GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

April 21, 2022

David Paul
Hope Network Behavioral Health Services
PO Box 890
3075 Orchard Vista Drive
Grand Rapids, MI 49518-0890

RE: License #: AL700085846
Investigation #: 2022A0467029
Harbor Point Intensive West Unit

Dear Mr. Paul:

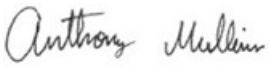
Attached is the Special Investigation Report for the above referenced facility. Due to the violation identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with the rule will be achieved.
- Who is directly responsible for implementing the corrective action for the violation.
- Specific time frames for the 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 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,



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

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL700085846
Investigation #:	2022A0467029
Complaint Receipt Date:	03/25/2022
Investigation Initiation Date:	03/25/2022
Report Due Date:	05/24/2022
Licensee Name:	Hope Network Behavioral Health Services
Licensee Address:	PO Box 890 3075 Orchard Vista Drive Grand Rapids, MI 49518-0890
Licensee Telephone #:	(616) 301-8000
Administrator:	Christopher Thomas
Licensee Designee:	David Paul
Name of Facility:	Harbor Point Intensive West Unit
Facility Address:	17160 130th Avenue Nunica, MI 49448
Facility Telephone #:	(616) 847-4460
Original Issuance Date:	11/15/1999
License Status:	REGULAR
Effective Date:	06/19/2020
Expiration Date:	06/18/2022
Capacity:	15
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. ALLEGATION(S)

	Violation Established?
On 3/23/22, staff member Denisha Green-Love threatened Resident A.	Yes

III. METHODOLOGY

03/25/2022	Special Investigation Intake 2022A0467029
03/25/2022	Special Investigation Initiated - Telephone
03/28/2022	Inspection Completed On-site
04/21/2022	APS referral completed – (this complaint was received from APS)
04/21/2022	Exit conference conducted with licensee designee, David Paul.

ALLEGATION: On 3/23/22, staff member Denisha Green-Love threatened Resident A.

INVESTIGATION: On 3/5/22, I received a denied Adult Protective Services (APS) complaint from the BCAL online complaint system. The complaint stated that on March 23, 2022, in the early morning around 5:45 am, Resident A was approached by the nighttime staff member, Denisha Green-Love. Ms. Green-Love told Resident A to pick up his papers. Resident A has a tendency to spread his papers over the place. Resident A did not respond to Ms. Green-Love immediately. Ms. Green-Love got into Resident A's face and grabbed his papers. Ms. Green-Love stuffed Resident A's papers into his suitcase. Resident A got upset and got into Ms. Green-Love's face. Ms. Green-Love told Resident A that she would; "fucking drop you old man". Ms. Green-Love broke one of Resident A's CD's. Ms. Green-Love has been suspended from work pending an investigation.

On 3/25/22, I spoke to the complainant via phone. The complainant confirmed the allegations and stated that Resident A is verbal and able to communicate. The complainant stated that Resident A may or may not recall the incident with Ms. Green-Love. The complainant stated that it is unknown as to why Ms. Green-Love was on the West Unit as she works on the East unit. Ms. Green-Love has been suspended pending an investigation and she has yet to be interviewed.

On 3/28/22, I made an unannounced onsite investigation to the facility. Upon arrival, I noticed an Ottawa County Sheriff vehicle in the parking lot. Upon entry into the facility, I observed two Ottawa County Deputies present. I then spoke to Chris Thomas, administrator of the facility. Mr. Thomas informed me that the deputies were present for Resident A. Mr. Thomas stated that Resident A has been running

around the facility naked while being verbally and physically aggressive towards staff. Mr. Thomas stated that Resident A swung on staff, threw a chair, knocked things off the desk, and told staff to “suck his penis.” Resident A was also lying on the ground naked refusing to be helped. Mr. Thomas stated that Life EMS was on the way to transport Resident A to the hospital and he will likely be placed in an inpatient psychiatric hospital. Mr. Thomas agreed to update me via email if Resident A is committed to a psychiatric hospital.

On 4/7/22, I made an unannounced onsite investigation to the facility. Upon arrival, I spoke to Mr. Thomas. Mr. Thomas informed me that on 3/28/22, Resident A was sent to the hospital for an evaluation due to his aggressive behaviors. On that same day, Resident A returned to the facility. The following day, 3/29/22, Resident A became verbally and physically aggressive as he spit on his case manager, physically assaulted 3 nurses and 1 doctor, leading to him being sent back to the hospital for further evaluation. Resident A remained in the hospital until yesterday, 4/6/22 which is when he was then discharged back to Kalamazoo Psychiatric Hospital (KPH). Due to Resident A’s discharge from the facility, he is unable to be interviewed for this investigation.

Staff member Ms. Green-Love has since been sent back to training after Resident A’s discharge from the facility. Mr. Thomas stated that Ms. Green-Love has completed trainings ‘working with people 1 and 2.’ Ms. Green-Love is also scheduled to complete recipient rights training again on Tuesday, 4/12/22 to be reeducated on the importance of this. Mr. Thomas stated that Ms. Green-Love remains adamant that she did not do what she is being accused of doing. Mr. Thomas stated that Ms. Green-Love went to the West Unit because she was on her way to the kitchen and noticed that there was one staff member on that side and that Resident A was making a mess.

Mr. Thomas provided me with a copy of Ms. Green-Love’s statement regarding the incident. In Ms. Green-Love’s statement, she stated that Resident A had papers and other items in the common area and she asked him if she could pick them up. Ms. Green-Love could not understand Resident A so she reached to pick up some of his personal items. This reportedly led to Resident A running up to Ms. Green-Love and attempting to hit her. Ms. Green-Love avoided contact with Resident A by stepping back. She then told Resident A not to run up on her while trying to hit her. Ms. Green-Love stated that she sat there with Resident A and apologized to him while explaining that she was trying to help him. However, Resident A was too upset to listen and Ms. Green-Love reportedly went back to the East Unit.

On 4/20/22, I spoke to staff member Leighann Foley via phone. Ms. Foley confirmed that she witnessed an incident between Resident A and her colleague, Denisha Green-Love on 3/23/22. Ms. Foley was asked to share what she observed. Ms. Foley explained that she works on the west unit and Ms. Green-Love works on the east unit. Ms. Foley’s colleague went to the bathroom and Ms. Green-Love came over to her unit although Ms. Foley was adamant that she never asked her to, nor

was she needed. Ms. Foley stated that Resident A had his papers on top of an ottoman. Ms. Green-Love reportedly told Resident A that “you need to pick up all this shit before I throw it away.” Ms. Foley stated that Ms. Green-Love started grabbing Resident A’s paper and shoving it in his bag, which caused him to become upset. Ms. Foley stated that Resident A raised his fist at Ms. Green-Love, which is when she reportedly stated, “I would fucking drop you old man.”

Ms. Foley stated that she intervened by stepping in between Resident A and Ms. Green-Love to stop them from arguing. Ms. Foley stated that Resident A was so upset that he was shaking. Ms. Foley gave Resident A a cigarette after witnessing the incident in an attempt to calm him. Ms. Foley was adamant that she and her colleague that were working on the west unit had no issues regarding where Resident A had his papers. She also added that Resident A is usually good at picking up his papers when he's done. Ms. Foley stated that Resident A is a violent individual, explaining that he has punched, hit, and thrown things at her, in addition to spitting on her. Ms. Foley expressed her opinion that Ms. Green-Love’s behavior triggered Resident A and this was not his fault.

When asked about Resident A having a CD broken, Ms. Foley stated that she did not witness Ms. Green-Love break his CD. Instead, Resident A walked up to her waving the CD around saying that “she broke it,” referring to Ms. Green-Love. Ms. Foley is aware that Resident A has since discharged to the facility that he was at prior to being admitted to Harbor Point. Ms. Foley was thanked for her time and this interview concluded.

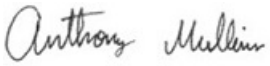
On 04/21/22, I conducted an exit conference with licensee designee, David Paul. He was informed of the investigative findings and understanding of the outcome.

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:	Ms. Foley was adamant that she witnessed Ms. Green-Love threaten Resident A by telling him she would “fucking drop you old man.” Ms. Green-Love has continued to deny that she made this statement. Resident A was unable to be interviewed due to discharging to Kalamazoo Psychiatric Hospital. Based on the statement from Ms. Foley, which included her having to intervene between Resident A and Ms. Green-Love, there is a preponderance of evidence to support the allegation. Ms. Green-Love was initially suspended. Per Mr. Thomas, Ms.

	Green-Love has completed 3 trainings, including recipient rights prior to returning to work.
CONCLUSION:	**VIOLATION ESTABLISHED**

IV. RECOMMENDATION

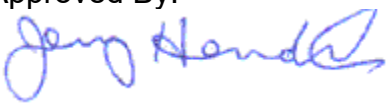
Upon receipt of an acceptable corrective action plan, I recommend no change to the current license status.



04/21/2022

Anthony Mullins Date
Licensing Consultant

Approved By:



04/21/2022

Jerry Hendrick Date
Area Manager