



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 6, 2021

Ronda Freeman-McDonald
Altum Care Homes, LLC
23408 Plum Hollow
Southfield, MI 48033

RE: License #: AS630332450
Investigation #: 2021A0611025
Plum Hollow House

Dear Ms. Freeman-McDonald:

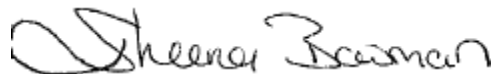
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 (248) 975-5053.

Sincerely,

A handwritten signature in black ink that reads "Sheena Bowman". The signature is written in a cursive, flowing style.

Sheena Bowman, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS630332450
Investigation #:	2021A0611025
Complaint Receipt Date:	07/27/2021
Investigation Initiation Date:	07/28/2021
Report Due Date:	08/26/2021
Licensee Name:	Altum Care Homes, LLC
Licensee Address:	23408 Plum Hollow Southfield, MI 48033
Licensee Telephone #:	(313) 377-3776
Administrator:	Ronda Freeman-McDonald
Licensee Designee:	Ronda Freeman-McDonald
Name of Facility:	Plum Hollow House
Facility Address:	23408 Plum Hollow Southfield, MI 48033
Facility Telephone #:	(313) 377-3776
Original Issuance Date:	04/30/2013
License Status:	REGULAR
Effective Date:	01/31/2020
Expiration Date:	01/30/2022
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL; AGED TRAUMATICALLY BRAIN INJURED

II. ALLEGATION(S)

	Violation Established?
Ronda Freeman-McDonald has mentioned during staff meetings that she doesn't have a problem falsifying documents. Also, she has rewritten incident reports (IR's) even after staff has signed them. Ms. McDonald makes staff work 24-hour shifts.	No
Ms. McDonald and a staff named Corvette Blunt have a history of yelling and cursing at the residents in the home. Ms. Blunt also stated Resident D is having sex with strangers.	No
There is spoiled milk and food in the home. At times, the residents are only served a granola bar for breakfast.	No
There is blood and feces on the toilet seat in the bathroom.	No
There was an incident where Ms. McDonald had all of the residents from the Strides House take an Uber/Lyft to the Plum Hollow House without staff supervision.	Yes

III. METHODOLOGY

07/27/2021	Special Investigation Intake 2021A0611025
07/28/2021	Special Investigation Initiated - On Site I completed an unannounced onsite. I interviewed staff member, Corvette Blunt, staff member, Shana Walker, and the licensee designee, Ronda Freeman-McDonald. I received copies of the menus for the month of June and July 2021.
07/29/2021	Contact - Document Received I received a copy of the staff schedule for the month of July 2021.
08/03/2021	Contact - Document Sent I sent an email to recipient rights specialist, Darlita Paulding inquiring who is assigned to this investigation.
08/03/2021	Contact - Telephone call made

	I made a telephone call to recipient rights specialist, Darlita Paulding. Ms. Paulding is the assigned recipient rights specialist. The allegations were discussed.
08/03/2021	Contact - Telephone call made I made a telephone call to the AFC group home. I requested a copy of the resident register. Staff member Lisa stated she will send me a copy.
08/04/2021	Exit Conference I completed an exit conference with the licensee designee, Ronda Freeman-McDonald via email.

ALLEGATION:

- **Ronda Freeman-McDonald has mentioned during staff meetings that she doesn't have a problem falsifying documents. Also, she has rewritten incident reports (IR's) even after staff has signed them.**
- **Ms. McDonald makes staff work 24-hour shifts.**

INVESTIGATION:

On 07/28/21, I completed an unannounced onsite. I interviewed staff member, Corvette Blunt, staff member, Shana Walker, and the licensee designee, Ronda Freeman-McDonald. I received copies of the menus for the month of June and July.

On 07/28/21, I interviewed staff member, Corvette Blunt. Regarding the allegations, Ms. Blunt stated there are four residents in the AFC group home however; the residents are currently at workshop. Ms. Blunt is not aware of anyone falsifying documents at the AFC group home. Ms. Blunt stated when staff complete an incident report, it is completed electronically, then Ms. McDonald signs the incident report and then the incident report is printed and sent to recipient rights. Ms. Blunt is not aware of Ms. McDonald making any changes to an incident report. Ms. Blunt denied any staff working a 24-hour shift.

On 07/28/21, I interviewed staff member, Shana Walker. Regarding the allegations, Ms. Walker stated staff meetings are held monthly and; she has never heard Ms. McDonald say that she doesn't have a problem with falsifying documents. Ms. Walker has never seen Ms. McDonald change any documents. Ms. Walker stated staff have never been required to work a 24-hour shift that she is aware of.

On 07/28/21, I interviewed the licensee designee, Ronda Freeman-McDonald. Regarding the allegations, Ms. McDonald denied all of the allegations. Ms. McDonald stated she does not falsify documents. Ms. McDonald stated once a staff member completes an incident report, she will review it and if there are any grammatical errors, she will correct the grammar.

On 07/29/21, I received a copy of the staff schedule for the month of July 2021. According to the schedule there is one staff on every shift except for program days. When there is a program day that means a staff is not scheduled for the day shift because the residents are at workshop. The residents are transported to workshop in the morning either by a midnight staff, Ms. Blunt, or Ms. McDonald. There are also certain days where staff members work 12 hour shifts either 7:00am-7:00pm or 7:00pm to 7:00am.

On 08/03/21, Ms. Paulding from ORR stated during a previous investigation in May 2021, a staff member was cited for leaving her shift before receiving coverage. As a result, this staff member was terminated. Ms. Paulding stated after this staff member was terminated, she reported that Ms. McDonald falsifies documents. Ms. Paulding has not finished her current investigation as of yet.

On 08/03/21, I spoke with staff member, Lisa Gemes. Ms. Gemes stated staff members complete a separate internal electronic incident report for the AFC group home records. I observed the electronic incident reports on the staff's computer. The staff also complete a hard copy of the required BCAL incident report form and Ms. McDonald keeps copies of them.

APPLICABLE RULE	
R 400.14311	Investigation and reporting of incidents, accidents, illnesses, absences, and death.
	<p>(1) A licensee shall make a reasonable attempt to contact the resident's designated representative and responsible agency by telephone and shall follow the attempt with a written report to the resident's designated representative, responsible agency, and the adult foster care licensing division within 48 hours of any of the following:</p> <ul style="list-style-type: none"> (a) The death of a resident. (b) Any accident or illness that requires hospitalization. (c) Incidents that involve any of the following: <ul style="list-style-type: none"> (i) Displays of serious hostility. (ii) Hospitalization. (iii) Attempts at self-inflicted harm or harm to others. (iv) Instances of destruction to property. (d) Incidents that involve the arrest or conviction of a resident as required pursuant to the provisions of section 1403 of Act No. 322 of the Public Acts of 1988.
ANALYSIS:	Based on my investigation and information gathered, there was no evidence to support that Ms. McDonald falsifies incident reports. According to Ms. McDonald, once a staff

	<p>member completes an incident report, she will review it and if there are any grammatical errors, she will correct the grammar.</p> <p>According to Ms. Blunt, she is not aware of anyone falsifying documents at the AFC group home. Ms. Blunt stated when staff complete an incident report, it is completed electronically, then Ms. McDonald signs the incident report and then the incident report is printed and sent to recipient rights.</p> <p>According to Ms. Walker, she has never heard Ms. McDonald say that she doesn't have a problem with falsifying documents. Ms. Walker has never seen Ms. McDonald change any documents.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATIONS:

Ms. McDonald and a staff named Corvette Blunt have a history of yelling and cursing at the residents in the home. Ms. Blunt also stated Resident D is having sex with strangers.

INVESTIGATION:

On 07/28/21, Ms. Blunt stated she does not socialize with any of her co-workers. She denied gossiping or talking inappropriately at the AFC group home. Ms. Blunt has contact with the midnight staff when she relieves them from their shift when her shift starts at 7:00 am. Ms. Blunt has not observed any staff gossiping or talking inappropriately at the AFC group home. Ms. Blunt denies cursing or yelling at and/or in front of a resident. Ms. Blunt denied witnessing Ms. McDonald cursing or yelling at and/or in front of a resident.

Ms. Blunt stated Resident D is currently hospitalized for psychiatric reasons. Resident D has been hospitalized on and off since January 2021. Resident D has currently been hospitalized at Providence Southfield hospital for three weeks. Ms. Blunt denies saying that she thinks Resident D is having sex with strangers. Ms. Blunt stated Resident D has a history of eloping from the AFC group home.

On 07/28/21, Ms. Walker denied ever seeing Ms. McDonald or Ms. Blunt cursing or yelling at and/or in front of the residents.

On 07/28/21, Ms. McDonald denied ever yelling or cursing at and/or in front of the residents. Ms. McDonald stated inappropriate language is not allowed and there is a code of conduct that the employees are required to follow. Ms. McDonald referred to

Resident D as a “child prostitute”. Resident D has a history of eloping and getting into cars with men. The police have returned Resident D to the AFC group home on different occasions. Resident D has returned with money and material items.

On 08/03/21, I completed an unannounced onsite. I interviewed Resident L. Regarding the allegations, Resident L stated she likes living at the AFC group home. Resident L denied any problems or issues at the AFC group home. Resident L stated the staff are nice. Resident L also stated Ms. Blunt has yelled at her sometimes but she couldn’t remember why she yelled at her. Resident L stated she doesn’t get yelled at anymore and the last time it happened was a month ago. Resident L denied any staff member cursing or using bad language towards her. Resident L stated she does not know if any staff members have yelled at any of the other residents.

On 08/03/21, I interviewed Resident C. Regarding the allegations, Resident C stated she likes living at the AFC group home. Resident C denied any problems or concerns at the AFC group home. Resident C denied any staff members yelling or cursing at any of the residents. Resident C also stated the residents do not yell or curse either. Resident C stated she has not observed Ms. McDonald curse or yell at anyone. Resident C stated the residents are provided three meals each day.

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: (f) Subject a resident to any of the following: (ii) Verbal abuse.
ANALYSIS:	Ms. Blunt and Ms. McDonald denied cursing or yelling at and/or in front of the residents. Ms. Walker denied ever seeing Ms. McDonald or Ms. Blunt cursing or yelling at and/or in front of the residents. Resident L denied any problems or issues at the AFC group home. Resident L stated Ms. Blunt has yelled at her sometimes but she couldn’t remember why she yelled at her. Resident L stated she doesn’t get yelled at anymore and the last time it happened was a month ago. Resident L denied any staff member cursing or using bad language towards her. Resident C denied any staff members yelling or cursing at the residents.

CONCLUSION:	VIOLATION NOT ESTABLISHED
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ALLEGATION:

There is spoiled milk and food in the home. At times, the residents are only served a granola bar for breakfast.

INVESTIGATION:

On 07/28/21, Ms. Blunt stated staff member, Deqinda Leanear is the menu coordinator and she served breakfast for the residents this morning. According to the menu, Ms. Leanear served breakfast from what was scheduled to be served on 07/29/21 instead of today's date 07/28/21. I observed a copy of the menu in the employee office that had two errors going across the dates between 7/28/21 and 7/29/21; which means the items listed to be served for breakfast were switch between the days. Ms. Blunt stated whenever changes are made to the menu, Ms. Leanear writes a note in the office regarding the change.

Ms. Blunt denied residents only being offered a granola bar for breakfast. The residents do not always eat the food that is prepared for them because sometimes they prefer to order food. The residents have access to personal funds and family members to assist with buying food. Ms. Blunt denied any food in the refrigerator or freezer being spoiled. Ms. Blunt stated it is required for staff to discard food 72 hours after it has been cooked. Ms. Blunt normally works the morning shift. There is one staff per shift.

On 07/28/21, Ms. Walker denied there being any spoiled milk or food in the refrigerator. Ms. Walker stated if changes are made to the menu it is documented. Ms. Walker stated any staff member can make changes to the menu as long as it is documented. Ms. Walker provided copies of the menus for the month of June 2021 and July 2021.

On 07/28/21, Ms. McDonald denies there being spoiled food in the home. The staff are required to label food items with a date after it has been cooked and after 72 hours has passed the midnight staff are responsible for discarding the food. The food is prepared for the residents per the menus. Ms. McDonald denied the residents only being offered a granola bar to eat.

On 07/28/21, I received copies of the menus from the end of May 2021 through the end of July 2021. I observed three regular nutritious meals for each day. Whenever a substitution was made it was documented on the menu. Regarding breakfast, there were days where the residents were served a breakfast bar, yogurt, fruit, milk/water/coffee. A granola bar was only listed as a snack once a week. During the onsite, I observed the food in the refrigerator and freezer and I did not see any spoiled food. Pictures were taken of the food in the refrigerator and freezer.

APPLICABLE RULE	
R 400.14402	Food service.
	(1) All food shall be from sources that are approved or considered satisfactory by the department and shall be safe for human consumption, clean, wholesome and free from spoilage, adulteration, and misbranding.
ANALYSIS:	<p>On 07/28/21, I observed three regular nutritious meals for each day on the menus. I observed the food in the refrigerator and freezer and I did not see any spoiled food.</p> <p>Ms. Blunt denied any food in the refrigerator or freezer being spoiled. Ms. Blunt stated it is required for staff to discard food 72 hours after it has been cooked. Ms. Walker denied there being any spoiled milk or food in the refrigerator.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

There is blood and feces on the toilet seat in the bathroom.

INVESTIGATION:

On 07/28/21, Ms. Blunt denied ever seeing any blood or feces in the residents' bathrooms. Ms. Blunt stated the residents sometimes have accidents in the bathrooms however; it is always cleaned up by staff. Ms. Blunt stated only Resident D and Resident A have menstrual cycles. Ms. Blunt stated all of the residents are capable of cleaning and bathing themselves without staff assistance.

During the onsite, I observed both bathrooms to be clean. Both toilets were observed to be in working order.

On 07/28/21, Ms. McDonald stated she was made aware of Resident D complaining about blood and feces on the toilet. Ms. McDonald stated Resident D's hygiene is not the best. The staff clean the bathrooms on every shift throughout the day and as needed.

On 08/03/21, I made a telephone call to Recipient Rights specialist, Darlita Paulding. Regarding the allegations, Ms. Paulding stated she interviewed staff member, Osneka Ramsey. Ms. Ramsey stated there was an incident several months ago where Resident L left feces on the toilet after using the bathroom. Resident D saw the feces and informed Ms. Ramsey. Ms. Ramsey stated the feces was cleaned up right away.

APPLICABLE RULE	
R 400.14403	Maintenance of premises.
	(2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.
ANALYSIS:	<p>On 07/28/21, I observed both bathrooms to be clean. Both toilets were observed to be in working order.</p> <p>Ms. Blunt denied ever seeing any blood or feces in the residents' bathrooms. Ms. Blunt stated the residents sometimes have accidents in the bathrooms however, it is always cleaned up by staff.</p> <p>According to Ms. Ramsey, there was an incident several months ago where Resident L left feces on the toilet after using the bathroom. Resident D saw the feces and informed Ms. Ramsey. Ms. Ramsey stated the feces was cleaned up right away.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

There was an incident where Ms. McDonald had all of the residents from another AFC group home take an Uber/Lyft to the Plum Hollow House without staff supervision.

INVESTIGATION:

On 07/28/21, Ms. McDonald stated around March or April 2021 a staff member at Strides House had an emergency and needed to leave their shift prior to receiving coverage. As a result, Ms. McDonald called an Uber/Lyft to pick up the four residents from the Strides house and transport them to the Plum Hollow house. The staff at the Plum Hollow house were made aware that the residents from the Strides house were coming over.

On 08/03/21, Ms. Paulding stated she confirmed during a previous investigation in May 2021 that there were five residents residing at Plum Hollow House.

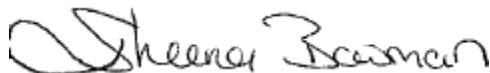
On 08/03/21, I received a copy of the resident register. According to the resident register, there has been five residents at the AFC group home since 01/04/21.

On 08/04/21, I completed an exit conference with the licensee designee, Ronda Freeman-McDonald via email. Ms. McDonald was informed that a corrective action plan will be required.

APPLICABLE RULE	
R 400.14105	Licensed capacity.
	(1) The number of residents cared for in a home and the number of resident beds shall not be more than the capacity that is authorized by the license.
ANALYSIS:	Ms. McDonald confirmed there was an incident where four residents from the Strides House were transported in an Uber/Lyft to the Plum Hollow House. The Plum Hollow House has a total capacity of six residents. Therefore, during the time the four residents from the Stride House were at the Plum Hollow House, the Plum Hollow House exceeded the capacity of the home.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

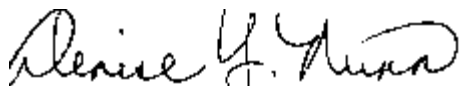
Contingent upon receipt of an acceptable corrective action plan, I recommend no change in the license status.



Sheena Bowman
Licensing Consultant

08/04/21
Date

Approved By:



08/06/2021

Denise Y. Nunn
Area Manager

Date