



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

July 29, 2021

Janet Turner
Turner Powers AFC Home, Inc.
310 West Pearl Street
Jackson, MI 49201

RE: License #: AL380007072
Investigation #: 2021A0007016
Turner Powers AFC Home

Dear Mrs. Turner:

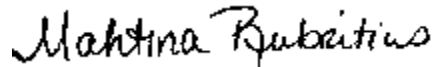
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 (313) 456-0380.

Sincerely,

A handwritten signature in black ink that reads "Mahtina Rubritius". The signature is written in a cursive, slightly slanted style.

Mahtina Rubritius, Licensing Consultant
Bureau of Community and Health Systems
301 E. Louis Glick Hwy
Jackson, MI 49201
(517) 262-8604

Enclosures

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
SPECIAL INVESTIGATION REPORT
THIS REPORT CONTAINS QUOTED PROFANITY**

I. IDENTIFYING INFORMATION

License #:	AL380007072
Investigation #:	2021A0007016
Complaint Receipt Date:	06/07/2021
Investigation Initiation Date:	06/07/2021
Report Due Date:	08/06/2021
Licensee Name:	Turner Powers AFC Home, Inc.
Licensee Address:	310 West Pearl Street Jackson, MI 49201
Licensee Telephone #:	(517) 782-9123
Administrator:	Grant Turner
Licensee Designee:	Janet Turner
Name of Facility:	Turner Powers AFC Home
Facility Address:	310 West Pearl Street Jackson, MI 49201
Facility Telephone #:	(517) 782-9123
Original Issuance Date:	03/30/1990
License Status:	REGULAR
Effective Date:	12/18/2019
Expiration Date:	12/17/2021
Capacity:	19
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. ALLEGATION(S)

	Violation Established?
Mr. Turner, Administrator, is swearing and cursing at the residents. He has also threatened to physically abuse a resident that he wants removed from the facility.	Yes
Additional Findings	Yes

III. METHODOLOGY

06/07/2021	Special Investigation Intake - 2021A0007016
06/07/2021	Special Investigation Initiated – Letter - Email to APS and Support Staff for additional information.
06/07/2021	Contact - Document Received - Copy of letter.
06/07/2021	APS Referral Received.
06/09/2021	Inspection Completed On-site - Unannounced - Face to Face contact with Mr. Turner, Staff, Resident A, Resident B, Resident C, other residents, and Mrs. Turner, Licensee Designee.
07/09/2021	Contact - Telephone call received from Mrs. Turner. She will send the incident report to the Detroit office.
07/14/2021	Contact - Document Received - Copy of Incident Report
07/15/2021	Contact - Telephone call made to Jackson County Guardian and Case Manager, Ms. Maskey.
07/28/2021	Contact - Telephone call made Interview with Ms. Butler, Direct Care Staff.
07/28/2021	Contact - Telephone call made - Interview with Ms. Adams, Direct Care Staff.
07/29/2021	Exit Conference conducted with Mrs. Turner, Licensee Designee.

ALLEGATIONS:

Mr. Turner, Administrator, is swearing and cursing at the residents. He has also threatened to physically abuse a resident that he wants removed from the facility.

INVESTIGATION:

As a part of this investigation, I reviewed a handwritten letter that was left at the Jackson County MDHHS Office on June 4, 2021, and the following was noted:

“I am having a lot of problems with Grant Turner, my caregiver’s son. He is always yelling at me, calling me names. He calls me names like bitch, fucker, mother fucker, dumbass, asshole, just to name a few. He has threatened to physically abuse me and he wants me to be kicked out of the care home.”

On June 9, 2021, I conducted an unannounced on-site inspection. I made face-to-face contact with Mr. Turner, Administrator. Upon arrival, Mr. Turner immediately began to express his frustration with the state and the requirements/restrictions related to the COVID-19 Pandemic. Mr. Turner stated that Resident A has resided in the home the longest. He described her as “a big-time problem.” He stated that she was not a nice person and described her as “high strung.” Mr. Turner stated that he knew the complaint was coming. He admitted to saying a couple curse words but he did not curse like a “trucker.” I explained that it was not appropriate to curse in front of or at the residents. Mr. Turner denied calling Resident A names. Mr. Turner confirmed that he has threatened to kick Resident A out of the home. He denied threatening to physically harm her. Mr. Turner stated, “I’m not a meanie.”

According to Mr. Turner, Resident A wanted to smoke several cigarettes a day and she will not take her medications to control the cravings. Since she would not take the medications; they were discontinued.

Mr. Turner also informed me that Jackson County Guardian #1 is the guardian for Resident A. She also has a case manager, Case Manager #1, from Recovery Technology. Mr. Turner reported to have no issues with the other residents in the home. Mr. Turner again expressed frustration with the system.

On June 9, 2021, I interviewed Resident A in the staff office. Resident A informed me that Mr. Turner calls her “bitch, mother fucker, fucker, dumb ass, asshole.” Resident A stated, “that’s why I went to the state building last week, I wanted to talk to you.” Resident A explained that she was standing up for herself, like a character. She stated that she can’t seem to get along with the staff; and they’re threatening to give her a 30-day discharge notice. Resident A stated that she is thinking about going to live at another AFC home. I inquired if staff had threatened to hit her. Resident A recalled that she and Ms. Adams, Direct Care Staff, had been in a physical altercation. I asked when this occurred and she stated, “I don’t remember, it’s been so long ago.” Resident A stated Ms. Adams “started it, she pulled my hair

and threw me down on the floor.” Resident A also stated, “see there is a scar where she scratched me.” She showed me her upper right arm; however, I did not see a scratch or a scar. I asked if she told her guardian and Resident A stated “no, I keep forgetting.” She did not provide any information regarding Mr. Turner threatening physical abuse.

On June 9, 2021, I interviewed Resident B while at the facility. He reported things are going fine. He stated his clothes are washed, beds are made, they watch television and movies. I inquired about how he was treated by staff. He expressed that the staff were stressed. I asked if he had observed staff cursing at residents or name calling. He confirmed that he had and followed up by stating “but everybody curses.” I asked how it made him feel when staff were cursing, and he stated “normal.” I inquired if he had ever observed staff hitting residents or fighting with them and Resident B stated he had not.

On June 9, 2021, Mrs. Turner, Licensee Designee, returned to the facility and was interviewed. Mrs. Turner stated that Resident A told her that she (Resident A) went down to the state building and reported Mr. Turner, because he called her a name. Mrs. Turner expressed concerns, as since COVID (and the restrictions), Resident A has not been making good choices. Mrs. Turner stated that Resident A has been placed in the home since 1985, and they are looking for another placement. I asked Mrs. Turner if she has observed any staff calling residents names and she replied, “not that I know of.” Mrs. Turner stated that Resident A has a difficult time getting along with anyone and she even has difficulties when attending community programming.

On June 9, 2021, I inquired about the incident between Resident A and Ms. Adams with Mrs. Turner. Mrs. Turner stated that Resident A did not have a scratch, as a result of the incident. According to Mrs. Turner, Resident A is difficult at times. Mrs. Turner agreed to send me a copy of the incident report. Regarding the cursing, Mrs. Turner stated that Resident A has been in the home for over 30 years, and the entire household curses sometimes. Mrs. Turner stated that Resident A is like family. Mrs. Turner and I discussed that cursing in front of the residents or any name calling was inappropriate. She concurred.

On June 9, 2021, I interviewed Resident C. Resident C has been placed in the home for three years. Resident C reported to work a lot at his job in the community. I inquired how he was treated by staff, and he stated that most of them were okay; however, he did not get along with Ms. Adams. Resident C stated that Ms. Adams got on his nerves. Resident A stated that Ms. Adams “thinks she knows stuff.” I inquired about the name calling and Resident C informed me that it depends on the staff member working. In addition, that there is back and forth (arguing) between the staff and the residents. Resident C stated, “I stay out of it.”

On July 15, 2021, I interviewed Jackson County Guardian #1. She included Michelle Maskey, Case Manager from Recovery Technology, on the phone call. I informed

them of the pending investigation. They have talked about Resident A going to another home. In the past, about five years ago, Resident A had expressed interest in leaving the home and the caregivers were in support of this; however, when another placement became available, Resident A changed her mind. Case Manager #1 has submitted a request for Resident A to receive assistance from the Behavior Treatment Team at Lifeways; however, both requests have been denied.

According to Ms. Maskey, Case Manager, the goal is to move Resident A to a new home, but the question is where? I informed her of the website that lists licensed settings in the area. According to Ms. Maskey, Mrs. Turner has a soft spot in her heart and Resident A is like family to them. Resident A has even attacked staff, but the licensee would not press charges.

During the conversation, Jackson County Guardian #1 stated that she has three other residents placed in the home, and they have not expressed any concerns to her.

As a part of this investigation, I reviewed the incident report dated November 14, 2020. Ms. Adams documented that she went to find out why Resident A was calling another resident a "bitch." Resident A was standing in a boxer stance, she started trying to hit Ms. Adams and landed a few punches. Ms. Adams documented that she was able to get Resident A on the bed. They struggled, with Resident A kicking, pulling hair, and pinching. Ms. Adams ended up with bruises on her upper left arm, and a small hematoma scratch above the left eye. Ms. Adams documented that she was able to deter Resident A and decrease the altercation. It took a few minutes to diffuse Resident A's attitude. Resident A did not require any medical treatment. Ms. Adams asked Resident A to take some deep breaths and calm down; and lay down and try to get some sleep.

On July 28, 2021, I interviewed Ms. Butler, Direct Care Staff. Ms. Butler reported that the working environment can be very challenging at times. Regarding Resident A, Ms. Butler reported that Resident A can be a handful and her behaviors also include name calling. She confirmed that cursing does occur in the home; however, she has not observed Ms. Adams cursing at the residents. Ms. Butler also denied ever calling the residents names, cursing at them, or hitting them. During the interview, Ms. Butler appeared to be genuine, she reported to care about the residents and their wellbeing.

On July 28, 2021, I interviewed Ms. Adams, Direct Care Staff. She was cooperative with the interview and reported to be happy to speak with me. I inquired as to how Mr. Turner interacts with the residents and Ms. Adams stated that she does not usually work with Mr. Turner. She recalled that Mr. Turner does get angry sometimes and seems to be overwhelmed with the job responsibilities. Ms. Adams reported that she and Ms. Butler have offered to help more, but he will not take the help. There are concerns that he may be burned out. Ms. Adams reported that he is good with the guys. I inquired if Ms. Adams has observed Mr. Turner curse at the

residents. She reported he has cursed but he has not sworn at people. I asked if she has ever cursed at the residents or hit them. She stated that she has never called them names or hit them. She admitted to saying “oh shit” sometimes when making a mistake.

On July 28, 2021, Ms. Adams was further interviewed regarding Resident A. Ms. Adams stated that Resident A does not interact with the other residents often. She walks around the facility, calling them “bitches” and has gotten into a resident’s face. I inquired about the incident on November 14, involving Resident A. Ms. Adams stated that when she went to see what was going on, Resident A knocked her down on to the other resident’s bed. Ms. Adams stated that she was on her stomach and Resident A was on her back. Resident A was hitting her. I asked if Ms. Adams pulled Resident A’s hair and she stated she did not. She stated she had to call for help because she could not get Resident A off her back. Ms. Adams stated that Resident A has been in the home a long time and she has cursed at Mrs. Turner. Resident A does not hit Mrs. Turner because the son, Mr. Turner is there.

Ms. Adams further stated that she has worked in the home since 2013. She stated that Resident A has been getting more and more angry over the years. There was also an issue with her wanting to smoke all the time. She was prescribed medications, but they did not work. Case Manager #1 said to just let her smoke. Resident A remains in the home, but they are looking for another placement. Ms. Adams states that she and Resident A have been getting along.

On July 29, 2021, I conducted the exit conference with Mrs. Turner, Licensee Designee. I explained the conclusion, findings, and my recommendations. I explained that the name calling and cursing by staff was unacceptable. Mrs. Turner stated that it does not happen often; however, there was no excuse and she understood. She stated that the staff have been pushed to the limit and she is thinking about what’s next for her business. She also explained that Resident A has been in the home a long time, she cares about her, and Mrs. Turner has really tried to help her. Mrs. Turner stated that Resident A has gone after her, but staff intervened, by redirecting her. Mrs. Turner stated that she has put up with a lot, but she really cares about the residents. Mrs. Turner cried during the conference. She stated that she wanted to leave a good legacy. Mrs. Turner agreed to submit a written corrective action plan and stated that “we will make it better.”

APPLICABLE RULE	
R 400.15308	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: (f) Subject a resident to any of the following:

	<p>(i) Mental or emotional cruelty.</p> <p>(ii) Verbal abuse.</p> <p>(iii) Derogatory remarks about the resident or members of his or her family.</p> <p>(iv) Threats.</p>
ANALYSIS:	<p>While there is not a preponderance of the evidence to support the allegations that Mr. Turner threatened to physically harm Resident A; there have been consistent reports of name calling and cursing in the home.</p> <p>Resident A informed me that Mr. Turner calls her “bitch, mother fucker, fucker, dumb ass, asshole.”</p> <p>Mr. Turner denies calling Resident A names but admits to cursing while in the home.</p> <p>Resident B confirmed that there was name calling and cursing in the home.</p> <p>During my interview with Resident C, I inquired about the name calling and he informed me that it depends on the staff member working.</p> <p>Based on the information gathered during this investigation and provided above, it’s concluded that there is a preponderance of the evidence to support the allegations that some staff do curse in the presence of the residents and or make derogatory remarks to them.</p>
CONCLUSION:	VIOLATION ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION:

On June 9, 2021, I inquired about the incident between Resident A and Ms. Adams. Mrs. Turner stated that Resident A did not have a scratch, as a result of the incident. According to Mrs. Turner, Resident A is difficult at times. Mrs. Turner agreed to send me a copy of the incident report.

On July 14, 2021, I received a copy of the incident report dated November 14, 2020.

On July 29, 2021, I conducted the exit conference with Mrs. Turner. We discussed when an incident report should be submitted to licensing. Mrs. Turner agreed to submit a written corrective action plan.

APPLICABLE RULE	
R 400.15311	Investigation and reporting of incidents, accidents, illnesses, absences, and death.
	(1)(c) Incidents that involve any of the following: (i) Displays of serious hostility. (ii) Hospitalization. (iii) Attempts at self-inflicted harm or harm to others. (iv) Instances of destruction to property.
ANALYSIS:	The incident report from November 14, 2021, was not received within 48 hours.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Contingent upon receipt of an acceptable and detailed written corrective action plan, which at a minimum includes additional staff training, I recommend no change in the license status.

Mahtina Rubritius

07/29/2021

Mahtina Rubritius
Licensing Consultant

Date

Approved By:

Mary Holton

07/29/2021

Mary Holton
Area Manager

Date