered from Gordon Food Service every Monday. The previous cook used to order the food and also had a credit card they could use to go and buy groceries. She stated that some residents change their minds on what they want to eat, and staff have to go to the store to get the necessary items.

On 06/25/2021, I interviewed staff Matthew Garno via phone. Staff Garno is the new cook, and he stated that he started about three weeks ago. He stated that he orders food from Gordon Food Service every Monday, and that he goes about two to three times per week to buy fresh food and breads. He stated that his pantry is loaded with different foods, and there are three freezers in the basement filled with meats. He stated that he would not let the food supply go low.

On 06/25/2021, I interviewed staff Madison Nolen via phone. She denied the allegations and stated that food is ordered every Monday.

On 07/09/2021, I received copies of the facility's menus for 05/30/2021 through 07/03/2021. The menus note three meals and two snacks per day. No issues were noted with the menus.

On 07/09/2021, I spoke with Relative 2 via phone. Relative 2 stated that he has heard very little if any complaints from Resident B regarding the food. He denied any concerns about Resident B not being fed.

On 07/14/2021, I spoke with Relative 1 via phone. Relative 1 denied having any concerns regarding the meals. She stated that she has observed mealtimes and that the residents get fed good proportions.

APPLICABLE RULE	
R 400.15313	Resident Nutrition
	(3) A licensee shall provide a minimum of 3 regular, nutritious meals daily. Meals shall be of proper form, consistency, and temperature. Not more than 14 hours shall elapse between the evening and morning meal.
ANALYSIS:	<p>Staff Chasity Garno, Staff Kayla Snyder, Staff Matthew Garno, and Staff Madison Nolen all reported that food is ordered weekly from Gordon's Food Service.</p> <p>Resident A and Resident B reported that three meals are served daily. Relative 1 and Relative 2 did not express any concern.</p> <p>On 06/14/2021, I conducted an unannounced on-site visit. I observed the freezers in the basement to be full of food items. In the kitchen, there is a dairy fridge and freezer with food items, as well as two other refrigerator/freezers with food items observed in them as well. There was also food present in the pantry. No issues were noted.</p> <p>The facility's menus dated 05/30/2021 through 07/03/2021 were reviewed. The menus note three meals and two snacks per day. No issues were noted with the menus.</p> <p>There is no preponderance of evidence to substantiate a rule violation.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION: On 06/14/2021, the allegations received for this complaint noted that the medication supervisor lets other employees watch the cameras.

On 06/15/2021, I spoke with home manager Kayla Snyder who confirmed the facility has cameras. She sent a follow-up email on 06/15/2021 stating that the facility does not have a camera consent policy.

APPLICABLE RULE	
R400.15304	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

	<p>designated representative, and provide to the resident or the resident’s designated representative, a copy of all of the following resident rights:</p> <p>(o) The right to be treated with consideration and respect, with due recognition of personal dignity, individuality, and the need for privacy.</p>
ANALYSIS:	<p>On 06/15/2021, Staff Snyder confirmed that the facility did not have a camera consent policy in place and signed by residents and/or their designated representatives at the beginning of this investigation.</p> <p>There is a preponderance of evidence to substantiate a rule violation.</p>
CONCLUSION:	VIOLATION ESTABLISHED

INVESTIGATION: On 06/14/2021, I conducted an unannounced visit to the facility. I interviewed medication coordinator Chasity Garno. She stated that Resident B uses a gait belt every once in a while.

On 06/14/2021, I interviewed Resident B at the facility. Resident B stated that staff uses a gait belt for her daily. She denied having any recent falls.

On 06/15/2021, I interviewed Staff Snyder via phone. In regard to gait belts, she stated that Resident B uses a gait belt because she is unsteady and has one mobile arm. She stated that staff carry the gait belts on their hip, and this was addressed during the last staff meeting.

On 06/25/2021, I sent an email to Staff Snyder, inquiring if there is a physician authorization for Resident B’s gait belt. I received a response from Staff Snyder on the same day, stating that there are no residents in the facility who have an order for a gait belt.

On 06/29/2021, A copy of Resident B’s assessment plan was received. The assessment plan does not indicate use of a gait belt but does note that Resident A receives occupational therapy for her hand, has no use of her right arm, and is a one-person assist with walking and mobility.

On 07/09/2021, I received a faxed copy of a gait belt order for Resident B, generated on 07/02/2021, from Careline Physician Services. It states, “may use gait belt to assist with transfers” and is signed by Christine Wieland, FNP.

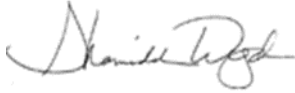
APPLICABLE RULE	
R 400. 14306	Use of assistive devices.
	(2) An assistive device shall be specified in a resident's written assessment plan and agreed upon by the resident or the resident's designated representative and the licensee.
ANALYSIS:	A copy of Resident B's assessment plan dated for 09/14/2020 does not indicate use of a gait belt. There is a preponderance of evidence to substantiate a rule violation.
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.14306	Use of assistive devices.
	(3) Therapeutic supports shall be authorized, in writing, by a licensed physician. The authorization shall state the reason for the therapeutic support and the term of the authorization.
ANALYSIS:	Staff Snyder confirmed on 06/25/2021, that at the start of this investigation there was no physician's authorization for Resident B's gait belt. An order dated for 07/02/2021 regarding Resident B's gait belt use was reviewed during the course of this investigation. There is a preponderance of evidence to substantiate a rule violation.
CONCLUSION:	VIOLATION ESTABLISHED

On 07/22/2021, I conducted an exit conference with licensee designee Carl Schuler via phone. I informed him of the findings and conclusion.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, I recommend continuation of this AFC large group home license (capacity 20).



07/23/2021

Shamidah Wyden
Licensing Consultant

Date

Approved By:



07/23/2021

Mary E Holton
Area Manager

Date