GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

October 26, 2021

Rose Martin
Choice Care IV Inc
12-14 Mary St
Battle Creek, MI 49014

RE: License #: AM130065342
Investigation #: 2022A0577002
Choice Care IV Inc

Dear Mrs. Martin:

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 (231) 922-5309.

Sincerely,

Bridget Vermeesch

Bridget Vermeesch, Licensing Consultant
Bureau of Community and Health Systems
1919 Parkland Drive
Mt. Pleasant, MI 48858-8010
(989) 948-0561

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM130065342
Investigation #:	2022A0577002
Complaint Receipt Date:	09/21/2021
Investigation Initiation Date:	10/08/2021
Report Due Date:	11/20/2021
Licensee Name:	Choice Care IV Inc
Licensee Address:	12-14 Mary St Battle Creek, MI 49014
Licensee Telephone #:	(269) 964-2801
Administrator:	Rose Martin
Licensee Designee:	Rose Martin
Name of Facility:	Choice Care IV Inc
Facility Address:	12-14 Mary Street Battle Creek, MI 49014
Facility Telephone #:	(269) 964-2801
Original Issuance Date:	04/17/1997
License **Status:**	REGULAR
Effective Date:	06/27/2020
Expiration Date:	06/26/2022
Capacity:	12
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. ALLEGATION(S)

	Violation Established?
Direct care staff are being rough and abusive with residents.	No

III. METHODOLOGY

09/21/2021	Special Investigation Intake 2022A0577002
10/08/2021	Special Investigation Initiated - Letter Email to Ashley Dufore, APS for Calhoun Co.
10/08/2021	APS Referral
10/13/2021	Inspection Completed On-site- Interview with staff and residents.
10/20/2021	Contact - Telephone call made- Interview with Mark Partridge, DCS.
10/20/2021	Contact - Telephone call made- Message left for Guardian A1 with a return call.
10/25/2021	Exit Conference with licensee designee Rose Martin

ALLEGATION: Direct care staff are being rough and abusive with residents.

INVESTIGATION:

On September 21, 2021, a complaint was received alleging an unknown direct care staff member was "hitting" Resident A and "pushing down" on her knees. According to the allegation, when prompted for more information Resident A kept stating "the people who work there hit me" or when asked specifically where the Resident A was struck, she stated "on my body" but would not go into detail. Resident A did not have any visible bruising or marks according to Complainant.

On October 08, 2021, I emailed Ashley Dufore, Adult Protective Service Specialist (APS) with Calhoun County who reported on September 20, 2021, she interviewed Resident A at Oaklawn Hospital Emergency Department where Resident A was under the supervision of a 'personal sitter' due to behaviors related to mental health. Ms. Dufore reported Resident A stated direct care staff "hit" her but she was not able to say where she was hit, how, when, or with what; further, when asked which direct care staff members were involved Resident A stated, "the ones who work there." Ms. Dufore

reported she pressed for more information but Resident A would not provide details of the hitting, though, Resident A did say staff “push down” on her legs. Ms. Dufore reported she did not observe any bruises or markings of abuse on Resident A. Ms. Dufore reported she does not have any additional information at this time and no concerns regarding care at the facility.

On October 13, 2021, I completed an unannounced onsite investigation with Ashely Dufore, APS with Calhoun County. We reviewed the *Resident Register* and the facility currently has nine residents living in the facility. Resident A is currently not able to be interviewed due to being hospitalized. Ms. Dufore and I interviewed Resident B, Resident C, and Resident D regarding the allegation. Resident B reported he has lived at the facility for three years. Resident B reported direct care staff are not mean and no direct care staff have ever hit or shoved him or any resident, nor have any direct care staff yelled at him or any resident. Resident B reported he feels safe living at the facility and direct care staff provide great care. Resident C reported direct care staff are nice and Resident D denied the allegations, stating, “staff are not mean, they do not shove people.” Resident D stated, “staff provide excellent care.” Resident D reported staff do not yell or swear at anyone.

On October 13, 2021, I interviewed direct care staff member Deb Weaver who reported she works the day shift, Sunday-Fridays. Ms. Weaver denied ever hitting, shoving, pushing residents, or yelling at residents. Ms. Weaver reported none of the residents have reported to her of any direct care staff members mistreating the residents.

On October 13, 2021, Ashley Dufore, APS Calhoun County reported she will not be substantiating abuse or neglect.

On October 20, 2021, I interviewed direct care staff member Mark Partridge who reported no residents have reported being mistreated by any direct care staff members. Mr. Partridge denied the allegations of himself or other direct care staff members hitting residents, shoving them or being mean.

On October 20, 2021, I interviewed Guardian A1 who reported Resident A’s care at the facility was great. Guardian A1 reported she does not have any concerns regarding direct care staff members mistreating any resident, especially Resident A. Guardian A1 reported Resident A abuses narcotics and has been heavily under the influence of narcotics prior to being hospitalized. Guardian A1 reported she asked Resident A if anyone had mistreated Resident A or if Resident A had told anyone she was mistreated and Resident A denied telling anyone she was mistreated and told Guardian A1 direct care staff members were nice at the facility and did not abuse or hit Resident A while at the facility. Guardian A1 stated, “I do not believe any of the allegations are true, staff are really nice to the residents.”

APPLICABLE RULE	
R 400.14308	**Resident behavior interventions prohibitions.**
	(1) A licensee shall not mistreat a resident and shall not permit the administrator, direct care staff, employees, volunteers who are under the direction of the licensee, visitors, or other occupants of the home to mistreat a resident. Mistreatment includes any intentional action or omission which exposes a resident to a serious risk or physical or emotional harm or the deliberate infliction of pain by any means.
ANALYSIS:	Based upon the information gathered during the investigation, there was no evidence direct care staff members were mistreating residents. Resident B, Resident C, and Resident D all denied being mistreated in any way, reported direct care staff are great, and they get good care. Guardian A1 denied the allegations and reported Resident A told Guardian A1 staff was not abusive to Resident A or any residents, that staff were nice to everyone.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

IV. RECOMMENDATION

It is recommended that the current status of the license remains unchanged.

Bridget Vermeesch 10/26/2021

Bridget Vermeesch Date
Licensing Consultant

Approved By:

Dawn Timm 10/26/2021

Dawn N. Timm Date
Area Manager