



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

April 18, 2022

Sade Edwards  
New Haven Adult Care LLC  
15001 Kercheval Ste 143  
Grosse Pointe Park, MI 48230

RE: License #: AS630402353  
Investigation #: 2022A0611016  
New Haven Adult Care

Dear Ms. Edwards:

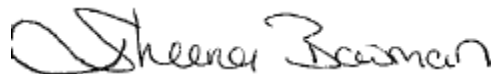
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 (248) 975-5053.

Sincerely,

A handwritten signature in dark ink, appearing to read "Sheena Bowman". The signature is fluid and cursive, with the first name "Sheena" being more prominent than the last name "Bowman".

Sheena Bowman, Licensing Consultant  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS630402353
<b>Investigation #:</b>	2022A0611016
<b>Complaint Receipt Date:</b>	02/24/2022
<b>Investigation Initiation Date:</b>	02/25/2022
<b>Report Due Date:</b>	04/25/2022
<b>Licensee Name:</b>	New Haven Adult Care LLC
<b>Licensee Address:</b>	1817 John R. Rd Rochester Hills, MI 48307
<b>Licensee Telephone #:</b>	(586) 525-5576
<b>Administrator:</b>	Sade Edwards
<b>Licensee Designee:</b>	Sade Edwards
<b>Name of Facility:</b>	New Haven Adult Care
<b>Facility Address:</b>	1817 John R. Rd Rochester Hills, MI 48307
<b>Facility Telephone #:</b>	(586) 525-5576
<b>Original Issuance Date:</b>	04/16/2021
<b>License Status:</b>	1ST PROVISIONAL
<b>Effective Date:</b>	11/03/2021
<b>Expiration Date:</b>	05/02/2022
<b>Capacity:</b>	5
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED; AGED MENTALLY ILL; ALZHEIMERS TRAUMATICALLY BRAIN INJURED

## II. ALLEGATION(S)

	Violation Established?
Resident M was brought into the ER with a wound near her buttocks area. There is a concern that Resident M is not getting moved while at the facility. There is no lift at the facility. Resident M has a stage IV wound. Resident M is not getting out of bed and not showering while at the facility.	Yes
Additional Findings	Yes

## III. METHODOLOGY

02/24/2022	Special Investigation Intake 2022A0611016
02/24/2022	APS Referral Adult Protective Services (APS) referral was denied.
02/25/2022	Special Investigation Initiated - Telephone I made a telephone call to the reporting source however; there was no answer.
03/04/2022	Inspection Completed On-site I completed an unannounced onsite. I interviewed staff member, Brenda Grimes. Resident M is still in the hospital.
03/08/2022	Contact - Telephone call made I made a telephone call to the home manager, Lacrosha however; there was no answer.
03/08/2022	Contact - Telephone call made I made a telephone call to Resident M's home care agency. I received Resident M's care coordinator email to contact him.
03/09/2022	Contact - Document Sent I sent an email to Resident M's care coordinator, Gjon Perka requesting him to contact me regarding the allegations.
03/11/2022	Contact - Telephone call made I left a voice message for the home manager, Lacrosha requesting a call back.

03/11/2022	Contact - Telephone call made A voice message was left for the licensee designee, Sade Edwards requesting a call back.
03/11/2022	Contact - Telephone call made I made a telephone call to the reporting source. The allegations were discussed.
03/15/2022	Contact - Document Received I received a copy of Resident M's assessment plan.
03/15/2022	Contact - Telephone call made I made a telephone call to Resident M's guardian. The allegations were discussed.
03/15/2022	Exit Conference I completed an exit conference with the licensee designee, Sade Edwards. The allegations were discussed.

#### **ALLEGATION:**

**Resident M was brought into the ER with a wound near her buttocks area. There is a concern that Resident M is not getting moved while at the facility. There is no lift at the facility. Resident M has a stage IV wound. Resident M is not getting out of bed and not showering while at the facility.**

#### **INVESTIGATION:**

On 02/24/22, I received an intake regarding the abovementioned allegations.

On 03/04/22, I completed an unannounced onsite. I interviewed staff member, Brenda Grimes. Regarding the allegations, Ms. Grimes stated Resident M is still at Beaumont Troy hospital. Resident M was admitted into the hospital over a week ago. Ms. Grimes is unsure why Resident M was admitted into the hospital as Ms. Grimes was off work during that time. Ms. Grimes stated it is expected for Resident M to return to the AFC group home.

Ms. Grimes stated Resident M is bed bound. Ms. Grimes is unsure if Resident M is prescribed a wheelchair. Ms. Grimes stated two staff members are required to assist Resident M with rolling her over in bed and transporting her. Resident M is a heavy-set person. Resident M is not prescribed a Hoyer lift. Ms. Grimes contacted the home manager, Lacresha Anthony via telephone. Ms. Anthony advised that Resident M's home care agency has requested to get a Hoyer lift approved by Resident M's insurance. A request has been made to Resident M's doctor to prescribe a Hoyer lift

however; there is an issue with getting approval for payment. Resident M is currently not prescribed any assistive devices.

I was unable to review Resident M's assessment plan or any other documents as her file was not in the home. Ms. Grimes could not provide Resident M's guardian contact information as it is in Resident M's file as well.

On 03/08/22, I made a telephone call to Resident M's home care agency. According to the receptionist, Resident M is placed on a hold which means she is not receiving services. The receptionist provided the email address for Resident M's care coordinator, Gjon Perkaj.

On 03/09/22, I received a telephone call from Resident M's care coordinator, Gjon Perkaj. Resident M was referred to Mr. Perkaj from Beaumont Troy Hospital in February. Mr. Perkaj stated he does not visit Resident M as a nurse goes to the AFC group home to provide nursing services, occupational and physical therapy. A nurse saw Resident M at the AFC group home two times before she was admitted into the hospital. There were no concerns reported from the nurse regarding the care Resident M was receiving at the AFC group home.

Mr. Perkaj denied assisting Resident M with getting a Hoyer lift. Resident M would benefit from a Hoyer lift. It will be up to the social worker at the hospital to assist Resident M with getting a Hoyer lift when she is released from the hospital. Resident M is admitted for septic sacral wounds.

On 03/11/22, I made a telephone call to the reporting source. The reporting source stated Resident M was discharged from the hospital on 03/08/22. Resident M was placed at Select Specialty Pontiac, which is a long-term acute care hospital. Resident M was diagnosed with a sacrum wound. A nurse at the AFC group home contacted a doctor and stated Resident M's wound looked and smelled badly. At the hospital, Resident M stated she was not receiving showers at the AFC group home because there was not a Hoyer lift available. Resident M also stated she was not being repositioned in bed while at the AFC group home.

On 03/12/22, I received a telephone call from Lachesha Anthony. Regarding the allegations, Ms. Anthony stated when Resident M was admitted into the hospital the first time in the beginning of February 2022, she had a stage 1 closed bed sore. Ms. Anthony stated Resident M's bed sore was being treated with cream prior to being admitted into the hospital. Resident M was in the hospital for about 2-3 weeks. When Resident M returned to the AFC group home, the wound was now stage 4. The AFC group home was advised to treat the wound by applying a wet saline gauze and then putting a dry dressing on top. The home care agency saw Resident M on a weekly basis. Ms. Anthony would tell the nurse from the home care agency that the wound was getting worse. The nurse would contact Dr. Yeldo while at the AFC group home however; the doctor would not answer the calls. Ms. Anthony sent Resident M back to

the hospital at the end of February because the wound smelled bad and there was discharge from the wound.

Ms. Anthony stated she never spoke with the home care agency about a Hoyer lift for Resident M. Ms. Anthony stated she was informed by Resident M's guardian that pending approval for payment from the insurance company was preventing Resident M from receiving a Hoyer lift. Ms. Anthony was not aware that Resident M was discharged from the hospital on 03/08/22. Ms. Anthony agreed to provide a copy of Resident M's assessment plan.

On 03/15/22, I received a copy of Resident M's assessment plan. The assessment plan is dated for 11/23/21. According to the assessment plan, Resident M does not have any assistive devices. The assessment plan indicated that Resident M is bed bound. With regards to physical exercise, it would be ordered through homecare by Resident M's physician.

On 03/15/22, I made a telephone call to Resident M's guardian. Regarding the allegations, the guardian confirmed that Resident M has been placed at Select Specialty Pontiac. The guardian stated she has concerns regarding Resident M's current placement as she has not been able to talk to the doctor regarding Resident M's care. The guardian stated while Resident M was at the AFC group home, she was not prescribed a Hoyer lift. However, she was informed the AFC group home had a Hoyer lift that was broken inside the garage. The guardian stated she was concerned about the nurse at the AFC group home could not properly convey the severity of Resident M's bed sores. The guardian stated when Resident M was admitted into the hospital, she had multiple bed sores. The guardian stated there was no evidence that Resident M was being repositioned in her bed nor was she being showered and/or bathed. The guardian stated when she would visit Resident M she would be in the same position. Resident M's bedroom had an odor. When the guardian would ask Resident M how she was doing her response would be fine. The guardian stated she expressed her concerns regarding Resident M's deteriorating health to the staff.

On 03/15/22, I completed an exit conference with the licensee designee, Sade Edwards. Regarding the allegations, Ms. Edwards stated a home care agency was visiting the home twice a week to care for Resident M. Ms. Edwards stated the home care agency was asked to get a Hoyer lift and a geriatric chair prescribed from Resident M's primary care physician, Dr. Yeldo. Ms. Edwards stated the home care agency contacted Dr. Yeldo several times with no success. Ms. Edwards stated Resident M was hospitalized a total of three times. When Resident M returned from the hospital the second time, she noticed the bed sore she had on her buttock. Ms. Edwards stated the nurse and staff were treating Resident M's bed sore by cleaning it, using saline, and covering the wound with gauze. Ms. Edwards was waiting to receive an official wound care order from Dr. Yeldo however, he never responded to the request made by the home care agency. Ms. Edwards stated the AFC group home purchased wedge pillows to reposition Resident M. Ms. Edwards stated after two weeks went by without hearing

back from Dr. Yeldo, she decided to send Resident M to the hospital as her condition had worsen.

Ms. Edwards stated she would give Resident M bed baths twice a week and; the home manager Lacresha Anthony would also bathe her. Ms. Edwards stated there is no documentation to prove the dates and/or times Resident M was being bathed. Ms. Edwards confirmed that Resident M's wound had an odor. Ms. Edwards stated Resident M was receiving physical therapy from the home care agency twice a week per her assessment plan. Ms. Edwards was informed that the allegations will be substantiated and a corrective action plan will be required.

<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>	According to Resident M's assessment plan, she was not prescribed any assistive devices. Resident M was recommended to receive physical exercise per her assessment plan. Ms. Edwards confirmed that Resident M was receiving physical therapy through her home care agency twice a week. Resident M's care coordinator, Gjon Perkaj, confirmed that a nurse went to the AFC group home to provide physical therapy.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

<b>APPLICABLE RULE</b>	
<b>R 400.14314</b>	<b>Resident hygiene.</b>
	<b>(6) A licensee shall afford a resident the opportunity to receive assistance in bathing, dressing, or personal hygiene from a member of the same sex, unless otherwise stated in the home's admission policy or written resident care agreement.</b>
<b>ANALYSIS:</b>	According to the reporting source, Resident M stated while she was in the hospital that she was not receiving showers at the AFC group home because there was not a Hoyer lift available. The guardian stated there was no evidence that Resident M was being showered and/or bathed. Resident M's bedroom had an odor.

	Ms. Edwards stated she would give Resident M bed baths twice a week and; the home manager Lacresha Anthony would also bathe her. Ms. Edwards stated there is no documentation to prove the dates and/or times Resident M was being bathed.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

#### **ADDITIONAL FINDINGS:**

#### **INVESTIGATION:**

On 03/15/22, I received a copy of Resident M's assessment plan. The assessment plan was not signed by the licensee designee, Sade Edwards. The assessment plan was not physically signed by the guardian, as it was written that a verbal consent was provided to sign on the guardian's behalf. Moreover, the assessment plan indicated that Resident M needed assistance with bathing but no instructions documented on how this need will be met.

<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>	Resident M's assessment plan was not signed by the licensee designee, Sade Edwards nor was it signed by the guardian. Furthermore, the assessment was not properly completed.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

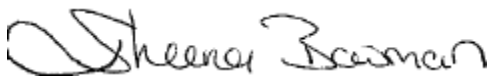
#### **INVESTIGATION:**

On 03/04/22, I completed an unannounced onsite. I was unable to review Resident M's assessment plan or any other documents as her file was not in the home. Ms. Grimes could not provide Resident M's guardian contact information as it was in Resident M's file as well.

<b>R 400.14316</b>	<b>Resident records.</b>
	<b>(1) A licensee shall complete, and maintain in the home, a separate record for each resident and shall provide record information as required by the department.</b>
<b>ANALYSIS:</b>	On 03/04/22, I was unable to review Resident M's assessment plan as her file was not in the AFC group home.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

#### IV. RECOMMENDATION

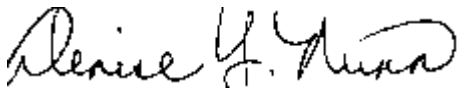
Contingent upon receipt of an acceptable corrective action plan, I recommend no change in the license status.



Sheena Bowman  
Licensing Consultant

03/15/22  
Date

Approved By:



04/18/2022

Denise Y. Nunn  
Area Manager

Date