



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

December 16, 2021

Sunil Bhattad
Bolton Brook Manor Inc
4554 Thomas
Metamora, MI 48455

RE: License #: AL440063943
Investigation #: 2022A0569007
Bolton Brook Manor

Dear Mr. Bhattad:

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 (517) 284-9730.

Sincerely,

A handwritten signature in dark ink, appearing to read "Kent W. Gieselman". The signature is fluid and cursive, with the first name "Kent" being more prominent.

Kent W Gieselman, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(810) 931-1092

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL440063943
Investigation #:	2022A0569007
Complaint Receipt Date:	11/05/2021
Investigation Initiation Date:	11/09/2021
Report Due Date:	01/04/2022
Licensee Name:	Bolton Brook Manor Inc
Licensee Address:	4554 Thomas Metamora, MI 48455
Licensee Telephone #:	(810) 678-2087
Administrator:	Sunil Bhattad
Licensee Designee:	Sunil Bhattad
Name of Facility:	Bolton Brook Manor
Facility Address:	4554 Thomas Rd Metamora, MI 48455
Facility Telephone #:	(810) 678-2087
Original Issuance Date:	04/11/1995
License Status:	REGULAR
Effective Date:	03/25/2020
Expiration Date:	03/24/2022
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

	AGED
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II. ALLEGATION(S)

	Violation Established?
• Staff are not having fingerprints done.	Yes
• Staff are not being trained.	Yes
• Staff are working without a physical completed.	Yes
• Staff do not have TB tests done.	Yes
• Residents have poor hygiene.	No

III. METHODOLOGY

11/05/2021	Special Investigation Intake 2022A0569007
11/05/2021	APS Referral Complaint received from APS.
11/09/2021	Special Investigation Initiated - Letter Email to Lisa Jolly, RRO.
12/15/2021	Contact - Document Sent Email to Sunil Bhattad, licensee designee.
12/16/2021	Inspection Completed-BCAL Sub. Compliance
12/16/2021	Exit Conference Exit conference with Sunil Bhattad, licensee designee.
12/15/2022	Inspection Completed On-site

ALLEGATION:

Staff are not having fingerprints done.

INVESTIGATION:

This complaint was received from the on-line complaint portal. The complainant reported that staff are being hired and “put directly to work” without having their fingerprints done. The complainant did not report which specific staff had not had their fingerprints completed.

An unannounced inspection of this facility was conducted on 12/15/21. The staff files were not accessible during the inspection. Sunil Bhattad, licensee designee, submitted all of the staff files electronically via email on 12/16/21. The following staff files did not contain any documentation confirming the staff have had their fingerprints completed.

Brooke Phillips, staff person, was hired on 9/3/21. Ms. Phillips’ file does not contain any documentation that she has completed her fingerprints.

Alicia Bice, staff person, was hired on 9/3/21. Ms. Bice’s file does not contain any documentation that her fingerprints have been completed.

Jaclyn Stratton, staff person, was hired on 10/26/2. Ms. Stratton’s file does not contain any documentation that her fingerprints have been completed. Ms. Stratton was present during the inspection on 12/15/21. Ms. Stratton stated that she has not completed her fingerprints and that she does work directly with the residents.

Sunil Bhattad, licensee designee, stated on 12/16/21 that he does have some staff who have not completed their fingerprints. Mr. Bhattad stated that, because of COVID-19, some of the appointments were scheduled, then cancelled by the finger printing provider.

APPLICABLE RULE	
MCL 400.734b	Employing or contracting with certain employees providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; failure to conduct criminal history check; automated fingerprint identification system database; report to legislature; costs; definitions.
	(4) Upon receipt of the written consent to conduct a criminal history check and identification required under subsection (3), the adult foster care facility or staffing agency that has made a good faith offer of employment or

	<p>independent contract to the individual shall make a request to the department of state police to conduct a criminal history check on the individual and input the individual's fingerprints into the automated fingerprint identification system database, and shall make a request to the relevant licensing or regulatory department to perform a check of all relevant registries established according to federal and state law and regulations for any substantiated findings of abuse, neglect, or misappropriation of property. The request shall be made in a manner prescribed by the department of state police and the relevant licensing or regulatory department or agency. The adult foster care facility or staffing agency shall make the written consent and identification available to the department of state police and the relevant licensing or regulatory department or agency. If the department of state police or the federal bureau of investigation charges a fee for conducting the criminal history check, the charge shall be paid by or reimbursed by the department. The adult foster care facility or staffing agency shall not seek reimbursement for a charge imposed by the department of state police or the federal bureau of investigation from the individual who is the subject of the criminal history check. The department of state police shall conduct a criminal history check on the individual named in the request. The department of state police shall provide the department with a written report of the criminal history check conducted under this subsection. The report shall contain any criminal history record information on the individual maintained by the department of state police.</p>
ANALYSIS:	<p>Three of the staff files did not contain any documentation confirming that their fingerprints have been completed when reviewed on 12/16/21. Ms. Stratton also stated that she provides direct care to the residents and has not completed her fingerprints. Based on the documentation reviewed and statement given, it is determined that there has been a violation of this rule.</p>
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

Staff are not being trained.

INVESTIGATION:

The complainant reported that staff are not being fully trained. The complainant reported that staff are being hired and put to work the next day with no experience and no trainings. The complainant did not report which staff specifically had not been trained.

Dawson Saunders, staff person, stated on 12/15/21 that he has worked at this facility for over a year. Mr. Saunders stated that he did not receive his training for about eight months after he was hired. Mr. Saunder's file was reviewed on 12/16/21. Mr. Saunder's was hired on 8/4/20. Mr. Saunder's file contains documentation, signed by Mr. Saunders, and dated 8/27/20, that he had completed all of the trainings required in this rule.

Ms. Stratton stated on 12/15/21 that she has worked directly with the residents since the day she was hired, and that she has not completed any trainings. Ms. Stratton's file documents that she was hired on 10/26/21. Ms. Stratton's file does not contain any documentation confirming that she has completed the trainings required by this rule.

Genevieve Leonard's, staff person, file was reviewed on 12/16/21. Ms. Leonard's file documents that she was hired on 11/1/21. Ms. Leonard's file does not contain any documentation confirming that she has completed the trainings required by this rule.

All of the other staff files were reviewed on 12/16/21. The remaining staff files contain documentation confirming that the staff have all completed the trainings required by this rule. Mr. Bhattad stated that the newer staff have not completed their trainings yet because he has had a difficult time retaining staff due to the COVID-19 condition.

APPLICABLE RULE	
R 400.15204	Direct care staff; qualifications and training.
	(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas: <ul style="list-style-type: none">(a) Reporting requirements.(b) First aid.(c) Cardiopulmonary resuscitation.(d) Personal care, supervision, and protection.(e) Resident rights.(f) Safety and fire prevention.(g) Prevention and containment of communicable diseases.

ANALYSIS:	Ms. Leonard and Ms. Stratton's files do not contain any documentation confirming that they have completed the trainings required by this rule. Ms. Stratton stated that she has not received any of the trainings required by this rule. Mr. Bhattad stated that the newer staff have not been completely trained due to the difficulty of retaining staff. Based on the statements given and documentation reviewed, it is determined that there has been a violation of this rule.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

Staff are working without a physical completed.

INVESTIGATION:

The complainant reported that some of the staff have not completed a physical prior to being hired. The complainant did not report the specific staff who have not completed a physical.

Ms. Leonard's and Ms. Stratton's files were reviewed on 12/16/21. Neither of the files contained any documentation required by this rule. Ms. Stratton stated on 12/15/21 that she has not had a physical completed and that she has not submitted any documentation required by this rule.

Mr. Bhattad stated on 12/16/21 that the staff had stated that they had completed the physicals. Mr. Bhattad stated that he did not know why they had not submitted the documentation.

APPLICABLE RULE	
R 400.15205	Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.
	(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the physician's knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.

ANALYSIS:	Ms. Leonard and Ms. Stratton have both been employed at this facility for more than 30 days. Neither of the staff files contained documentation required by this rule. Ms. Stratton stated that she has not completed a physical and has not submitted the documentation required by this rule.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

Staff do not have TB tests done.

INVESTIGATION:

The complainant reported that there were staff who have not completed a TB test. The complainant did not identify the specific staff who have not completed a TB test.

The following staff files did not contain any documentation that a TB test has been completed, Brooke Phillips, Genevieve Leonard, and Jaclyn Stratton. Ms. Stratton stated on 12/15/21 that she has not completed a TB test.

APPLICABLE RULE	
R 400.15205	Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.
	(4) A licensee shall provide the department with written evidence that he or she and the administrator have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken. The results of subsequent testing shall be verified every 3 years thereafter.

ANALYSIS:	Three of the staff files did not contain any documentation that they had completed a TB test when reviewed on 12/16/21. Ms. Stratton also stated on 12/15/21 that she has not completed a TB test. Based on the documentation reviewed and statement given, it is determined that there has been a violation of this rule.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

Residents have poor hygiene.

INVESTIGATION:

The complainant reported that several of the residents have bad hygiene. The complainant reported that some of the resident bedrooms have a foul odor and that the residents are not bathed. The complainant did not report which specific residents had poor hygiene.

All of the residents were observed during the inspection on 12/15/21. All of the resident bedrooms and common areas were inspected. All of the residents were observed to be appropriately dressed and groomed. None of the residents exhibited poor hygiene and none of the resident bedrooms or common areas were observed to have a foul odor.

Mr. Saunders stated that all of the residents take showers at least twice a week. Mr. Saunders stated that if a resident soils themselves or requires a shower more often, then they will be assisted or prompted as needed. Mr. Saunders submitted a "shower log" maintained by the staff. All of the residents are listed in the shower log and the specific days they are to take a shower. The shower log also contains staff signatures indicating that the resident showers were completed. Ms. Stratton confirmed the statement given by Mr. Saunders.

APPLICABLE RULE	
R 400.15314	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:	The complainant reported that there were residents with poor hygiene but did not identify which specific residents had poor hygiene. The complainant also reported that some of the resident bedrooms had a foul odor due to the poor hygiene. All of the resident bedrooms and common areas were inspected on 12/15/21. All of the residents were also observed on 12/15/21. All of the residents were appropriately dressed and groomed when observed on 12/15/21. None of the resident bedrooms or common areas were observed to have a foul odor when inspected on 12/15/21. The staff maintain a "shower log" to document that the residents are receiving showers at least twice a week, and more often if needed. Mr. Saunders and Ms. Stratton confirmed the information documented in the shower log. Based on the observations made, statements given, and documentation reviewed, it is determined that there has been no violation of this rule.
CONCLUSION:	VIOLATION NOT ESTABLISHED

An exit conference was conducted with Sunil Bhattad, licensee designee, on 12/16/21. The findings in this report were reviewed. Mr. Bhattad stated that he would submit a corrective action plan as soon as he receives this report.

IV. RECOMMENDATION

I recommend that the status of this license remain unchanged with the receipt of an acceptable corrective action plan.



12/16/21

Kent W Gieselman
Licensing Consultant

Date

Approved By:



12/16/21

Mary E Holton
Area Manager

Date