GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

October 08, 2021

William Hay
CMHB Of CEI Counties
Suite 115
812 E Jolly Road
Lansing, MI 48910

RE: License #: AL330079965
Investigation #: 2021A0466043
Bridges Crisis Unit (AFC)

Dear Mr. Hay:

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.

A six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan.

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.

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) 284-9727.

Sincerely,

Julie Elkins, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL330079965
Investigation #:	2021A0466043
Complaint Receipt Date:	08/10/2021
Investigation Initiation Date:	08/11/2021
Report Due Date:	10/09/2021
Licensee Name:	CMHB Of CEI Counties
Licensee Address:	Suite 115 812 E Jolly Road Lansing, MI 48910
Licensee Telephone #:	(517) 346-8200
Administrator:	William Hay
Licensee Designee:	William Hay
Name of Facility:	Bridges Crisis Unit (AFC)
Facility Address:	812 E Jolly Rd Lansing, MI 48910
Facility Telephone #:	(517) 346-8415
Original Issuance Date:	06/04/1999
License Status:	REGULAR
Effective Date:	12/19/2019
Expiration Date:	12/18/2021
Capacity:	16
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. ALLEGATION:

	Violation Established?
Resident A was admitted to the Bridges Crisis Unit (BCU) on 08/03/2021 and it was known that Resident A was experiencing suicidal ideation. On 08/04/2021 Resident A committed suicide in front of the facility. Concern Resident A was not provided with appropriate care and supervision from direct care staff members.	Yes
Additional Finding	Yes

III. METHODOLOGY

08/10/2021	Special Investigation Intake- 2021A0466043.
08/10/2021	Contact - Document Sent to Ashlee Bailey ORR.
08/11/2021	Special Investigation Initiated - Face to Face.
08/12/2021	Contact - Document Sent-FOIA request made.
08/12/2021	Contact - Document Received Police Report received.
08/16/2021	Contact- Document sent to Gwen Williams.
8/16/2021	Contact- Documents received from Gwen Williams.
8/25/2021	Contact- Telephone call made to Detective Michael Looney.
8/30/2021	Inspection Completed On-site with area manager Dawn Timm.
10/08/2021	Exit Conference with William Hay, licensee designee/administrator, message left.

ALLEGATION: Resident A was admitted to the Bridges Crisis Unit (BCU) on 08/03/2021 and it was known that Resident A was experiencing suicidal ideation. On 08/04/2021 Resident A committed suicide in front of the facility. Concern Resident A was not provided with appropriate care and supervision from direct care staff members.

INVESTIGATION:
On 08/10/2021, an *Adult Foster Care (AFC) Accident/ Incident Report* was received that stated on 08/04/2021 in the "Explanation of Happenings" section of the report "Individual absconded from Bridges Crisis Unit (BCU), stepped into traffic on E. Jolly Rd, and was struck by a vehicle. Ambulance response was quick and the consumer was taken to the hospital and later pronounced dead." In the "Action Taken Treatment Given" section of the report it stated "Agency management met immediately to review the incident. A Review Group has been formed and are cooperating with police while conducting an internal investigation." In the "Correction Made" section of the report it stated, "A sentinel event review and root cause analysis are in progress."

On 08/11/2021, I conducted an unannounced investigation and interviewed facility supervisor Gwen Williams whose overall role is supervisor of Adult Mental Health Services. Ms. Williams reported that she supervises the licensee designee for the BCU, William Hay. Ms. Williams reported she works for Clinton-Eaton-Ingham Community Mental Health (CEI-CMH) and that BCU is a facility run by CEI-CMH. Ms. Williams reported BCU is an AFC licensed residential crisis unit that is utilized as a less restrictive setting than an in-patient psychiatric hospital for individuals that are in mental health crisis. Ms. Williams stated BCU often allows residents admitted to BCU to avoid inpatient psychiatric hospitalizations. Ms. Williams reported that Community Mental Health (CMH) also has a Crisis Unit where assessment and referrals are made to either BCU or in-patient psychiatric hospitalization placement. Ms. Williams reported BCU is a voluntary program and an unlocked facility.

**Please note the information provided from Ms. Williams regarding Resident A and the care Resident A received while at BCU was derived from Ms. Williams' internal investigation after Resident A's death. Ms. Williams did not work directly with Resident A in any capacity.*

Ms. Williams confirmed Resident A was admitted to BCU prior to her suicide death. Ms. Williams explained Resident A was evaluated at a local emergency room (ER) after which time it was determined Resident A required further assessment for either inpatient hospitalization or a treatment facility like BCU. Ms. Williams stated Resident A was assessed on 08/03/2021 by psychiatrist Dr. Tonia Webster of the CEI-CMH Crisis Unit. Ms. Williams reported Dr. Tonia Webster determined Resident A could keep herself safe at BCU instead of being placed in an inpatient psychiatric hospital. Ms. Williams reported that when admissions are made with someone that is expressing suicidal ideations, safety contracting is done. Ms. Williams reported Resident A contracted for safety prior to her admission at BCU. Ms. Williams reported that Resident A was treated for a urinary tract infection (UTI) at the ER prior to being seen at the Crisis Unit and that Resident A came with prescribed antibiotics. Ms. Williams reported that Resident A did not come with any other prescribed medications from the ER.

Ms. Williams reported that upon Resident A's admission on 08/03/2021, Resident A was assigned to Laura McCabe as her peer support. Ms. Williams stated Laura McCabe acknowledged knowing Resident A personally and reported that Laura McCabe knew instantly that Resident A was not doing well. Ms. Williams reported Resident A's emotional status was described as tearful and depressed but to Ms. Williams' knowledge Resident A was not expressing suicidal ideation. Ms. Williams reported that on 08/04/2021, Resident A ate lunch at noon and was last seen in her bedroom for 1pm bed checks. Ms. Williams reported at about 2:30pm, she received notification multiple police and emergency vehicles were in front of the building due to a pedestrian/vehicle accident that occurred in front of the BCU building. Ms. Williams reported she asked licensee designee Hay to account for all of the residents in the BCU program. Ms. Williams reported Resident A could not be located after a search had been conducted. Ms. Williams reported she learned it was a female person involved in the accident and given that Resident A could not be located Ms. Williams reported a physical description of Resident A, including the clothing that she was wearing, to Lansing Police Officers on scene. Ms. Williams reported that prior to admission, Resident A had shaved her hair off so that was a unique trait used to identify Resident A. Ms. Williams reported being notified by the Lansing Police that the pedestrian involved in the pedestrian/vehicle accident had been identified as Resident A.

Ms. Williams reported Resident A was last seen by a psychiatrist during the mid-morning hours on 08/04/2021 and prescribed psychotropic medications but the medications had not yet been delivered from the pharmacy nor administered prior to Resident A walking away from the facility. Ms. Williams reported to her knowledge that Resident A did not leave a suicide note nor did she make any suicidal statements prior to committing suicide. Ms. Williams reported that the facility's indoor and outdoor video camera footage showed Resident A walking away from the facility and walking to Jolly Road (located in front of BCU).

I Interviewed licensee designee Hay who reported that the facility is licensed for 16 residents, however due to the COVID-19 pandemic, the facility has been operating with a capacity of 10 residents in order to decrease the possible spread of any virus by providing all residents with a private room. Licensee designee Hay reported that although Resident A was admitted on 08/03/2021, he never had an opportunity to meet Resident A or work directly with her in any capacity. Licensee Hay reported Resident A was at the facility about 24 hours prior to her suicide death. Licensee Hay reported Resident A did not have any additional supervision requirements such as 1:1 supervision or line-of-sight supervision at the time of her death. Licensee Hayes reported BCU does not provide 1:1 staffing for any resident admitted and if direct care staff member determined Resident A, or any other resident, needed that type of supervision, she would have been re-assessed by the CEI-CMH Crisis Unit. Licensee Hay reported all residents are checked on every two hours. Licensee Hay reported if there was concern about Resident A being suicidal, Resident A's checks could have been increased to every 30-minute checks as a normal course of action. However, concerning Resident A, Licensee Hay reported that because Resident A

contracted for safety via the safety contact and no additional concerns were raised, no additional checks were added. Licensee Hay reported Resident A's baseline behavior had not been established as she had been at the facility for only 24 hours. Licensee Hay reported Resident A saw psychiatrist Jane Arnold on 08/04/2021 and was prescribed three medications, one as a pro re nata (PRN) and two were to be administered at bedtime. Licensee Hay reported that these medications were never administered to Resident A because Resident A walked away from the facility without staff knowledge before the medications arrived from the pharmacy. Licensee Hay reported that Resident A did come to the facility with Keflex, which is an antibiotic, and that medication was administered as prescribed. Licensee Hay reported that was the only medication administered to Resident A.

I interviewed Keisha McCall, senior client service specialist/direct care staff member who reported she works at the facility Monday through Friday 8am-4:30pm. Ms. McCall reported she met Resident A on 08/04/2021 after entering Resident A's bedroom around 9:30 am. Ms. McCall described that Resident A was in bed, was groggy and appeared to be sleeping. Ms. McCall reported she introduced herself to Resident A and told her that she was Resident A's contact person for the day. Ms. McCall reported she did not have any other contact with Resident A during the course of the morning or afternoon on 08/04/2021 despite being Resident A's contact person.

I interviewed Debra Spitzley, client service specialist/direct care staff member who reported that she completed Resident A's intake upon admission on 08/03/2021. Ms. Spitzley reported Resident A presented as sad, stated that she wanted to the voices to stop, and she wanted to get better. Ms. Spitzley reported Resident A stated she "fell off the wagon" and relapsed. Ms. Spitzley reported she was not aware of Resident A's addiction or what substances she was using as Resident A provided no further specific information regarding her substance use. Ms. Spitzley reported Resident A never mentioned being suicidal to her. Ms. Spitzley reported that on 08/04/2021, Resident A was in her room a lot. Ms. Spitzley reported before she left for lunch she walked through the building and conducted room checks. Ms. Spitzley reported that at 1pm, she observed Resident A in her room, laying down on her bed facing the wall. Ms. Spitzley reported when she came back from lunch at 1:45pm, she checked every room and Resident A could not be located. Ms. Spitzley reported Resident A's cigarettes, lighter, cellphone and purse were all left in her room. Ms. Spitzley reported that on 08/04/2021, five direct care staff members (who carry varying titles) were working plus licensee designee Hay. Ms. Spitzley reported that she, Gabby Silvyer, Scott Norcoss, Keisha McCall, and Cara Ensing were working.

I interviewed Scott Norcross, client service specialist/direct care staff member who reported that Resident A was admitted to the facility on 08/03/2021 around 1:30pm/2:00pm. DCW Norcross described Resident A as friendly but quiet. Mr. Norcross reported Resident A kept to herself and stayed in her room during his shift on 08/03/2021. Mr. Norcross reported that he had very little interaction with

Resident A. Mr. Norcross reported that he did observe Resident A eating lunch around 12:15pm in the dining room on 08/04/2021 and she seemed fine.

I interviewed Julianna Todd, MHA (Master of Heath Administration) who reported that she conducted Resident A's intake upon her admission on 08/03/2021. Ms. Todd reported she worked from 3pm until 11pm on 08/03/2021. Ms. Todd reported Resident A was on the unit during her shift and presented as tearful, depressed but forth coming with information during the admission intake. Ms. Todd reported Resident A did not report a substance abuse history nor did she report that she was suicidal. Ms. Todd reported Resident A was engaged and motivated to get better. Ms. Todd reported Resident A's intake process was like a standard intake and nothing out of the ordinary occurred. Ms. Todd reported about 9pm while she was in the nursing office, Resident A came in to report she was having trouble eating. Ms. Todd stated she provided the supplemental drink Ensure to Resident A. Ms. Todd reported at this same time, Resident A talked about wanting to get better for her kids. Ms. Todd reported Resident A did not have any psychotropic medications to be administered so no medications were given to Resident A. Ms. Todd reported Resident A was not tearful just depressed when she interacted with her. Ms. Todd reported Resident A was in her room most of the time during her afternoon shift which is typical behavior for a resident who is a new admission. Ms. Todd reported that unless the resident has a more naturally outgoing personality most residents stay in their room. Ms. Todd categorized Resident A was an introvert. Ms. Todd reported that she did not have any interaction with Resident A on 08/04/2021.

I interviewed client service specialist Jami Slater who reported that she works 10:30am-7pm, Monday through Friday. Ms. Slater reported Resident A knew her peer support, Laura McCabe personally as they had been through rehabilitation and recovery together previously. Ms. Slater reported that Ms. McCabe knew Resident A's daughter and that made Resident A feel comfortable. Ms. Slater reported that on 08/03/2021 Resident A seemed agitated, spent most of her time in her bedroom and Resident A was tearful. Ms. Slater reported Resident A requested some anxiety medication but that she could not administer Resident A any medication as no medication had been prescribed for her as of 08/03/2021. Ms. Slater reported Resident A seemed sad however but her behavior appeared manageable and her resident bedroom was located right across from staff offices making easier to provide assistance if needed. Ms. Slater reported that on 08/04/2021, Resident A saw the psychiatrist and she was tearful during that appointment. Ms. Slater reported that Resident A was much more tearful than other residents that are typically admitted to the BCU and that Resident A needed support and reassurance. Ms. Slater reported that when Resident A was admitted the referral indicated Resident A was at risk for suicide. Ms. Slater reported that she could not remember if Resident A talked about hearing voices or not. Ms. Slater reported Resident A was checked on every two hours. Ms. Slater reported Resident A tested positive for methamphetamines at admission. Ms. Slater reported she observed Resident A to have some uncontrolled behaviors such as sticking her tongue out a lot which she attributed to the methamphetamine withdrawal. Ms. Slater reported Resident A had

been sober for a long time and she was really surprised that she had relapsed. Ms. Slater reported when it was discovered that Resident A was not in the facility on 08/04/2021, she found it odd Resident A had left behind her purse, wallet, money, cellphone, and cigarettes. Ms. Slater reported that when residents voluntarily leave the facility those are typically items taken with them.

I interviewed Rebecca Krasnoselsky, registered nurse (RN) who reported she works at the facility 3pm-11pm Monday through Friday. Nurse Krasnoselsky reported she met Resident A on 08/03/2021 the day she was admitted. Nurse Krasnoselsky reported she met with Resident A before 8pm. Nurse Krasnoselsky reported Resident A presented as very sad and tearful but she did not know much about her background. Nurse Krasnoselsky reported upon admission Resident A was only prescribed an antibiotic for a UTI infection, she was not prescribed any anxiety or psychotropic medications. Nurse Krasnoselsky reported she conducted a health care appraisal with Resident A on 08/03/2021 who answered with yes or no but did not elaborate on any answers. Nurse Krasnoselsky reported Resident A was "not much of a talker." Nurse Krasnoselsky reported she did not ask Resident A if she was suicidal because she was the last to talk with Resident A and she knows the overall admission process can be an exhausting. Additionally, Nurse Krasnoselsky reported that she knew that someone else had already discussed it with Resident A so she did not re-address it. Nurse Krasnoselsky reported she should have asked Resident A more direct questions. Nurse Krasnoselsky reported she told Resident A she has an open-door policy and she is around if Resident A needed anything. Nurse Krasnoselsky reported Resident A did not share with her anything about her substance abuse/use or about her relapse. Nurse Krasnoselsky reported she did not witness any behaviors or signs of substance abuse withdrawal while she was with Resident A. Nurse Krasnoselsky reported Resident A was scheduled to meet with the psychiatrist on 08/04/2021 which did occur prior to Resident A leaving the facility. Nurse Krasnoselsky reported BCU is a non-locked facility so residents can leave the building anytime. Additionally, Nurse Krasnoselsky reported residents can leave the premise by going through the unlocked gate in the back of the building.

I reviewed Resident A's record which contained a *Bridges Crisis Unit Contract* which stated: "I agree to abide by the rules of Bridges. If I have questions, I will ask the staff. I also understand that while I am in Bridges, I agree not to harm myself, others or property in any way. If I feel like I cannot keep myself, others or property safe, I agree to talk with the staff before I act on those feelings. I also understand that an evaluation with the Bridges psychiatrist may/may not be a service provided during my admission. This decision is made on an individual basis during my admission. The decision is made on an individual basis based on my input and the assessment of Bridges staff. I understand that failure to comply with this contract could result in my being discharged from Bridges." This document was signed and dated by Resident A and Debra Spitzley on 08/03/2021.

I reviewed *Bridges Crisis Unit Treatment Plan/Review* which was dated 08/03/2021 and completed by Ms. Todd. Ms. Todd and Resident A developed two goals: "to get back on medications and to feel more stable and safe-decrease paranoia."

I reviewed *Bridges Crisis Unit Assessment Plan* dated 08/03/2021 and completed by Ms. Todd.

- In the "Reason for Seeking Services" section of the report it is documented that "Per Sparrow emergency department (ED) RN Kayla Brott's petition; patient told previous RN she had laid down on the train tracks yesterday and waited for a train to come. Client stated she has been hearing voices and that she has been paranoid. Client stated the voices are telling her to not eat or drink. Client is having suicidal ideation (SI) due to the voices."
- In the "additional supports needed" section of the report states "Client is in need of medication. Client would like to decrease her anxiety and paranoia. Client would also like to decrease the voices."
- In the "Mental Status" section of the report it stated "Client was normal in speech and appearance. Client was tearful with writer. Client denied assaultive behaviors or property destruction. Client was oriented X4. Client had decreased concentration with depressed/sad mood. Per ED report, client presents as paranoid, delusional reference of persecution along with commanding auditory hallucinations that are telling client to kill herself. These voices are also telling her to not eat and she is having nightmares that keep her awake. Client has been having increased anxiety making it difficult for her to leave her home. Client would like to get on medication and knows the importance of taking them."
- In the "Substance Abuse section of the report it states, "Consumer acknowledges current use of alcohol or other substances." "Client uses nicotine daily. Client has been using meth off and on this week. Client uses THC and states that she used 3 weeks ago. Client began using THC at age 12. Clients was positive for amphetamines, ecstasy, and THC. Client denies Ecstasy use and staff believe that it may be a false positive."
- In the "Psychosocial" section of the report it states" Client is not close to her family. Client stated she has two friends that she can talk to and that are there for her. Client believes that no one wants her around. Client stated she is having a hard time with self-care as the voices are telling her to not take a showers. Client handles her own money and lives on her own. Client does not have any income."
- In the "Clinical Summary" section of the report stated "Client was referred due to SI after having laid down on the train tracks and having waited for a train to come. Client has a history of suicide attempts. Client went to the ED and was brought to crisis services (CS). Client presented at the ED due to SI and increased auditory hallucinations telling her to not eat or drink and to kill herself. Client has 30-pound weight loss and has been having nightmares. Client is paranoid and off her medications and is having delusional reference of persecution. Client would like to get back on medications. Client has been living alone for around a year. Client is afraid to be alone and states she

does not do well on her own. Client was last at BCU from 9/07/2016-9/10/2016."

- In the "Severity of Illness" section of the report it stated "Serious psychiatric signs/symptoms (psychotic/non-psychotic clinical characteristic which suggest formidable pathology.) Danger to self."
- In the "Intensity of Services" section of the report it stated "There is no less restrictive alternative treatment in the community which meets the treatment needs of the client. Client requires a highly structured, supervised care setting to prevention elevation of symptom acuity, to recover functional skills, and to strengthen internal coping resources."

I reviewed *Bridges Crisis Unit Shift Log* dated 08/03/2021 regarding Resident A. In the "Mental Status" section of the report, it documented that Resident A was "neatly groomed, cooperative, guarded, self-structured, isolative, depressed, anxious, restricted affect, spontaneous speech, clear connected thought process, blocking and delusions. [Resident A] had fair judgement, fair insight, and suicidal ideation. Mr. Norcross documented on shift 8am-4pm, Client arrives to Bridges Crisis Unit at 2:50pm this shift. Client was oriented to milieu and shown to her room. Client met with the mental health worker (MHW) on shift to complete her initial paperwork. Writer did not have contact with client this shift. Client will need her initial assessment and treatment plan completed." Ms. Todd documented that from 4pm-12am on 08/03/2021, "Client was cooperative and self-structured on shift. Client spent time in her room. Client met with MHW willingly to complete intake paperwork. Client met with writer willingly to complete intake assessment, treatment plan and BH Teds. Client was tearful at time of intake. Client was referred due to SI and command A/V hallucinations/paranoia. Client would like to work on getting back on medication and getting connected to Community Mental Health (CMH) services. Client has been off her medication for 10 months. Client was given information on how to connect to CMH services. Client was also informed that BCU RN's have ensure if she is having trouble eating. Client did not want one tonight. Client was reminded to come to staff if needed. Client ate dinner and snack, took her medications with prompting and seemingly went to sleep." This is consistent with my interview with Ms. Todd.

I reviewed Resident A's *Bridges Crisis Unit Medical Record Face Sheet* Nurse Krasnoselsky documented that on 08/03/2021, "Patient reported that she had laid down on the train tracks yesterday and waited for a train to come. [Resident A] positive for meth, positive for THC, false positive for ecstasy."

I reviewed *Shift Notes* that documented on 08/03/2021 and 08/04/2021, in the "Daily Activities" sections of the report that Resident A "slept from 12am-8pm and 8am-4pm." Resident A did not shower, Resident A was prompted to take medications and she ate breakfast and lunch. In the "Mental Status" section of the report, neither Melissa McFadden who worked 12am-8am nor Keisha McCall who worked 8am-4pm had any contact with Resident A. In the "Narrative" section of the report Ms. McFadden reported that "Client appeared to have slept through the night." Ms.

McCall reported that “Client was mainly isolative by remaining in her room for much of the shift. Client was observed in main area this morning and had returned to her room, where she was observed awake at times and asleep at other times during the shift. Client had eaten breakfast and met with BCU psychiatrist this morning. Client had eaten lunch this afternoon. Client was observed laying in her bed at 1:00pm bed check. It is suspected that the client had left the building between 1:00pm and 1:40pm. Writer had no contact with client other than to ask if she had been vaccinated for Covid for reporting purposes and to prompt her to take her antibiotic this morning.”

In the *Nursing Note* dated 8/4/2021 with a documented start time of 11:33 am Resident A met with psychiatrist Jamie Arnold DO. In the “narration“ section of the *Nursing Note* it stated “patient reports that she is at BCU for hearing voices, very suicidal and bad anxiety. She reports that her anxiety and panic worsened about a month ago which led to a relapse on substances (methamphetamines) after three years clean. She is now experiencing auditory hallucinations including command auditory hallucinations (AH) telling her not to eat, drink, or sleep. Voices have been present for about a month. Nothing seems to make them better. Patient is unable to identify any coping skills. She reports that she does feel hungry, but she isn’t eating or drinking because of the voices. She states I just want to die, I just want to die! I want the voices to go away. Endorses suicidal thoughts today of running out into traffic. Thinks she can keep herself safe at BCU. Doesn’t feel safe there, feel like someone is after her but reports that she feels like that everywhere. Does report that she went and laid down on the train tracks a couple of days ago. Ended up getting up because no train came, and she felt weak. She was unable to identity things that keep her tethered to her life; no support system outside of her sister.” This document was signed electronically by Jamie Arnold, DO on 08/04/2021 at 12:20pm.

On 08/12/2021, I received and reviewed a copy of the *Lansing Police Department Case Report* which was entered on 08/04/2021 at 4:13pm by Officer Sagar Kandel.

- In the “File Class/Offense” section of the report documented “Suicide.”
- In the “Narrative” section of the report it documented “Dispatch advised a female was hit by a truck and laying on the roadway. Several callers advised dispatch the female jumped in front of oncoming traffic and was struck by the truck. The driver of the truck called and advised the female was breathing but unresponsive.”

Upon further review of the *Lansing Police Department Case Report* I read each citizen’s statement who witnessed the pedestrian/vehicle accident in some capacity. Citizen A1 was the person who accidentally struck Resident A and her account from Officer Kandel’s report is listed below:

- [Citizen A1] reported that she was “in the right lane on E. Jolly near Southgate when an unknown female jumped out in front of her vehicle in front of CMH. [Citizen A1] stated that she did not have time to react or stop to avoid a collision. [Citizen A1] reported that she pulled off to the side of the road in

front of the driveway to CMH and called 911 while checking on the female. [Citizen A1] reported that the female was breathing but not responsive."

Citizens B1's-F1's accounts of the accident are all similar and are summarized as seeing an unknown female pedestrian near the roadway prior to the accident. Each Citizen interviewed by Officer Kandel emphasized the accident as not Citizen A1's fault as Resident A purposefully jumped in front of Citizen A1's vehicle leaving Citizen A1 no time to react or stop to avoid hitting Resident A. The *Lansing Police Department Case Report* further stated the following regarding the accident:

- In the "Officer Narrative" section of the report it stated, "Dr. Joseph of Sparrow pronounced [Resident A] at 1414 hours."
- In the "Contact at CMH/Video Footage section of the report" it stated, "I was able to view the camera footage at CMH. In the video, I observed a female who appeared to be bald headed wearing a pink hoodie and multicolor pants walking northbound on the east side of CNH toward E Jolly Rd. I was able to confirm with other officers that the patient was wearing a pink hoodie and bald headed. CMH confirmed this to be one of their consumers and provided a name [Resident A]. CMH video shows [Resident A] walking out of the CMH Bridges doors at 1338 hours." CMH staff advised that [Resident A] had checked into CMH on 08/03/2021 at approximately 1133 hours. Dr. Webster at CMH advised [Resident A] wanting assistance with getting medications and treatment substance abuse disorder. Dr. Webster also advised that [Resident A] had reported to hearing voices. Dr. Webster and staff at Bridges advised that [Resident A] had contracted for safety which means that she stated she was not suicidal and had no thoughts of self-harming. Therefore, she was placed at Bridges for voluntary treatment. I was advised that per standards CMH had checked on [Resident A] every two hours. Per CMH [Resident A] was checked at 1300 hours on today's date and she was okay. At 1338 hours, [Resident A] is seen walking out of CMH."

On 08/30/2021, Area Manager Dawn Timm and I conducted a second unannounced investigation at BCU. We interviewed licensee designee Hay who reported none of the staff at the BCU communicated any red flags or concerns about Resident A's behavior while she was at the facility. Licensee designee Hay described potential 'red flags' to be a resident verbalizing 'I can't do this anymore' or 'I cannot stay safe at BCU'. Additionally, licensee designee Hay reported other red flags as acting out behaviors as self-harm or property destruction. Licensee Hay reported Resident A was not exhibiting any of these signs so no additional checks were done with Resident A. Licensee designee Hay also reported it is typical for a resident who has reported a history of drug use to sleep/rest for a couple of days as they may not have had sleep recently.

On 08/03/2021, Mrs. Timm and I interviewed Laura McCabe who reported that she was the peer support staff while Resident A was at BCU on 08/03/2021 and on 08/04/2021. Ms. McCabe acknowledged that she was friends with Resident A and

as soon as she saw Resident A was admitted to BCU, she wanted to talk with Resident A to see if she was comfortable working with her in this environment. Ms. McCabe reported Resident A was glad to see her and embraced her when Ms. McCabe entered Resident A's room. Ms. McCabe reported her role at BCU is to conduct groups with the residents several times a day along with providing interaction and support to all residents. Ms. McCabe stated she encouraged Resident A to attend groups during the short time she was at BCU. Ms. McCabe reported that since she and Resident A had a personal connection, she checked on her more frequently as she knew Resident A was not well. Ms. McCabe reported prior to admission, Resident A had shaved off her beautiful blonde hair which Ms. McCabe took as a sign of Resident A being extremely not well. Ms. McCabe reported she believed Resident A was very sick and extremely depressed. Ms. McCabe reported that she does not have access to the resident records, so she was not able to view the nursing notes or any referral documents.

Ms. Timm and I reviewed Resident A's record which contained a *Crisis Services Inpatient Pre-Service Screening* which was dated 08/03/2021 and documented time of service as 11:33am. This documented that the service was face to face between Dr. Tonia Webster and Resident A. Inpatient Pre-Service Screening documented that Dr. Tonia Webster interviewed Resident A for 47 minutes. This document was signed by Ian Kubiak, LBSW, BSW on 08/03/2021 at 3:43 pm, Daniel Peters, LLP, MS on 08/03/2021 11:57PM and Tonia Webster, PhD, FLP, LPC on 08/05/2021 8:30AM

- In the "Precipitating Events" section of the report it stated, "Per Sparrow ED RN Kayla Brott's petition, patient told previous RN she had laid down on the train tracks yesterday and waited for a train to come."
- In the "Risk to Self" section of the report it stated, "suicidality yes, current suicidal ideation yes, access to means yes, previous suicide attempts yes ."
- In the "Mood/Affect" section of the report it stated, "depressed, per record review dx hx; Posttraumatic stress disorder, Bipolar I disorder, current or most recent episode manic, severe. Clt reports Schizoaffective Bipolar type and meds 10 months ago were working well.
- In the "Thought/Processing Disorders" section of the report it stated "CLT reported hearing voices telling her not to eat and nightmares keeping her awake. Per ED report, client presenting paranoia, delusional reference of persecution along with commanding auditory hallucinations that are telling the client to kill herself."
- In the "Severe Dysfunction in Daily Living" section of the report, "eating, grooming/hygiene, sleep, social interactions and social withdrawal were all checked.
- In the "Substance Abuse Symptoms" section of the report it stated client has a history of substance abuse, specifically, "Client UDS was Amphetamine, Ecstasy and THC positive. Client ETOH level was negative at ED intake. Clt remains opiate free at this time and denies any ecstasy use. Record review indicates dx hx Tobacco use disorder, Severe Cannabis use disorder, Moderate Amphetamine-type substance use disorder Severe."

- In the “Screener Recommendation” section of the report it stated: “Cert by Dr Webster PTSD; amphetamine-type use disorder, severe; cannabis use disorder, moderate (clt reports schizoaffective bipolar) Clt arrived at CS on app/cert and has been off of her medications past 10 months because she felt good & was clean & thought THC use alone would keep mood regulated. Clt reported slipping with Meth use as a result the past week. She has cleared. MSE A&Ox4; speech linear & connected; good eye contact; clt reported hearing voices telling her not to eat, having nightmares & difficult time sleeping; clt depressed/tearful w/congruent affect. Clt wanting help. Clt reported she could stay safe at BCU or IP setting and wants to get back on her meds. She was last at Harbor Oaks and she reports she has been clean off Opiates since her last rehab and was doing well with Paxil 40mg, Zyprexa, Remeron 30mg, and xanax but has been off all of these for 10months and now has been chronically suicidal and had thoughts of laying on the train tracks and debating other methods of ending her life. She has no supports left and no real contact w/her 2 daughters. Clt denied any HI or current legal issues. Clt denied ETOH issues CAGE 0/4. THC use off and on since age 12 and Meth use reported since age 40 but likely before and using a quarter when she smokes it. She denied any ecstasy use. She appears to have cleared from her meth use but still is struggling and in need of further assistance to regulate mood. Clt is able to attend to ADLS. She lives alone in an apartment and does odd jobs. She denied any medical issues but her TSH levels were low and she has a UTI that she has been prescribed Keflex for. Appearance is older than stated age with recently shaved head and thin in stature. Eating and sleeping disrupted. Clt was calm and cooperative and wanting help at this time. No current therapy or medical. BCU referral made as clt is requesting to get back on meds. If unable to accommodate, IP will be needed at this time to ensure clt safety and stabilization before SA needs sought further. Clt talking to recovery coach today also. Clt relapsed in past week after 3 yrs clean from meth. BCU or IP needed at this time.”
- In the “Summary” section of the report it stated “Per Sparrow ED report; Patient is a 48 yo female with hx of bipolar schizophrenia presenting to the ED with chief complaint of suicidal ideation and increased auditory hallucinations that tell her not to eat or drink. She has lost weight (30 lbs) because the voices are telling her not to eat. Pt states that she thoughts about jumping in front of a train today but did not . She states that she did lay on the train tracks yesterday. She is paranoid and would not like to stay alone her paranoia induces shortness of breath. She has been on psychiatric medications in the past but has not taken the in the last ten months. Patient also reports increased dysuria over 24-48 hours. She has a brief presynocopal episode this morning and did have to get down on her knees. She was in her kitchen walking when this occurred. She reports increased weakness in her feet and difficulty with ambulation. Patient states she stopped her meds because she was feeling better. Her last hospitalization was in 2016. Cert by Dr Webster clt in need of BCU or IP at this time to maintain safety and stabilize mood while introducing medications again in a

safe environment. DX PTSD: amphetamine-type use disorder, severe; cannabis use disorder, moderate (clt reports schizoaffective bipolar).

APPLICABLE RULE	
R 400.15305	**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:	On 08/03/2021, Resident A was admitted to Bridges Crisis Unit designed to provide concentrated, comprehensive services and supports to individuals who are recovering from an acute psychiatric crisis. Per Resident A's *Crisis Services Inpatient Pre-Service Screening* completed by psychiatrist Dr. Tonia Webster on 08/03/2021 Resident A was determined to meet this standard of emergency mental health need. The factors listed in this screening which supported Resident A's admission to BCU included: Resident A's suicide attempt of lying on train tracks on 08/02/2021, currently being suicidal, hearing voices telling Resident A to not eat or drink, a reported weight loss of at least 30 pounds, substance use relapse including methamphetamine and THC, and not being on any psychotropic medications for the past 10 months. Other documents reviewed verifying Resident A's level and intensity of mental health need included the following: • *BCU Medical Record Face Sheet* documented Resident A had a history of suicide attempts, Resident A was paranoid, off her medications and was having delusional reference of persecution. • *Bridges Crisis Unit Assessment Plan* dated 08/03/2021 it described Resident A as displaying, "Serious psychiatric signs/symptoms (psychotic/non-psychotic clinical characteristic which suggest formidable pathology.) Danger to self." Resident A was last assessed by psychiatrist Dr. Jamie Arnold on 08/04/2021 just prior to the lunch hour. In the *Nursing Note* dated 8/4/2021 and signed by Dr. Jamie Arnold, D.O. it documented that Resident A stated directly to the doctor, "I just want to die, I just want to die! I want the voices to go away. Endorses suicidal thoughts today of running out into traffic." Despite this conversation occurring approximately two hours prior to Resident A purposefully throwing herself into traffic and committing suicide, there were no documented changes in Resident A's level of care provided by Bridges Crisis Unit direct care staff members, administrator and/or licensee designee. There was no documented change that Resident A was provided additional supervision such as implementing 1:1 supervision, an emergency dosage of psychotropic medication to ease anxiety and/or address suicidal thoughts, depression and or paranoia, or an increase in the number checks conducted by direct care staff members to determine Resident A's well-being nor was Resident A taken to be reassessed for in-patient psychiatric hospitalization.

	Rather, according to the *Lansing Police Department Case Report* CMH video showed Resident A walking out of the CMH Bridges Crisis Unit doors at 1338 hours unbeknownst to any direct care staff member. Resident A then walked around the perimeter of the building and was not stopped at any point by any direct care staff member. Citizens A1-F1 interviewed by Officer Kandel reported that Resident A jumped out in front of traffic leaving the driver no opportunity to avoid the collision. Consequently, Resident A's protection and safety needs were not attended to as none of individuals working on 8/4/2021 including licensee designee William Hay, Ms. McCall, Ms. Spitzley and/or Mr. Norcross took any active steps to become aware of Resident A's most recent statement of suicidal ideation or that Resident A had left BCU. There is no mechanism in place for direct care staff members nor the administrator and/or licensee designee to utilize to determine if Resident A, or any other resident, needed/needs further supports after meeting with the psychiatrist or if any "red flags" were noted during the meeting despite this facility's purpose being to provide care to individuals experiencing mental health crises. Lastly despite both licensee designee William Hayes and Dr. Tonia Webster verifying Resident A met the criteria for admission due to emergency mental health needs, both stated Resident A "contracted" with the licensee by signing the *Bridges Crisis Unit Contract* to not self-harm thus placing a majority of the responsibility of Resident A's mental health and well-being on a vulnerable adult (Resident A) for whom the licensee was obligated to protect. It is not reasonable to expect Resident A who was admitted to the facility for being actively suicidal to provide her own protection and safety needs by signing a "safety contract."
CONCLUSION:	**VIOLATION ESTABLISHED**

ADDITIONAL FINDINGS

INVESTIGATION:

Per the *Lansing Police Department Case Report* written by Officer Kandel on 08/04/2021, at the time of the accident Dr. Tonia Webster provided the following information: "Dr. Webster at CMH advised [Resident A] wanting assistance with getting medications and treatment substance use disorder."

On 09/07/2021, I reviewed the Bureau of Information Tracking System (BITS) used by Licensing and Regulatory Affairs and determined the population types BCU is approved to provide care for include mentally ill and developmentally disabled. I

also reviewed the BCU *Program Statement* which documented under “Program Purpose” it stated,” under the supervision of the CEI- CMHA medical director and staff psychiatrist, bridges crisis unit is a 16 bed, 24-hour intensive crisis residential program designed to provide concentrated, comprehensive services and supports to individuals who are recovering from an acute psychiatric crisis. Individuals admitted to Bridges may be displaying significant signs and symptoms of a Psychiatric disorder, may demonstrate functional impairments from any number of precipitating factors (including trauma, substance misuse, etc.) and are at some level of risk for harm to self or others. However, the individuals are assessed as not having a severe enough degree of clinical instability that would necessitate an inpatient admission to a psychiatric hospital.” I also reviewed the “Services Provided” section the BCU Program Statement which listed the below services:

1. “Initial assessment of crisis situation – including precipitants, available supports, strength, history, etc.
2. Treatment planning development and implementation.
3. Individual and group counseling/therapy.
4. Activity and recreational groups.
5. Psychiatric evaluation and review.
6. Person centered planning.
7. Medication monitoring in education.
8. Service - needs assessment, referral, and linkage.
9. Consultation and treatment coordination.
10. Discharge planning.”

APPLICABLE RULE	
R 400.14201	**Qualifications of administrator, direct care staff, licensee, and members of the household; provision of names of employee, volunteer, or member of the household on parole or probation or convicted of felony; food service staff.**
	(2) A licensee shall have the financial and administrative capability to operate a home to provide the level of care and program stipulated in the application.

ANALYSIS:	The licensee is approved to provide care for individuals diagnosed with mental illness and/or developmental disability. The licensee's program statement does not include any services provided for individuals needing, requiring, or seeking substance use disorder treatment nor has the licensee been licensed to provide such treatment at Bridges Crisis Unit. However, according to Lansing Police Officer Sagar Kandel's case report, CEI-CMH psychiatrist Dr. Tonia Webster reported Resident A was admitted to BCU in part to receive treatment for her "substance abuse disorder." According to the application, license, and facility program statement the licensee is not approved for nor experienced and qualified to care for individuals diagnosed with substance use disorder. Substance use disorder is not stipulated in the application for Bridge's Crisis Unit consequently this should not be presented to the public as a treatment facility for residents requiring substance use services.
CONCLUSION:	**VIOLATION ESTABLISHED**

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, I recommend modification of the license to provisional status.

10/07/2021

_____

Julie Elkins Date
Licensing Consultant

Approved By:

10/07/2021

_____

Dawn Timm Date
Area Manager