



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

October 12, 2021

Katherine Frazier
Hope Network Behavioral Health Services
PO Box 890
3075 Orchard Vista Drive
Grand Rapids, MI 49518-0890

RE: License #: AM490392114
Investigation #: 2021A0360035
Bay Haven Integrated Care II

Dear Ms. Frazier:

Attached is the Special Investigation Report for the above referenced facility. No substantial violations were found.

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 (989) 732-8062.

Sincerely,

A handwritten signature in blue ink, appearing to read "Matthew Soderquist".

Matthew Soderquist, Licensing Consultant
Bureau of Community and Health Systems
Ste 3
931 S Otsego Ave
Gaylord, MI 49735
(989) 370-8320

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM490392114
Investigation #:	2021A0360035
Complaint Receipt Date:	08/31/2021
Investigation Initiation Date:	09/01/2021
Report Due Date:	10/30/2021
Licensee Name:	Hope Network Behavioral Health Services
Licensee Address:	PO Box 890 3075 Orchard Vista Drive Grand Rapids, MI 49518-0890
Licensee Telephone #:	(616) 726-1998
Administrator:	Katherine Frazier
Licensee Designee:	Katherine Frazier
Name of Facility:	Bay Haven Integrated Care II
Facility Address:	799 Hombach Street St. Ignace, MI 49781
Facility Telephone #:	(616) 295-1751
Original Issuance Date:	04/12/2018
License Status:	REGULAR
Effective Date:	10/12/2020
Expiration Date:	10/11/2022
Capacity:	10
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. ALLEGATION(S)

	Violation Established?
There is a concern for the safety of the residents due to a lack of staff.	No

III. METHODOLOGY

08/31/2021	Special Investigation Intake 2021A0360035
09/01/2021	Special Investigation Initiated - On Site
09/01/2021	Inspection Completed On-site licensee designee Kathy Frazier, Social Worker Tracy Antkoviak, DCS Sumiko Ferris, Residents A, B, C, D, E, and F.
10/12/2021	Exit Conference With licensee designee Katherine Frazier

ALLEGATION: There is a concern for the safety of the residents due to a lack of staff.

INVESTIGATION: On 8/31/2021 I was assigned a complaint from the LARA online complaint system.

On 9/1/2021 I conducted an unannounced onsite inspection at the facility. The facility social worker Tracy Antkoviak stated they typically have 1-2 staff on each shift. She stated the facility only has 6 residents, so they have had 1 staff on the overnight shift which is 7 p.m. to 7 a.m. She stated there is typically 1-2 staff on during the day shift which is 7 a.m. to 7 p.m. She stated in addition to the shift staff there are also up to three more staff present during the day that include her as the social worker, a nurse and the program director Katherine Frazier. She stated they have been interviewing, hiring, and training additional staff. She stated the goal is to have 2-3 staff on duty during each shift once the facility is at full capacity. Ms. Antkoviak stated none of the six residents require two staff on duty at any time due to supervision requirements or a two-person lift assist.

While at the facility on 9/1/2021 I interviewed Resident A. Resident A stated there are always plenty of staff on duty. She stated they provide her medications for her and are quick to respond if she needs them. I then interviewed Resident B. Resident B stated the staff are excellent. He stated they always have enough floor staff on duty and there are additional staff as well. He reported no concerns. I then interviewed Resident C. Resident C stated he has noticed an increase in staffing lately. He stated he has not encountered any issues with low staffing. Resident C

was not oriented to place or time. I then interviewed Resident D. Resident D stated there are always staff available. She stated she has had no concerns regarding low staffing. She stated there have been several new staff lately. I then interviewed Resident E. Resident E stated there are plenty of staff to meet all the resident needs. He stated he has no concerns or complaints about the number of staff on duty. I then interviewed Resident F. Resident F stated there are plenty of staff. She stated there are also new staff training. She stated she receives all the help she needs from staff.

While at the facility on 9/1/2021 I interviewed the licensee designee Katherine Frazier. Ms. Frazier provided all six resident written assessment plans and the staff schedule for the past two weeks and the next two weeks. She stated none of the residents require a two-person assist. She stated none of the written assessments document the need for more than 1 staff on duty. I reviewed all six written assessment plans and none of them document the need for more than 1 staff on duty. I then reviewed the schedules. There was at least 1 staff on duty for each shift and several days where there were 2 staff scheduled during the day and overnight. Ms. Frazier stated that in addition to the floor staff there is also herself, the social worker, and the nurse at the home on most days during the week.

While at the facility on 9/1/2021 I interviewed the direct care staff Sumiko Ferris. Ms. Ferris stated she typically works during the overnight shift from 7 p.m. to 7 a.m. She stated there are times that it can get busy, but all the residents' needs are cared for. She denied that any residents require a two-person assist. She stated during the day in addition to the floor staff there is a social worker, the nurse, and the facility director Kathy Frazier. She stated they have been training additional staff that they just hired as well.

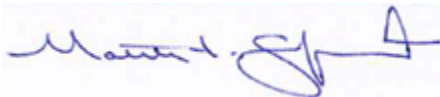
APPLICABLE RULE	
R 400.14206	Staffing requirements.
	(2) A licensee shall have sufficient direct care staff on duty at all times for the supervision, personal care, and protection of residents and to provide the services specified in the resident's resident care agreement and assessment plan.
ANALYSIS:	<p>The complaint alleged there was a concern for the safety of the residents due to a lack of staff.</p> <p>On 9/1/2021 during an unannounced onsite inspection there was one direct care staff on duty. In addition to the direct care staff the facility social worker Tracy Antkoviak and facility director Katherine Frazier were also onsite.</p> <p>The facility had six residents on site. All six residents denied any lack of care due to inadequate staffing. They stated there was</p>

	<p>adequate staff at the facility to care for them during the day and at night. None of the six resident written assessment plans documented a requirement for more than one staff on duty at one time.</p> <p>The direct care staff Sumiko Ferris stated all the resident needs are met with the current staffing.</p> <p>The facility director and licensee designee Katherine Frazier stated that they have hired several new staff and will increase staffing as they admit more residents.</p> <p>There is not a preponderance of evidence to indicate there is not sufficient staff on duty at all times to meet the supervision, personal care and protection needs of all residents.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

On 10/12/2021 I conducted an exit conference with the licensee designee Katherine Frazier. Ms. Frazier concurred with the findings of the investigation.

IV. RECOMMENDATION

I recommend no change in the status of the license.



10/12/2021

Matthew Soderquist
Licensing Consultant

Date

Approved By:



10/12/2021

Jerry Hendrick
Area Manager

Date