GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

April 15, 2022

James Saintz
Agnus Dei AFC Home Inc.
1307 42nd St.
Allegan, MI 49010

RE: License #: AS800287287
Investigation #: 2022A1031002
Agnus Dei AFC Home Inc.

Dear Mr. Saintz:

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 (616) 356-0183.

Sincerely,

Kristy Duda, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503

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

I. IDENTIFYING INFORMATION

License #:	AS800287287
Investigation #:	2022A1031002
Complaint Receipt Date:	02/18/2022
Investigation Initiation Date:	02/18/2022
Report Due Date:	04/19/2022
Licensee Name:	Agnus Dei AFC Home Inc.
Licensee Address:	1307 42nd St. Allegan, MI 49010
Licensee Telephone #:	(269) 686-8212
Administrator:	James Saintz
Licensee Designee:	James Saintz
Name of Facility:	Agnus Dei AFC Home Inc.
Facility Address:	37139 County Road 390 Gobles, MI 49055
Facility Telephone #:	(269) 521-6041
Original Issuance Date:	01/29/2007
License Status:	REGULAR
Effective Date:	10/02/2020
Expiration Date:	10/01/2022
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. ALLEGATION(S)

	Violation Established?
• Staff tell residents when to go to bed. • Staff tells a resident they stink and need to shower.	No
The manager smokes marijuana at the home.	No
Incident reports are not completed as required.	Yes
Fire drills are not completed.	Yes
Fire exits are blocked on the back of the house.	No
Staff are crushing meds without physician orders	No
Resident A's bedroom is in disrepair.	Yes
Staff did not fill a prescription for a resident.	Yes
Additional Findings	Yes

III. METHODOLOGY

02/18/2022	Special Investigation Intake 2022A1031002
02/18/2022	Special Investigation Initiated - Telephone
02/28/2022	Inspection Completed On-site
02/28/2022	Inspection Completed-BCAL Sub. Compliance
02/28/2022	Contact - Face to Face interviews completed with the home manager Janet Smith, DCW Nevada Henrickson, Resident A, Resident B, and Resident C
03/01/2022	Contact - Documents received via email.
03/07/2022	Contact - Email exchange with ORR Candice Kinzler.
03/09/2022	Contact - Voicemail left with licensee, James Saintz
03/15/2022	Contact - Telephone call made to licensee, James Saintz

03/15/2022	Contact - Email sent to licensee, James Saintz
03/17/2022	Contact - Telephone interviews completed with DCW Shelly Humphrey, Licensee James Saintz, ORR Candice Kinzler, and ORR Mandy Padget.
03/18/2022	Contact - Voicemails left with DCW Sadie and Alexis
03/18/2022	Inspection Completed On-site
03/18/2022	Contact - Face to Face interviews completed with home manager Janet Smith and DCW Shelly Humphrey
03/18/2022	APS Referral Submitted
03/23/2022	Contact – Telephone interview with DCW Alexis Triveno
03/28/2022	Documents received from licensee James Saintz
03/29/2022	Contact – Telephone interview with ORR Candice Kinzler
04/11/2022	Documents requested from licensee James Saintz
04/14/2022	Documents received from licensee James Saintz
04/15/2022	Exit Conference held with licensee, James Saintz

ALLEGATION:

- **Staff tells a resident they stink and need to shower.**
- **Staff tell residents when to go to bed.**

INVESTIGATION:

On 2/18/22, this intake was received by the formally assigned licensing consultant Cathy Cushman. Ms. Cushman initiated the investigation by gathering further information regarding the complainants' concerns. Ms. Cushman accompanied me onsite and provided support during my investigation.

On 2/28/22, I interviewed Employee #1 at the home. Employee #1 reported she has not spoken negatively to the residents. Employee #1 reported she has not witnessed other staff talking negatively to the residents. Employee #1 reported all residents

receive showers as required. Employee #1 reported the residents go to bed when they want and she does not tell the residents when they need to go to bed. Employee #1 reported she has not witnessed other staff tell residents to go to bed. Employee #1 reported they have enough staff to meet the needs of the residents on each shift. Employee #1 provided copies of the staff schedule for the month of January, February, and March of 2022.

On 2/28/22, I interviewed direct care worker (DCW) Nevada Henrickson at the home. Ms. Henrickson reported she has been employed at Agnus Dei since the end of November 2021. Ms. Henrickson reported she does not talk negatively to the residents. Ms. Henrickson reported she has not witnessed other staff speak negatively to the residents. Ms. Henrickson reported she feels the home is adequately staffed. Ms. Henrickson reported residents go to bed when they choose, and no one tells them when they need to go to bed.

On 2/28/22, I interviewed Resident A at the home. Resident A reported Employee #1 has told her she smells bad and needs to take a shower. Resident A reported she does not like when Employee #1 gives her a shower because she scrubs her stomach too hard. Resident A reported she is not told when to go to bed. Resident A reported she typically goes to bed around two o'clock in the morning.

On 2/28/22, I interviewed Residents B and C at the home. Both reported staff does not speak to them negatively and they are happy living in the home. Both reported they can go to bed when they want to.

On 2/28/22, I reviewed the staff schedule for January and February of 2022. The schedule listed an adequate number of staff per shift to meet licensing requirements.

On 3/17/22, I interviewed DCW Shelly Humphrey via telephone. Ms. Humphrey reported she has been employed at the home for four months. Ms. Humphrey reported she has not witnessed any staff speak negatively to the residents. Ms. Humphrey reported the residents tell staff when they are ready to go to bed. Ms. Humphrey reported the home is adequately staffed to meet resident needs.

APPLICABLE RULE	
R 400.14304	**Resident rights; licensee responsibilities.**
	(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:

	(o) The right to be treated with consideration and respect, with due recognition of personal dignity, individuality, and the need for privacy.
ANALYSIS:	While there does seem to be a difference of opinion between Resident A and Employee #1 whether an inappropriate statement was made regarding Resident A smelling, interviews with other staff and residents reveal no evidence to support the residents are not treated with consideration, respect and personal dignity. The residents reported they can go to bed when they choose and voiced overall satisfaction living at the home.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATIONS:

Employee #1 smokes marijuana at the home.

INVESTIGATION:

The complainant indicated there were reported concerns regarding Employee #1 using marijuana around the residents. However, did not have any evidence to support this claim.

Employee #1 reported she does not smoke marijuana and does not use any illegal substances while working at the home. Employee #1 reported she has not observed any other staff members using marijuana while working. Employee #1 reported there is a designated smoking area but that is where staff smoke cigarettes only. Employee #1 reported she is not aware of any formal policies at the home but understands to not use substances while working.

Ms. Henrickson statements were consistent with Employee #1s.

Ms. Humphrey reported she does not use marijuana and has not witness anyone using marijuana in the home or around residents.

Residents A, B, and C reported they have not witnessed anyone smoke in the home. On 3/17/22, I interviewed former Employee #2 via telephone. Employee #2 reported she is no longer employed at the home. Employee #2 reported Employee #1 has arrived to the home smelling strongly of marijuana. Employee #2 reported she did not observe Employee #1 use marijuana. Employee #2 reported she heard rumors that Employee #1 would use marijuana in the vehicles when transporting residents. Employee #2 reported she did not witness Employee #1 using marijuana in the vehicles.

On 3/17/22, licensee James Saintz was interviewed via telephone. Mr. Saintz reported he has not received any complaints or concerns regarding staff using marijuana. Mr. Saintz reported he expects all his staff to not be under the influence of any substance that negatively impacts their ability to provide care for the residents. Mr. Saintz reported he has a no toleration policy for substance use. Mr. Saintz reported if he recognizes someone is under the influence while working, he sends them home immediately. Mr. Saintz reported if it occurs again, he terminates the employee. Mr. Saintz provides his employees with job expectations upon employment. Mr. Saintz reported he would address the issue regarding Employee #1 should there be information or evidence supporting substance use. Mr. Saintz reported they do not drug test employees unless there is a circumstantial reason to do so.

On 4/14/22, Mr. Saintz provide a copy of his drug and alcohol abuse policy via email. I reviewed the policy, and it indicates the following: “no employee is allowed to consume, possess, sell, purchase, or be under the influence of alcohol or illegal drugs or marijuana on any property owned or leased on behalf of Agnus Dei AFC Home Inc., or in any vehicle owned or eased on behalf of Agnus Dei AFC Home, Inc.” The policy also notes it will not be tolerated and all employees should report any evidence of alcohol, marijuana, or drug abuse to the owner immediately. The policy indicates consequences could include disciplinary action which could include termination of employment.

APPLICABLE RULE	
R 400.14204	**Direct care staff; qualifications and training.**
	(2) Direct care staff shall possess all of the following qualifications: **(a) Be suitable to meet the physical, emotional, intellectual, and social needs of each resident.**
ANALYSIS:	As a result of interviews held with staff and residents, there is not any evidence to indicate marijuana is being used around residents. There were no reported incidents of staff using marijuana around the residents or marijuana impacting a staff members ability to meet the physical, emotional, intellectual, and social needs of the residents.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION:

Incident reports are not completed as required.

INVESTIGATION:

On 2/28/22, I reviewed the licensing file for reportable incidents submitted to the department from the home. I found there was not an incident report submitted to the adult foster care division for Resident A going to the hospital.

Employee #1 reported Resident A fell in the shower on 2/9/22 and was transported to the emergency room. Employee #1 reported Resident B injured her vertebrae as a result of the fall. Employee #1 was not able to locate a copy of the incident report for Resident A falling or going to the emergency room. Employee #1 reported an incident report was completed and she would provide a copy once it was located.

Mr. Saintz reported he should have received an incident report for Resident A but could not recall if he had for this specific incident.

On 3/18/22, Employee #1 provided an incident report dated 2/9/22. The incident report was reviewed, and the report indicated Resident B had fallen in the bathroom while putting on their nightgown. The incident report indicates Resident B did not want to go to the emergency room.

DCW Ms. Humphrey reported she was present when Resident B had fallen in the shower. Ms. Humphrey reported she completed an incident report and turned it in to management.

On 3/28/22, Mr. Saintz provided two incident reports via email regarding Resident B. The incident report dated 2/9/22 was the same incident report Employee #1 provided previously. The second incident report was dated 2/9/22 and indicates Resident A requested to be taken to the hospital after her fall.

APPLICABLE RULE	
R 400.14311	**Investigation and reporting of incidents, accidents, illnesses, absences, and death.**
	(1) A licensee shall make a reasonable attempt to contact the resident's designated representative and responsible agency by telephone and shall follow the attempt with a written report to the resident's designated representative, responsible agency, and the adult foster care licensing division within 48 hours of any of the following: **(b) Any accident or illness that requires hospitalization.**

ANALYSIS:	The home did not submit a reportable incident for either Resident A as required by this rule.
CONCLUSION:	**VIOLATION ESTABLISHED**

ALLEGATION:

Fire drills are not completed.

INVESTIGATION:

Employee #1 was not able to provide documentation of fire drills completed for the year of 2021. Employee #1 reported the fire drill log was no longer in the office. Employee #1 reported she would look for the fire drill log and provide a copy once obtained. Employee #1 provided a copy of the 2022 fire drill log and the most recent fire drill documented occurred on 1/26/22. Employee #1 reported staff complete "mock fire drills". Employee #1 reported she and staff "act like they go outside" but they do not physically take the resident outside of the home when conducting a fire drill.

Ms. Henrickson reported she has not completed a fire drill with the residents since employed at the home. Ms. Henrickson reported they talk about what to do in case of a fire but do not practice fire drills with the residents. Ms. Henrickson reported she did not know one of the residents required a transfer board to exit the window. Ms. Henrickson reported she would not know how to get Resident D out of the home in the event of a fire.

Ms. Humphrey reported staff complete mock fire drills. Ms. Humphrey reported it is "like you are doing it". Ms. Humphrey reported she has participated in a fire drill where the residents are taken out of the home and meet halfway down the driveway.

Resident A reported she has not participated in a fire drill but knows to go outside when the smoke alarms make sounds.

Resident B reported she has not participated in a fire drill since living in the home. Resident B reported she knows to go outside in the event of a fire.

Resident C reported she has not participated in a fire drill. Resident C stated she knows to go outside if there is a fire but would need help getting into her wheelchair.

On 3/1/22, Office of Recipient Rights ORR officer Mandy Padget provided by email a copy of the 2021 fire drill log she obtained from the home.

On 3/17/22, I interviewed Ms. Padget by telephone. Ms. Padget reported she reviewed the fire drill log while she was at the home due to reported concerns. Ms. Padget obtained a copy of the fire drill log and she reported there were no fire drills conducted September through December 2021.

Mr. Saintz reported he witnessed fire drills occur with staff and residents at the home. Mr. Saintz reported they have staff do “mock” fire drills to show they understand how to conduct a fire drill without disrupting the residents.

On 3/28/22, Mr. Saintz provided an email copy of the fire drill log for 2021 via email.

Employee #2 reported she did not complete an “actual fire drill” when she was employed at the home. Employee #2 reported they would talk through fire drill procedures, but they did not have the residents leave the home.

I reviewed the fire drill logs received from ORR and Mr. Saintz. The fire drill logs were not consistent as there were conflicting dates fire drills occurred, time of day, evacuation time, and different staff signatures. I also reviewed the resident’s E-Scores which indicate multiple residents have a “slow” reaction time to fire drills.

APPLICABLE RULE	
R 400.14318	**Emergency preparedness; evacuation plan; emergency transportation.**
	(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.
ANALYSIS:	Interviews with staff and residents revealed fire drills are not completed as required. Staff reported they are completing “mock drills” and act as they are taking the residents outside. Staff reported residents are not taken outside of the home when conducting drills. There were two fire drill logs provided for 2021. The original fire drill log obtained does not have any fire drills documented between September through December 2021. The home did not comply with this rule.
CONCLUSION:	**VIOLATION ESTABLISHED**

ALLEGATION:

Fire exits are blocked on the back of the house.

INVESTIGATION:

On 2/28/22 and 3/18/22, I completed an onsite inspection at the home. The exits to the home were observed to be appropriate and accessible in case of an emergency.

APPLICABLE RULE	
R 400.14403	**Maintenance of premises.**
	(12) Sidewalks, fire escape routes, and entrances shall be kept reasonably free of hazards, such as ice, snow, and debris.
ANALYSIS:	The home was observed on 2/28 and 3/18/22 to have appropriate means of escape in case of an emergency. The sidewalks, fire escape routes, and entrances were free of hazards and debris.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION:

Staff are crushing meds without physician orders.

INVESTIGATION:

Employee #1 reported Residents C and D have their medications crushed. Employee #1 reported it is noted in the physician's orders to have their medications crushed. Employee #1 provided documentation supporting the resident's physician's orders.

I reviewed the physician's orders and read that Residents C and D are to have their medications crushed or the capsules contents placed in yogurt, pudding, or sherbet.

APPLICABLE RULE	
R 400.14312	**Resident medications.**
	(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: **(e) Not adjust or modify a resident's prescription medication without instructions from a physician or a pharmacist who has knowledge of the medical needs of the resident. A licensee shall record, in writing, any**

	instructions regarding a resident's prescription medication.
ANALYSIS:	The physician's orders were reviewed and indicate that medications for specific residents are to be crushed. Staff are compliant with Resident C and D's medication orders.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION:

Resident A's bedroom is in disrepair.

INVESTIGATION:

On 2/28/22, Resident A's bedroom was observed to be in the process of having repairs done. Resident A reported there was a hole in her wall that was fixed. There was new drywall installed that was recently mudded and a new window installed. The flooring under the window was observed to be soft and flexible when touched and stepped on. Although not a tripping hazard or immediate safety concern, the flooring was not in good repair.

Staff members interviewed were not aware there was damaged flooring in Resident A's bedroom.

Mr. Saintz reported he was not aware of the damaged flooring in Resident A's bedroom. Mr. Saintz reported he would have maintenance follow up on the issue.

On 3/18/22, Resident A's bedroom was observed to have finished walls. The flooring was still soft by the window and in need of repair.

APPLICABLE RULE	
R 400.14403	**Maintenance of premises.**
	(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.

ANALYSIS:	The flooring under the window was observed to not be in good repair as it was soft and flexible when touched and stepped on.
CONCLUSION:	**VIOLATION ESTABLISHED**

ALLEGATION:

Staff did not fill a prescription for a resident.

INVESTIGATION:

Resident A reported she had some discomfort “once in a while” following her fall. Resident A could not recall any issues regarding her medications.

I reviewed an incident report dated 2/24/22 that was completed by Employee #1 that described an incident in which a prescribed medication was not provided to Resident A. The report read Resident A “had a script for Ibuprofen electronically sent from the ER” to a pharmacy but the home never received it from the pharmacy. The report read that Employee #1 called the residents pharmacy on 2/10/22. Employee #1 called again on 2/23/22 but again was unsuccessful in getting the medication. The report also read Resident A was given nonprescription ibuprofen from the homes supply for pain as needed during the period she was without her prescription.

I reviewed an incident report dated 2/25/22 that was completed by the general manager Judith Olexa. The report read that the writer noticed a 2/9 prescription had not been filled. The report read that after a discussion with Employee #1 the hospital and pharmacy were contacted and the issue was resolved.

Mr. Saintz confirmed the hospital sent Resident A’s prescription to an unknown pharmacy. Mr. Saintz acknowledged that staff should have followed up more to ensure Resident A had her medication.

Resident A’s medication administration record was reviewed on 2/28/22 and 4/15/22 and it noted she was prescribed Ibuprofen. Resident A was provided with two tablets of OTC Ibuprofen 200mg as needed between 2/9 until 2/25/22. Resident A was provided with prescription Ibuprofen as needed after it was filled on 2/25/22.

APPLICABLE RULE	
R 400.14312	**Resident medications.**
	(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:

	(f) Contact the appropriate health care professional if a medication error occurs or when a resident refuses prescribed medication or procedures and follow and record the instructions given.
ANALYSIS:	Staff interviews and review of incident reports revealed Resident A's prescription was not filled timely. Resident A received the prescription on 2/9/22 and it was not filled until 2/25/22.
CONCLUSION:	**VIOLATION ESTABLISHED**

ADDITIONAL FINDINGS:

INVESTIGATION:

Employee #1 reported she was previously employed at the home five years ago and had left and just returned in November 2021. Employee #1 reported she has not received any trainings since returning to the home. Employee #1 reported she is "probably" responsible for training new staff. Employee #1 reported the has not completed any trainings with new staff. Employee #1 was unable to provide training documentation for fire safety training when requested on 2/28/22 and 3/18/22.

Ms. Henrickson reported her fire safety training included being shown where the emergency exits were and reviewing the evacuation plans posted in the home. Ms. Henrickson reported she has not been trained to use a transfer board for Resident D. Ms. Henrickson reported she would not know how to get Resident D out of the home in case of an emergency.

Mr. Saintz reported all staff are trained by Employee #1 to perform fire drills. Mr. Saintz reported a training log is signed by the staff after training is completed. Mr. Saintz reported he has had staff talk him through an evacuation to ensure they understand how to complete fire drills.

Employee #2 reported she did not receive any formal training regarding fire drills. Employee #2 reported the training included her "walked through it" verbally. Employee #2 reported she did not feel the training was beneficial as she never did an "actual drill".

On 3/28/22, Mr. Saintz provided a training log via email for fire drills. The document read training was completed for all staff by Employee #1 between November 2021 and March 2021.

APPLICABLE RULE	
R 400.14204	**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: **(f) Safety and fire prevention.**
ANALYSIS:	Interviews with staff determined the training provided was not adequate as all staff are not competent to perform safety and fire prevention practices. Multiple staff reported not receiving any training or in some cases the training provided was minimal. One staff member reported not being capable of ensuring the safety of Resident D in the event of a fire due to lack of training.
CONCLUSION:	**REPEAT VIOLATION ESTABLISHED** Reference special investigation report #2020A0581025 dated 4/13/20 and corrective action plan dated 5/08/20.

INVESTIGATION:

On 2/28/22, the living room and Resident B's bedroom were both observed to have portable space heaters. The space heaters were turned on and felt warm when approached.

Employee #1 reported the heaters were in the home when she arrived in the morning and she did not know where they came from. Employee #1 reported the space heaters must have been put in the home recently because she had not seen them used previously.

Ms. Henrickson reported the space heaters have been in use at the home. Ms. Henrickson could not recall how long they had been there.

APPLICABLE RULE	
R 400.14510	**Heating equipment generally.**
	(5) Portable heating units shall not be permitted.

ANALYSIS:	The home was observed to have two space heaters in use to heat the living room and a bedroom. Staff reported the use of space heaters in the home.
CONCLUSION:	**VIOLATION ESTABLISHED**

On 4/15/22, I completed an exit interview with the license James Saintz.

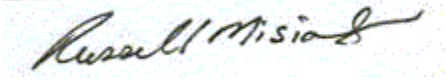
IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, I recommend no changes in the license.

Kristy Duda
Licensing Consultant

4/15/2022
Date

Approved By:



4/15/2022

Russell B. Misiak
Area Manager

Date