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GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

December 13, 2021

Nicholas Burnett
Flatrock Manor, Inc.
2360 Stonebridge Drive
Flint, MI 48532

RE: License #: AM440388517
Investigation #: 2022A0871005
Elba North

Dear Mr. Burnett:

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 (989) 732-8062.

Sincerely,



Kathryn A. Huber, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48605
(989) 293-3234

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM440388517
Investigation #:	2022A0871005
Complaint Receipt Date:	10/27/2021
Investigation Initiation Date:	10/29/2021
Report Due Date:	12/26/2021
Licensee Name:	Flatrock Manor, Inc.
Licensee Address:	7012 River Road Flushing, MI 48433
Licensee Telephone #:	(810) 964-1430
Administrator:	Carrie Aldrich
Licensee Designee:	Nicholas Burnett
Name of Facility:	Elba North
Facility Address:	300 N. Elba Rd. Lapeer, MI 48446
Facility Telephone #:	(810) 969-4442
Original Issuance Date:	09/05/2017
License Status:	REGULAR
Effective Date:	03/05/2020
Expiration Date:	03/04/2022
Capacity:	12
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. ALLEGATION(S)

	Violation Established?
Resident A's room smelled of urine. The floor under the bed was sticky with urine.	Yes
Resident A had bruises all over him and Guardian 1 was not notified nor were incident reports filed.	No
The facility has been without soap/shampoo for extended time and staff use conditioner instead.	No

III. METHODOLOGY

10/27/2021	Special Investigation Intake 2022A0871005
10/27/2021	APS Referral Open to Lapeer County MDHHS
10/29/2021	Special Investigation Initiated - Letter Received information from Adult Protective Service Worker Ryan DeVoe
11/03/2021	Inspection Completed On-site Interviewed Staff Members Madison Cook, Tonya Jefferies, Bethany Curtis, and Home Manager Asjia Blantin
11/03/2021	Inspection Completed On-site Observed Resident A
11/22/2021	Inspection Completed On-site Observed Resident A's room
12/09/2021	Contact - Telephone call made Telephone call to Resident A's Guardian 1
12/10/2021	Exit Conference Telephone exit conference with Licensee Nicholas Burnett

ALLEGATION:

Resident A's room smelled of urine. The floor under the bed was sticky with urine.

INVESTIGATION:

On October 29, 2021, Adult Protective Service Worker Ryan DeVoe provided me with the following information:

"APS made an unannounced visit to Flatrock Elba. APS was escorted to the client's room by Madison. Madison reported that the client doesn't pee the bed, in the normal sense. She reported that it's behavioral and he will lift the mattress and pee between the mattress and the platform. APS was wearing a mask and pulled it down briefly and was not able to smell any urine in client's room."

On November 3, 2021, I conducted an unannounced onsite investigation and interviewed Home Manager Asjia Blantin. Manager Blantin indicated Resident A likes to urinate on the carpet and also will lift his mattress and pee between the mattress and platform. Manager Blantin stated that Guardian A1 came in and "it just happened" that Resident A's room was a mess. Manager Blantin indicated changes have been made and Resident A's room is now cleaned daily. Manager Blantin stated mattress protectors have now been purchased.

On November 3, 2021, I observed Resident A's room with Staff Madison Cook. Ms. Cook explained that Resident A lifts his mattress and pees between the mattress and the platform that holds his mattress. Resident A does not have a box spring because of his behaviors. At the onsite investigation, Resident A's room was neat and clean and there was no odor of urine. I also observed Resident A and he is severely cognitively impaired and unable to be interviewed.

On November 22, 2021, I conducted an onsite investigation and again observed Resident A's room. It was clean and no odor of urine noted.

On December 9, 2021, I telephoned Resident A's Guardian A1. When I asked Guardian A1 if Resident A's room was messy, she replied "that's an understatement." Guardian A1 said as soon as she walked in the bedroom it smelled of urine. Guardian A1 said the urine was so bad it smelled like ammonia. Guardian A1 indicated "someone did not do their job and it was so disgusting." Guardian A1 said Resident A does not have a box spring and just a mattress and thick pad. Guardian A1 stated she cried the whole way home and if she could handle his behaviors while driving, she would have taken him home with her. Guardian A1 said she had notified Resident A's case manager to find a new placement for Resident A.

APPLICABLE RULE	
R 400.14403	Maintenance of premises.
	(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.
ANALYSIS:	Home Manager Asjia Blantin said Guardian A1 came to the facility when Resident A's room was a mess. Guardian A1 said the room smelled of urine and it was disgusting. I confirm violation of this rule.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

Resident A had bruises all over him and Guardian 1 was not notified nor were incident reports filed.

INVESTIGATION:

On October 29, 2021, Adult Protective Service Worker Ryan DeVoe emailed me about his visit to the facility on that day. Mr. DeVoe indicated "APS was unable to observe any bruising on the client, on his visible skin. He was wearing a t-shirt and long pants. APS was unable to observe any obvious signs of abuse or neglect. The client was wearing clean clothes and he did not have any body odor." Home Manager Asjia Blantin told Mr. DeVoe that Resident A pinched his hand and that was the only bruise that she ever saw on Resident A.

On November 3, 2021 at my onsite investigation, Home Manager Asjia Blantin stated she never saw any bruising on Resident A. She reported that Resident A did have a bruise on his hand one time.

I also interviewed Staff Madison Cook on November 3, 2021. Ms. Cook indicated she has "never seen bruises on him." She stated he had a scratch on him one time and got it when he and another resident were playing around. I then interviewed Staff Tonya Jefferies and Staff Bethany Curtis. They both stated they have never seen bruising on Resident A.

On November 3, 2021, I observed Resident A's arms and chest areas. No bruising was noted on him.

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:	Adult Protective Service Worker Ryan DeVoe observed Resident A three days after the alleged bruising was observed and did not see any bruising on him. Home Manager Asjia Blantin has never seen bruising on Resident A other than a bruise on his hand. Staff Members Madison Cook, Tonya Jefferies, and Bethany Curtis all reported they have never seen bruising on Resident A. I observed Resident A on November 3, 2021 and did not observe any bruising on him. There is no evidence to confirm violation of this rule.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

The facility has been without soap/shampoo for extended time and staff use conditioner instead.

INVESTIGATION:

On October 29, 2021 at the unannounced onsite investigation conducted by Adult Protective Service Worker Ryan DeVoe, Staff Madison Cook took Mr. DeVoe to Resident A's room. Ms. Cook reported to Mr. DeVoe that they have a lot of soap. Ms. Cook took Mr. DeVoe to Resident A's closet that was near Resident A's room and stated there should be soap in there. Mr. DeVoe indicated there was not any soap in that closet however, there was a shelf full of body wash and several other personal items in the facilities' conference room.

On November 3, 2021, at the unannounced onsite investigation, I interviewed Staff Madison Cook. Ms. Cook indicated there is a lot of soap and body wash. Ms. Cook stated staff are given four bottles of soap per day to bathe the residents. Ms. Cook indicated staff have never used conditioner in place of soap on the residents.

I also interviewed Staff Bethany Curtis on November 3, 2021. Ms. Curtis said she has never observed any staff using conditioner in place of soap on the residents. Ms. Curtis said there is always soap available.

On November 3, 2021, Home Manager Asjia Blantin reported all the residents have a caddy in their rooms. Manager Blantin said they always have soap, lotion, toothpaste, and hygiene products available. Ms. Blantin showed me a closet full of soap and hygiene products in the facility. Ms. Blantin took me to Resident A's room, and I observed Resident A's caddy with soap and hygiene products.

APPLICABLE RULE	
R 400.14314	Resident hygiene.
	(1) A licensee shall afford a resident the opportunity, and instructions when necessary, for daily bathing and oral and personal hygiene. A licensee shall ensure that a resident bathes at least weekly and more often if necessary.
ANALYSIS:	Staff Members Madison Cook and Bethany Curtis said they have never used conditioner as soap on the residents. Home Manager Asjia Blantin said staff has always had soap to bathe the residents. I observed soap and hygiene products in the facility as well as a caddy in Resident A's room with hygiene products. There is no evidence to confirm violation of this rule.
CONCLUSION:	VIOLATION NOT ESTABLISHED

On December 13, 2021, I conducted a telephone exit conference with Licensee Nicholas Burnett. I advised Licensee Burnett of the findings of this investigation.

IV. RECOMMENDATION

Upon receipt of an acceptable corrective action plan, I recommend the status of this license remain unchanged (capacity 1-12).

Kathryn A. Huber

12/13/2021

Kathryn A. Huber
Licensing Consultant

Date

Approved By:

Mary E. Holton

12/13/2021

Mary E Holton
Area Manager

Date