



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

January 25, 2022

Edward and Marcia Verkaik  
1551 Glenwood Ave.  
Muskegon, MI 49445

RE: License #: AM410008757  
Investigation #: 2022A0583007  
East Fulton AFC

Dear Edward and Marcia Verkaik:

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.

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 (616) 356-0183.

Sincerely,



Toya Zylstra, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 333-9702

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM410008757
<b>Investigation #:</b>	2022A0583007
<b>Complaint Receipt Date:</b>	12/15/2021
<b>Investigation Initiation Date:</b>	12/15/2021
<b>Report Due Date:</b>	01/14/2022
<b>Licensee Name:</b>	Edward and Marcia Verkaik
<b>Licensee Address:</b>	1551 Glenwood Ave. Muskegon, MI 49445
<b>Licensee Telephone #:</b>	(231) 760-4512
<b>Administrator:</b>	Edward Verkaik
<b>Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	East Fulton AFC
<b>Facility Address:</b>	635 East Fulton Street Grand Rapids, MI 49503-4425
<b>Facility Telephone #:</b>	(616) 805-3816
<b>Original Issuance Date:</b>	03/02/1988
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	08/21/2020
<b>Expiration Date:</b>	08/20/2022
<b>Capacity:</b>	12
<b>Program Type:</b>	PHYSICALLY HANDICAPPED, DEVELOPMENTALLY DISABLED, MENTALLY ILL, AGED

## II. ALLEGATION(S)

	<b>Violation Established?</b>
Staff do not provide adequate personal care to residents.	No
Staff do not administer Resident A's medications as prescribed.	Yes
Staff do not post or follow a menu.	Yes
The adult foster care home is unclean and unsanitary.	Yes
Additional Findings	Yes

## III. METHODOLOGY

12/15/2021	Special Investigation Intake 2022A0583007
12/15/2021	Special Investigation Initiated - Telephone Resident A
12/17/2021	Inspection Completed On-site Staff Anthony Sheely, Staff Tina Sheely, Resident B, Resident C, Resident D, Resident E
12/21/2021	APS Referral
01/25/2022	Exit Conference Licensee Edward Verkaik

**ALLEGATION:** Staff do not provide adequate personal care to residents.

**INVESTIGATION:** On 12/15/2021 I received complaint allegations from the BCAL online reporting system. The allegations stated residents of the facility are not receiving adequate personal care.

On 12/15/2021 I interviewed Resident A via telephone. Resident A stated staff do not regularly assist residents with showering. Resident A stated he could not identify the names of the residents not receiving adequate personal care from staff.

On 12/17/2021 I completed an unannounced onsite inspection at the facility. While onsite I privately interviewed Staff Anthony Sheely, Tina Sheely, Resident B, Resident C, Resident D, and Resident E.

Staff Anthony Sheely and Tina Sheely both reported residents are provided adequate personal care. Mr. and Mrs. Sheely each stated Resident B and Resident E require verbal prompting to shower and all other residents are self-sufficient per their respective Assessment Plans. Mr. and Mrs. Sheely both stated staff prompt Resident B and Resident E to shower "once per week" however Resident B and

Resident E often refuse. Mr. and Mrs. Sheely both reported Resident B and Resident E last showered approximately a week ago.

I reviewed Resident B's Assessment Plan, signed 06/09/2020 indicates Resident B "needs prompting and then don't always do". I reviewed Resident E's Assessment Plan, signed 06/09/2020 states Resident E requires "prompting for grooming and bathing". Resident E's Assessment Plan lacks his legal guardian's signature.

Resident B presented with adequate hygiene. He did not display a foul odor. Resident B stated staff prompt him to shower at least once per week, but do not assist him with hands on grooming care.

Resident C presented with adequate hygiene. Resident C stated staff provide adequate personal care to residents. Resident C stated staff assist Resident B and Resident E with verbal prompting to shower and provide grooming assistance.

Resident D presented with adequate hygiene. Resident D stated he has never observed staff assist Resident B and Resident E with showering or personal care.

Resident E presented with adequate hygiene and did not display a foul odor. Resident E stated he last showered last week. Resident E stated staff verbally prompt him to shower and groom.

On 12/21/2021 I emailed complaint allegations to the Adult Protective Services Centralized Intake.

On 01/25/2022 I completed an Exit Conference with Licensee Edward Verkaik via telephone. Mr. Verkaik stated he agreed with the findings.

<b>APPLICABLE RULE</b>	
<b>R 400.14303</b>	<b>Resident care; licensee responsibilities.</b>
	<b>(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.</b>
<b>ANALYSIS:</b>	Resident B's Assessment Plan indicates Resident B "needs prompting and then don't always do". Resident E's Assessment Plan states Resident E requires "prompting for grooming and bathing".  Staff Anthony Sheely and Tina Sheely both reported residents are provided adequate personal care. Mr. and Mrs. Sheely both stated Resident B and Resident E require verbal prompting to shower. Mr. and Mrs. Sheely both stated staff prompt Resident

	<p>B and Resident E to shower “once per week” however Resident B and Resident E often refuse.</p> <p>Resident B presented with adequate hygiene. He did not display a foul odor. Resident B stated staff prompt him to shower at least once per week, but do not assist him with hands on grooming care.</p> <p>Resident E presented with adequate hygiene and did not display a foul odor. Resident E stated he last showered last week. Resident E stated staff verbally prompt him to shower and groom.</p> <p>A preponderance of evidence was not discovered to substantiate violation of the applicable rule.</p>
<b>CONCLUSION:</b>	VIOLATION NOT ESTABLISHED

**ALLEGATION: Staff do not administer Resident A’s medications as prescribed.**

**INVESTIGATION:** On 12/15/2021 I interviewed Resident A via telephone. Resident A stated staff do not provide Resident A with his medications if he is past the one-hour medication pass window.

On 12/17/2021 I completed an unannounced onsite inspection at the facility.

While onsite I reviewed Resident A’s Medication Administration Record which indicates Resident A was administered his 12/17/2021 9:00 am medications (Carbamazepin 200 mg and Venlafaxine 150 mg) by Staff Anthony Sheely.

I privately interviewed Staff Anthony Sheely. Mr. Sheely stated he administers residents’ medications only during the one-hour administration window. Mr. Sheely stated Resident A left the facility for an extended family visit away from the facility. Mr. Sheely stated Resident A was not at the facility on 12/17/2021 at 9:00 am and was not administered his medications by Mr. Sheely. Mr. Sheely acknowledged that he completed a medication documentation error on Resident A ‘s Medication Administration Record on 12/17/2021 because Mr. Sheely did not administer Resident A’s medications to Resident A but documented on the form that he had.

Staff Tina Sheely stated she administers all residents’ medications as prescribed and only administers residents’ medications during the one-hour administration window.

Resident B, Resident C, Resident D, and Resident E each stated they believe staff are administering their medications appropriately.

On 01/25/2022 I completed an Exit Conference with Licensee Edward Verkaik via telephone. Mr. Verkaik stated he would submit an acceptable Corrective Action Plan.

<b>APPLICABLE RULE</b>	
<b>R 400.14312</b>	<b>Resident medications.</b>
	<b>(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions: (v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.</b>
<b>ANALYSIS:</b>	<p>Resident A's Medication Administration Record indicates Resident A was administered his 12/17/2021 at 9:00 am medications (Carbamazepin 200 mg and Venlafaxine 150 mg) by Staff Anthony Sheely.</p> <p>Staff Anthony Sheely stated Resident A was not at the facility on 12/17/2021 at 9:00 am and was not administered his medications. Mr. Sheely acknowledged that he made a medication documentation error on Resident A 's Medication Administration Record on 12/17/2021 because he did not administer Resident A's medications.</p> <p>A preponderance of evidence was discovered to substantiate violation of the applicable rule.</p>
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**ALLEGATION:** Staff do not post or follow a menu.

**INVESTIGATION:** On 12/15/2021 I interviewed Resident A via telephone. Resident A stated staff do not post or follow a menu.

On 12/17/2021 I completed an unannounced onsite inspection at the facility.

While onsite I did not observe a menu anywhere.

Staff Anthony Sheely and Tina Sheely both acknowledged there is not a posted menu and they do not follow a menu of any kind. Mrs. Sheely stated her printer has

been broken for “two or three months” which has prevented her from formulating a menu.

On 01/25/2022 I completed an Exit Conference with Licensee Edward Verkaik via telephone. Mr. Verkaik stated he would submit an acceptable Corrective Action Plan.

<b>APPLICABLE RULE</b>	
<b>R 400.14313</b>	<b>Resident nutrition.</b>
	<b>(4) Menus of regular diets shall be written at least 1 week in advance and posted. Any change or substitution shall be noted and considered as part of the original menu.</b>
<b>ANALYSIS:</b>	<p>While onsite I did not observe a menu anywhere in the home.</p> <p>Staff Anthony Sheely and Tina Sheely both acknowledged there is not a posted menu in the home and they do not follow a menu of any kind.</p> <p>A preponderance of evidence was discovered to substantiate violation of the applicable rule.</p>
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**ALLEGATION: The adult foster care home is unclean and unsanitary.**

**INVESTIGATION:** On 12/15/2021 I interviewed Resident A via telephone. Resident A stated staff do not clean the facility and it is currently unsanitary. Resident A stated the facility is “nasty” as evidenced by the bathroom smelling of urine and not being mopped for a considerable period. Resident A stated the facility’s trash is overflowing. Resident A stated the facility has been unclean since he was admitted in April, 2021.

On 12/17/2021 I completed an unannounced onsite inspection at the facility.

While onsite I observed the facility to be unsanitary and unkept. I observed the bathroom toilets, floors, and sinks to be unclean and to smell of urine. I observed the facility kitchen to be unsanitary as evidenced by sticky substances in the refrigerator and on the counters. I observed the facility trash cans in the kitchen were overflowing with trash. I observed the facility dining room was dirty as evidenced by sticky tables and the microwave was caked in food. I observed the entire facility requires a thorough cleaning, vacuuming, and disinfecting.

Staff Anthony Sheely and Staff Tina Sheely each stated the facility was unclean and in need of a thorough cleaning. Mrs. Sheely stated she has sick which has



prevented her from cleaning the facility.

On 01/25/2022 I completed an Exit Conference with Licensee Edward Verkaik via telephone. Mr. Verkaik stated he would submit an acceptable Corrective Action Plan.

<b>APPLICABLE RULE</b>	
<b>R 400.14403</b>	<b>Maintenance of premises.</b>
	<b>(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.</b>
<b>ANALYSIS:</b>	<p>While onsite I did observe the facility to be unsanitary and unkept. The bathroom toilets, floors, and sinks were unclean and the bathrooms smelled of urine. The facility kitchen appeared unsanitary as evidenced by sticky substances in the refrigerator and on the counters and the trash cans were overflowing with trash. The facility dining room was dirty as evidenced by sticky tables and the microwave was caked in food. I observed the entire facility requires a thorough cleaning, vacuuming, and disinfecting.</p> <p>Staff Anthony Sheely and Tina Sheely both stated the facility was unclean and in need of a thorough cleaning.</p> <p>A preponderance of evidence was discovered to substantiate a violation of the applicable rule.</p>
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**ADDITIONAL FINDINGS: Resident B and Resident E’s Assessment Plans have not been completed at least annually.**

**INVESTIGATION:** On 12/17/2021 I completed an unannounced onsite inspection at the facility.

While onsite I reviewed Resident B’s Assessment Plan and noted it was signed on 06/09/2020. I reviewed Resident E’s Assessment Plan and noted it was signed on 06/09/2020 and Resident E’s Assessment Plan lacks his legal guardian’s signature. Staff Tina Sheely stated she is in the process of updating Resident B and Resident E’s Assessment Plans but has been restricted in doing so because her printer broke, and she has been ill.

On 01/25/2022 I completed an Exit Conference with Licensee Edward Verkaik via

telephone. Mr. Verkaik stated he would submit an acceptable Corrective Action Plan.

<b>APPLICABLE RULE</b>	
<b>R 400.14301</b>	<b>Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.</b>
	<b>(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.</b>
<b>ANALYSIS:</b>	<p>Resident B's Assessment Plan was signed on 06/09/2020, Resident E's Assessment Plan was signed on 06/09/2020 and Resident E's Assessment Plan lacks his legal guardian's signature.</p> <p>Staff Tina Sheely stated she is in the process of updating Resident B and Resident E's Assessment Plans but has not been able to do so because her printer broke, and she has been ill.</p> <p>A preponderance of evidence was discovered to substantiate a violation of the applicable rule.</p>
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**ADDITIONAL FINDINGS: A video camera is utilized in the facility's communal living areas without permission of residents or their legal decision makers.**

**INVESTIGATION:** On 12/15/2021 I interviewed Resident A via telephone. Resident A stated the facility contains recording video monitoring cameras in multiple common area rooms. Resident A stated he is his own legal decision maker, and he has never signed documents approving the use of video monitoring cameras.

On 12/17/2021 I completed an unannounced onsite inspection at the facility.

While onsite I did observe multiple recording video monitor cameras located throughout common areas such as the living room, dining room, and entry way.

Staff Anthony Sheely and Tina Sheely both stated the facility contains multiple recording video cameras throughout common areas such as the living room, dining

room, and entry ways. Mr. and Mrs. Sheely acknowledged staff have not obtained approval from residents' legal decision makers to utilize the video cameras at the facility.

On 01/25/2022 I completed an Exit Conference with Licensee Edward Verkaik via telephone. Mr. Verkaik stated he would submit an acceptable Corrective Action Plan.

<b>APPLICABLE RULE</b>	
<b>R 400.14304</b>	<b>Resident rights; licensee responsibilities.</b>
	<p><b>(1) Upon a resident's admission to the home, a licensee shall inform a resident or the resident's designated representative of, explain to the resident or the resident's designated representative, and provide to the resident or the resident's designated representative, a copy of all of the following resident rights:</b></p> <p><b>(o) The right to be treated with consideration and respect, with due recognition of personal dignity, individuality, and the need for privacy.</b></p> <p><b>(2) A licensee shall respect and safeguard the resident's rights as specified in subrule (1) of this rule.</b></p>
<b>ANALYSIS:</b>	<p>Staff Anthony Sheely and Tina Sheely both stated the facility contains multiple recording video cameras that are installed in common areas of the facility.</p> <p>I observed multiple recording video cameras in the facility's communal living areas.</p> <p>Staff Anthony Sheely and Tina Sheely both acknowledged staff have not obtained approval from residents' legal decision makers to utilize the video cameras at the facility.</p> <p>A preponderance of evidence was discovered to substantiate violation of the applicable rule.</p>
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

#### **IV. RECOMMENDATION**

Upon receipt of an acceptable Corrective Action Plan, I recommend the license remain unchanged.

*Toya Zylstra*

01/25/2022

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Toya Zylstra  
Licensing Consultant

Date

Approved By:

*Jerry Hendrick*

01/25/2022

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Jerry Hendrick  
Area Manager

Date