



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

September 16, 2021

Jonathan Harland  
Community Home & Health Services LLC  
657 Chestnut Ct  
Gaylord, MI 49735

RE: License #: AS690382148  
Investigation #: 2021A0009038  
Pinehaven Red

Dear Mr. Harland:

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 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 (231) 922-5309.

Sincerely,

A handwritten signature in cursive script that reads "Adam Robarge".

Adam Robarge, Licensing Consultant  
Bureau of Community and Health Systems  
Suite 11  
701 S. Elmwood  
Traverse City, MI 49684  
(231) 350-0939

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS690382148
<b>Investigation #:</b>	2021A0009038
<b>Complaint Receipt Date:</b>	08/24/2021
<b>Investigation Initiation Date:</b>	08/24/2021
<b>Report Due Date:</b>	09/23/2021
<b>Licensee Name:</b>	Community Home & Health Services LLC
<b>Licensee Address:</b>	657 Chestnut Ct Gaylord, MI 49735
<b>Licensee Telephone #:</b>	(989) 732-6374
<b>Administrator:</b>	Jonathan Harland
<b>Licensee Designee:</b>	Jonathan Harland
<b>Name of Facility:</b>	Pinehaven Red
<b>Facility Address:</b>	118 McLouth Rd Gaylord, MI 49735
<b>Facility Telephone #:</b>	(989) 732-1614
<b>Original Issuance Date:</b>	05/31/2016
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	07/02/2021
<b>Expiration Date:</b>	07/01/2023
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. ALLEGATION(S)

	<b>Violation Established?</b>
Menus at the facility are not being kept for at least a year. Not all food in the refrigerator is labeled to protect against contamination.	Yes
The facility is unkept. Soiled toilet paper was observed in the hallway. There are unflushed feces in the toilet and urine on the bathroom floor. The door to the cleaning supplies was unlocked.	No
The gates in the backyard fence could not be readily opened.	No
One resident is not able to get into his room due to a combination lock on his door.	No

## III. METHODOLOGY

08/24/2021	Special Investigation Intake 2021A0009038
08/24/2021	Special Investigation Initiated - On Site Interviews with direct care workers Mr. Cameron Greer and Ms. Nelda Nortley; Inspection of premises
08/27/2021	Contact – Telephone call received from administrator Ms. Micayla Harland, Community Home & Health Services
09/16/2021	Contact – Telephone call made to licensee designee Mr. Jonathan Harland
09/16/2021	Exit conference with licensee designee Mr. Jonathan Harland

**ALLEGATION: Menus at the facility are not being kept for at least a year. Not all food in the refrigerator is labeled to protect against contamination.**

**INVESTIGATION:** I conducted an unannounced site visit at the Pinehaven Red adult foster care (AFC) home on August 24, 2021. I wore personal protection equipment to protect myself and others. I met with direct care workers Mr. Cameron Greer and Ms. Nelda Nortley who were present with the residents. Mr. Greer agreed to take me around the facility and answer my questions during the inspection. I asked about the menus in the kitchen. He showed me that they use a “rotating schedule” where each day of the week has menu items that are served on that day. He said, for example, that he would serve what was in the “Tuesday” column for that day. The day that he showed me had a date of “September 14, 2021”. He stated that they were following the menu for September of 2021. Mr. Greer could not find any menu for August of 2021. I explained to him that a current menu needed to be kept that included any substitutions that were made for each meal. After some searching, Mr. Greer was able to find a “substitution log” which was blank. Mr.

Greer stated that he did not believe any substitutions were made and that they had followed the rotating September menu exactly.

I asked to look in the facility’s refrigerator. Mr. Greer stated that they “have had some issues with labeling food”. I observed two big containers of cut watermelon that were not labeled. Mr. Greer stated that he “took responsibility for that”. There were several gallons of milk that had been opened but not labeled. I explained to Mr. Greer that milk needed to be labeled the day it was opened so as to ensure against serving spoiled milk. This was in addition to keeping an eye on the product’s expiration date on the container. Other perishable items not labeled included coffee creamer, orange juice and opened lunch meat. A ketchup bottle with only a bit of ketchup remaining was not labeled and looked as if it had been in the refrigerator for some time.

<b>APPLICABLE RULE</b>	
<b>R 400.14313</b>	<b>Resident nutrition.</b>
	(6) Records of menus, including special diets, shall be kept by the licensee for 1 calendar year.
<b>ANALYSIS:</b>	It was confirmed through this investigation that the facility was following a menu for September of 2021. There was no menu for August of 2021. The direct care worker reported that they follow the same rotating menu schedule each week but did not keep a record of what was served each day beyond the rotating schedule. There was no indication that previous menus were recorded and retained. There was a blank “substitution log” but no substitutions had been recorded in this log.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**ALLEGATION: The facility is unkept. Soiled toilet paper was observed in the hallway. There are unflushed feces in the toilet and urine on the bathroom floor. The door to the cleaning supplies was unlocked.**

**INVESTIGATION:** I inspected the common areas and bedrooms of the facility with direct care worker Mr. Cameron Greer. I did not observe any used toilet paper on floors of the hallways. I also did not observe any used toilet paper in the bathrooms of the facility. In one bathroom, there was a small amount of liquid directly before the toilet. I assumed that it was a small amount of urine. It was not excessive. Mr. Greer agreed that it was likely urine and that he always cleans this up when he sees it. He stated that there was a male resident in the home who doesn’t always “make it” when urinating in the toilet. Otherwise, I did not observe anything in the hallways or resident bathrooms that I considered significantly dirty or unkept. I also checked the resident bedrooms. Most bedrooms appeared relatively clean and orderly. I did

observe a small amount of feces on the floor in one resident bedroom. Mr. Greer explained that the resident has a difficult time getting to the bathroom sometimes. He said that they assist that particular resident with toileting. Mr. Greer stated that he just hadn't seen the feces yet and that they would always clean something like that up as soon as they saw it. Mr. Greer did clean it up while I was present.

Mr. Greer also showed me that they keep chemicals locked in the closet. He showed me that they keep the laundry room locked up because of cleaning supplies also being kept there. The kitchen is locked when staff are not present so that residents cannot access knives. These were all found to be locked. The closet containing the residents' bathroom supplies was not locked at the time of the inspection. Mr. Greer stated that this was an oversight and that he had just been assisting a resident in the bathroom. He showed me that each resident has a caddy which contains their bathroom supplies. There did not seem to be anything particularly unsafe located among these items.

<b>APPLICABLE RULE</b>	
<b>R 400.14403</b>	<b>Maintenance of premises.</b>
	(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.
<b>ANALYSIS:</b>	The hallways and common areas were relatively clean and orderly during the time of my inspection. There was a small amount of urine in one bathroom and some feces on the floor of a resident bedroom. This did not seem unreasonable given that the resident does have toileting issues. The direct care worker on-hand assured me that this is always cleaned up when found and he did clean it up while I was present. All hazardous areas were locked from residents. The closet containing bathroom supplies was unlocked during the time of my inspection, but I did not find anything there that appeared dangerous. Information was not discovered through this investigation that indicated the facility is unsafe or unhealthy.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION:** The gates in the backyard fence could not be readily opened.

**INVESTIGATION:** I observed the fencing with gates located in the backyard of the home. The fenced area went approximately 40 feet back from the home so staff and residents would be able to get at least 40 feet away from the home in the case of an emergency. The two gates from the fence were both kept closed with chains that were closed with clasps similar to what is used on a dog leash. The gates were not

locked in any way but one would need to unclasp the chain using a thumb in order to open the gate. Mr. Greer stated that these had been put in place because the gates swing open by themselves if not clasped. I told him that this did not allow for a quick escape in the event of a fire. Mr. Greer unclasped the chains and left the gates open at that time. He agreed that they would remain unclasped until another solution could be found.

I spoke with administrator Ms. Micayla Harland by phone on August 27, 2021. I told her about my concern regarding the gates being kept closed with the clasped chains. She said that she would have the issue addressed immediately and that they would work on finding a safe and more permanent solution to the issue.

<b>APPLICABLE RULE</b>	
<b>R 400.14507</b>	<b>Means of egress generally.</b>
	(2) A means of egress shall be arranged and maintained to provide free and unobstructed egress from all parts of a small group home.
<b>ANALYSIS:</b>	<p>There are several means of egress from the home with the exit to the backyard being only one of the options. The fencing does extend approximately 40 feet from the home in the back. The gates were not chained and locked but merely clasped to prevent the gates from swinging open.</p> <p>Information was not discovered through this investigation which would indicate that a free and unobstructed egress was not maintained from the facility.</p>
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION: One resident is not able to get into his room due to a combination lock on his door.**

**INVESTIGATION:** I asked about one resident not being able to get into his bedroom. Mr. Greer showed me that one resident bedroom has a combination lock on the outside of the door. He said that this lock had been put in place due to it being requested by the last resident. That resident had recently moved out. I was aware of a previous resident living in that room and him recently being moved to another facility. Another resident had just moved into the room who was not able to use the combination lock. The resident needed the assistance from a staff person to get into his bedroom but staff were always available for this purpose. Mr. Greer stated that he had already spoken with the home manager requesting new hardware be put in place. He thought that this would be completed shortly. Mr. Greer did

show me that the door could be opened easily from the inside of the bedroom in one motion and there was no difficulty getting out of the bedroom.

I spoke with licensee designee Mr. Jonathan Harland by phone on September 16, 2021. He said that maintenance is scheduled to change the door hardware in the near future.

<b>APPLICABLE RULE</b>	
<b>R 400.14507</b>	<b>Means of egress generally.</b>
	(6) Occupied room door hardware shall be equipped with positive-latching, non-locking-against-egress hardware.
<b>ANALYSIS:</b>	A person is able to get out of the bedroom in question easily and steps were already being taken at the time of the inspection for new door hardware to be installed. Information was not discovered through this investigation which would indicate that the bedroom hardware was not equipped with positive-latching, non-locking-against-egress hardware.
<b>CONCLUSION:</b>	VIOLATION NOT ESTABLISHED

An exit conference was conducted with licensee designee Mr. Jonathan Harland by phone on September 16, 2021. I told him of the findings of my investigation and gave him the opportunity to ask questions.

#### IV. RECOMMENDATION

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



9/16/2021

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Adam Robarge  
Licensing Consultant

Date

Approved By:



9/17/2021

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Jerry Hendrick  
Area Manager

Date



