



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

November 9, 2021

David Simpson
Northern Lakes Community Mental Health
Suite A
105 Hall Street
Traverse City, MI 49684

RE: License #: AS200263280
Investigation #: 2022A0360002
Jones Lake AFC Home

Dear Mr. Simpson:

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
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
SPECIAL INVESTIGATION REPORT**

I. IDENTIFYING INFORMATION

License #:	AS200263280
Investigation #:	2022A0360002
Complaint Receipt Date:	10/21/2021
Investigation Initiation Date:	10/21/2021
Report Due Date:	11/20/2021
Licensee Name:	Northern Lakes Community Mental Health
Licensee Address:	Suite A 105 Hall Street Traverse City, MI 49684
Licensee Telephone #:	(989) 348-0014
Administrator:	David Simpson
Licensee Designee:	David Simpson
Name of Facility:	Jones Lake AFC Home
Facility Address:	3464 Jones Lake Road Grayling, MI 49738
Facility Telephone #:	(989) 348-2461
Original Issuance Date:	11/03/2004
License Status:	REGULAR
Effective Date:	03/17/2021
Expiration Date:	03/16/2023
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED

II. ALLEGATION(S)

	Violation Established?
Staff are not caring for Resident A as outlined in her plan.	No
Staff talk in a harsh tone toward residents.	No
The exterior dryer vent is not cleaned regularly and packed full of lint	No

III. METHODOLOGY

10/21/2021	Special Investigation Intake 2022A0360002
10/21/2021	APS Referral denied
10/21/2021	Special Investigation Initiated - Telephone DCS Mindy Tester
10/25/2021	Inspection Completed On-site Home supervisor Marcia Brown, Resident A, B, C, D, E.
10/25/2021	Contact - Telephone call made DCS Becca Frost
10/26/2021	Contact - Telephone call made DCS Megan Wilson
11/08/2021	Contact - Telephone call made Guardian 1-A
11/08/2021	Contact - Telephone call made Guardian 1-B
11/08/2021	Contact - Telephone call made Guardian 1-D
11/08/2021	Contact - Telephone call made Guardian 1-E
11/09/2021	Exit Conference With licensee designee Dave Simpson

ALLEGATION: Staff are not caring for Resident A as outlined in her plan.

INVESTIGATION: On 10/21/2021 I was assigned a complaint from the LARA online complaint system.

On 10/21/2021 I contacted a former direct care staff Mindy Tester. Ms. Tester stated she worked at the home on 9/14/2021, 9/16/2021, 9/20/2021 and 9/21/2021. Ms. Tester stated after working at this home for four days she was transferred to another home and as of yesterday no longer works for Northern Lakes Community Mental Health. She stated during the four days she worked at this home she witnessed direct care staff Becca Frost refuse to serve enough fluids to Resident A. She stated Resident A was ordered to have at least 51 oz of fluids and Ms. Frost only provided Resident A with 48 oz of fluids.

On 10/25/2021 I conducted an unannounced onsite inspection at the home. The home supervisor Marcia Brown stated Resident A is prescribed a diuretic due to problems with fluid retention. She stated Resident A does not have a 51 oz minimum fluid order but rather has a limit on the amount of fluid she can be served. She stated Resident A is allowed up to 2 liters of fluid per day according to her physician. She stated Resident A's fluid in and out is monitored 24/7 and documented. Ms. Brown provided documentation from Nurse Practitioner Alex Cooper that Resident A is limited to 2 liters of fluid per day. Ms. Brown provided Resident A's plan of service which outlined that Northern Lakes Community Mental Health nurse will monitor, assess, and develop plans regarding Resident A's medical health needs.

While at the home on 10/25/2021 I observed Resident A. Resident A was unable to be interviewed due to limited verbal abilities due to her developmental disabilities. Resident A appeared cleaned and well groomed.

On 10/25/2021 I contacted direct care staff Becca Frost. Ms. Frost stated Resident A is on fluid restrictions ordered by her medical provider. She stated Resident A is limited to 2 liters of fluids per day.

On 10/26/2021 I contacted direct care staff Megan Wilson. Ms. Wilson stated Resident A is on fluid restrictions ordered by her medical provider. She stated Resident A is limited to 2 liters of fluids per day.

On 11/8/2021 I contacted Resident A's guardian. Guardian 1-A stated she was at the home yesterday and everything looked great. She stated Resident A is always well cared for and her medical and health needs are monitored closely. She stated Resident A always seems very happy at the home and she has no concerns about the staff meeting Resident A's needs as outlined in her assessment plan and directed by her health care providers.

APPLICABLE RULE	
R 400.14303	Resident care; licensee responsibilities.
	(2) A licensee shall provide supervision, protection, and personal care as defined in the act and as specified in the resident's written assessment plan.
ANALYSIS:	<p>The complaint alleged staff are not caring for Resident A as outlined in her plan.</p> <p>Former direct care staff Mindy Tester stated Resident A was not getting the amount of fluid she was ordered to receive.</p> <p>The home supervisor Marcia Brown stated Resident A is on a fluid restriction of 2 liters per day. Ms. Brown provided Resident A's individual plan of service as well as documentation from Resident A's medical provider that Resident A's fluid is restricted at 2 liters per day.</p> <p>Resident A's guardian, Guardian 1-A stated she has no concerns regarding Resident A's care in the home and that all her needs are being monitored closely.</p> <p>There is not a preponderance of evidence that Resident A was not provided the supervision, protection, and personal care as specified in her written assessment plan.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: Staff talk in a harsh tone towards residents.

INVESTIGATION: On 10/21/2021 I contacted a former direct care staff Mindy Tester. Ms. Tester stated on 9/21/2021 she witnessed direct care staff Megan Wilson and Becca Frost both speak in a harsh tone towards Residents B and C. She stated they would say things like, "Don't do that," when Resident's B and C would repeat themselves.

On 10/25/2021 I conducted an unannounced onsite inspection at the home. The home supervisor Marcia Brown stated Ms. Tester only worked at the home for one and a half days. She stated Ms. Tester was in an argument with direct care staff Becca Frost on 9/16/2021 and was sent home early. She stated Ms. Tester never worked in the home again. Ms. Brown stated Ms. Frost and Ms. Wilson both work the day shift, and she has never witnessed them take a harsh tone with any residents.

While at the home on 10/25/2021 I attempted an interview with Resident B however due to his limited verbal skills he was unable to be interviewed. Resident C was also unable to be interviewed because of his limited verbal skills.

While at the home on 10/25/2021 I interviewed Resident D. Resident D stated the staff are always very respectful. She stated she has never heard of any staff yelling at residents or taking a harsh tone with them.

On 10/25/2021 I contacted direct care staff Becca Frost. Ms. Frost denied ever taking a harsh tone with any residents.

On 10/26/2021 I contacted direct care staff Megan Wilson. Ms. Wilson denied ever taking a harsh tone with any residents.

On 11/8/2021 I contacted Resident A's guardian. Guardian 1-A stated she was at the home yesterday and everything looked great. She stated Resident A is always well cared for. She stated Resident A always seems very happy at the home and she has no concerns about the staff.

On 11/08/2021 I contacted Resident B and C's guardian. Guardian 1-B stated she was the guardian for both Resident's B and C. She stated she has no concerns at the home whatsoever. She stated the home is very cooperative with her in meeting the needs of both residents.

On 11/08/2021 I contacted Resident D's guardian. Guardian 1-D stated. She stated she talks regularly with Resident D, and she has not reported any concerns of staff yelling or taking a harsh tone. She stated Resident D would tell her if there were any concerns in the home.

On 11/08/2021 I contacted Resident E's guardian. Guardian 1-E stated she has no concerns about the home. She stated she knows many of the staff personally and she cannot imagine any issues in the home.

APPLICABLE RULE	
R 400.14305	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:	The complaint alleged staff talk in a harsh one to residents. Former direct care staff Mindy Tester stated on 9/21/2021 she witnessed direct care staff Becca Frost and Megan Wilson speak in harsh tones to Resident's B and C.

	<p>The home supervisor Marcia Brown stated Ms. Tester did not work in the home on 9/21/2021 and only worked in the home for a day and a half with her last day on 9/16/2021. Ms. Brown stated she has never witnessed direct care staff Megan Wilson or Becca Frost speak in a harsh tone to residents.</p> <p>Direct care staff Megan Wilson and Becca Frost both denied speaking in harsh tones to any residents.</p> <p>Resident B and C were unable to be interviewed however Resident D stated she has never witnessed any staff speak in harsh tones to any residents.</p> <p>Guardian's 1-A, 1-B, 1-D, and 1-E all stated they have no concerns with the home.</p> <p>There is not a preponderance of evident that residents were not treated with dignity and that their personal needs, including protection and safety were not attended to at all times.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: The exterior dryer vent is not cleaned regularly and is packed full of lint.

INVESTIGATION: On 10/21/2021 I contacted a former direct care staff Mindy Tester. Ms. Tester stated she worked at the home for four days in September. She stated while she was working at the home part of the staff responsibility is to clean the dryer vent duct. She stated when she cleaned the vent it was almost completely clogged, and she stated she doubted it has ever been cleaned.

On 10/25/2021 I conducted an unannounced onsite inspection at the facility. The home supervisor Marcia Brown stated the dryer vent is checked monthly and cleaned as needed. She stated the dryer vent has never been completely clogged when they check it. Ms. Brown and I pulled the dryer away from the wall and I inspected the metal dryer duct. The duct was clear of all lint and debris. I then went outside the home and checked the dryer vent from the outside and it was also completely clear.

On 10/25/2021 I contacted direct care staff Becca Frost. Ms. Frost stated checking the dryer vent is part of the direct care staff regular monthly duties. She stated it has never been completely clogged.

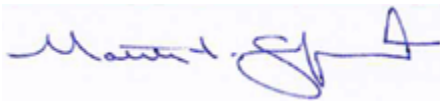
On 10/26/2021 I contacted direct care staff Megan Wilson. Ms. Wilson stated checking the dryer vent is part of the direct care staff regular monthly duties and she has never seen it completely clogged.

APPLICABLE RULE	
R 400.14510	Heating equipment generally.
	(2) A furnace, water heater, heating appliances, pipes, wood-burning stoves and furnaces, and other flame-or heat producing equipment shall be installed in a fixed or permanent manner and in accordance with a manufacturer's instructions and shall be maintained in a safe condition.
ANALYSIS:	<p>The complaint alleged that the dryer vent is not cleaned regularly and is packed full of lint.</p> <p>I observed the dryer vent duct work both at the dryer and outside to be free of all lint and debris.</p> <p>There is not a preponderance of evidence that the flame or heat producing equipment is not maintained in a safe condition.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

On 11/09/2021 I conducted an exit conference with licensee designee Dave Simpson. Mr. Simpson concurred with the findings of the investigation.

IV. RECOMMENDATION

I recommend no change in the status of the license.



11/09/2021

Matthew Soderquist
Licensing Consultant

Date

Approved By:



11/09/2021

Jerry Hendrick
Area Manager

Date

