



STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

GRETCHEN WHITMER
GOVERNOR

ELIZABETH HERTEL
DIRECTOR

April 27, 2022

Cynthia Williams
Samaritas Shelter Grand Rapids
2361 Knapp ST SE
Grand Rapids, MI 49505

RE: License #: CI410409653
Samaritas Shelter Grand Rapids
2361 Knapp ST SE
Grand Rapids, MI 49505

Dear Ms. Williams:

Attached is the Renewal Inspection Report for the above referenced facility completed on 3/18/22. Due to the violations, a written corrective action plan is required. It should be noted that violations of any licensing statutes rules. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each citation will be achieved.
- Who is directly responsible for implementing the corrective action for each licensing statute and rule.
- Specific time frames for each citation 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.

Upon receipt of an acceptable corrective action plan, a six-month provisional license will be issued based on the recommendation from Special Investigations 2022C0103005 and 2022C0103009. If you do not agree to a provisional license or fail to submit an acceptable corrective action plan, disciplinary action will result.

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 area manager at (616) 204-6992.

Sincerely,



Rorie Dodge-Pifer, Licensing Consultant
MDHHS\Division of Child Welfare Licensing
235 Grand, Ste 1305
P.O. Box 30650
Lansing, MI 48909

enclosure

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/09/2022

Date of Fire Inspection: 10/22/2021 – A Rating

Date of Environmental/Health Inspection: 09/28/2021 – A Rating

	Total No. of Records	No. of Records Reviewed
No. of current residents (secure-treatment)	NA	
No. of current residents (secure-shortterm)	NA	
No. of current residents (open-treatment)	NA	
No. of current residents (open-shortterm)	16	3
No. who have left the program since the last inspection (secure-treatment)	NA	
No. who have left the program since the last inspection (secure-shortterm)	NA	
No. who have left the program since the last inspection (open-treatment)	NA	
No. who have left the program since the last inspection (open-shortterm)	40	4
No. of Facility Restraints since the last inspection	3	3
No. of Facility Seclusions since the last inspection	NA	
No. of current employees who have worked at the facility for:	No. of Records Reviewed	
More than a year	26	5
Less than a year	3	3
No. Of persons Interviewed:		
Direct Care Staff	3	
Supervisory Staff	2	
Administrators	2	
Residents	11	

The following required records were on file and available for review:

Program Statement	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Program Policies	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA

Staff Training Records	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Income/Expenditure for current year, including most recent			
Financial audit	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Staff TB Screening Records	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Staff to Resident Ratio	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Posted Notice: Criminal History Check			
for employees and volunteers	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Criminal History and Child Protection Registry Checks			
for employees and volunteers	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Volunteer Supervision Policy	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> NA
Behavior Management Room Log	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> NA
Meal Menus	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA

III. DESCRIPTION OF FINDINGS

- 1.) The facility is in compliance with all applicable rules and statutes except for the following:

R 400.4166

Discharge plan.

(1) When a resident is discharged from institutional care, all of the following information shall be documented in the case record within 14 days after discharge:

- (a) The date of and reason for discharge, and the new location of the child.
- (b) A brief summary or other documentation of the services provided while in residence, including medical and dental services.
- (c) An assessment of the resident's needs that remain to be met.
- (d) Any services that will be provided by the facility after discharge.
- (e) A statement that the discharge plan recommendations, including medical and dental follow up that is needed, have been reviewed with the resident and with the parent and with the responsible case manager.
- (f) The name and official title of the person to whom the resident was discharged.

2 of 4 discharged files reviewed did not have a discharge plan that met the rule.

- 2.) The facility is non-contracted with Michigan Department of Health and Human Services, therefore, MISEP requirements are not applicable.
- 3.) This facility is non-contracted with Michigan Department of Health and Human Services, therefore, MDHHS Policy/MDHHS contract are not applicable.

IV. TECHNICAL ASSISTANCE

The facility was offered technical assistance in the following areas:

- Telephones need to be available for use by the residents.
- The residents should be allowed to call 911 if they feel it is necessary.
- The youth need to be provided with daily recreational activity. There should be a daily schedule that includes all recreational activities.
- The licensee is responsible for the license and the people that enter their facility.

V. CONSULTATION

The facility was offered consultation in the following areas:

- Safety planning: Discussed options the facility could utilize including providing a one-on-one staff when needed and utilize staff to supervise hallways. Also discussed building rapport and having schedule activities will increase youth feeling safe with structure and processes and decrease acting out behaviors.
- Communication between Samaritas staff, ORR staff and Federal employees: Recommended meetings occur at start of each shift that include all Samaritas staff, federal employees, and interpreters to discuss expectations, communicate safety plans, increase overall communication.
- Shift assignments: recommended staff assign specific youth to specific staff for supervision to ensure each staff is aware of who they are responsible for and to ensure youth are supervised as required. Also this could assign specific staff to provide one-on-ones staffing, watch the hallways, pass medication, make dinner, and other duties for the shift. A sample form was provided.

VI. EVALUATION OF RENEWAL PERIOD

There were no substantiated incidents of maltreatment in care during this licensing period.

The facility is required to submit two acceptable corrective action plans not related to maltreatment during this licensing period.

Special Investigation 2022C0103005 was initiated due to an allegation that one of the youths was being sexually assaulted by the other youth in the home. It was found that the facility did not follow the safety plan set up to protect the alleged victim on multiple occasions, so they were found in violation of R 400.4109(c) Program statement. Additionally they were found in violation of: R 400.4127 Staff-to-resident ratio due to a staff member not completing her 15-minute checks; R 400.4113 Employee records and R 400.4128 Initial staff orientation and ongoing staff trainings because the facility utilized federal employees without having the required documents or training for those employees; R 400.4116 Chief administrator; responsibilities due to the Chief Administrator not ensuring that the safety plans were being followed or that the workers in the shelter had clearances and training; and MCL 722.120 due to staff falsifying documentation. A CAP has been requested. There is a recommendation that the license be changed to a first provisional due to the severity of the violations.

Special Investigation 2022C0103009 was initiated due to an allegation the program director took a youth to the group, made him strip, and reached into the youth's underwear in order to get his phone; An LIRS staff twisted a youth's arm; the youth are not provided with adequate dental, medical, or mental health services; grievances are not in the youths language; staff belittle and laugh at the youth; a youth was left alone in the van while the group went into the trampoline park for 2 hours, interpreters and federal employees restrained youth even though they are not trained. The facility was found in violation of R 400.4126 Sufficiency of staff due to youth not being properly supervised; R 400.4109 (c) Program statement due to the facility admitted youth that were not appropriate for the program; R 400.4159 Resident

restraint due to staff performing an unwarranted restraint, restraints not being documents, and untrained employees completing restraints. A CAP has been requested. The licensing recommendation from 2022C0103005 stands for this investigation.

Chief Administrator Assessment:

Prior to January 2022, the facility served as a short-term shelter for refugees. Most of the refugees were from Central America. On 1/4/22 the shelter took placement of 19 Afghan youth through their Office of Refugee Resettlement (ORR) contract. Samaritas reported they did not want to take placement of the youth, but ORR pays for the number of beds through the contract. Prior to the youth being admitted the shelter was not informed of the level of risk the youth posed due to threatening, physical acting out, sexual acting out, truancy, and suicidality. They also reported they were not informed the youth would be considered long-term placements. ORR was aware that the program was set up to be a short-term shelter placement. Samaritas decided to temporarily close the shelter as they were unable to provide appropriate staffing for the youth due to the behavior needs of the youth.

The Chief Administrator recognizes the issues they had with staffing and following safety plans put in place. They have come up with a plan that will address the issues discovered during the course of the above investigations. They plan to revamp the program prior to re-opening and conduct extensive reviews of program policies, procedures, staffing, and expectations.

Interviews:

Many interviews were conducted throughout the course of the investigations listed above. Staff 1 reported he has been voicing his concerns with the facility and ORR since the 19 youth were admitted to the program. The Program Director, Chief Administrator, and Chief Operations Officer all indicated they were not equipped to take in 19 youth at the same time especially given their behaviors. ORR sent the facility federal employees however those employees did not have clearances, employment documentation, or training to be employed in the shelter. The facility management stated they did not want the federal employees however ORR sent the employees anyway.

Eleven youth were interviewed about their experience in the shelter and all eleven of them reported they were unhappy. They reported they did not have enough recreation time. They also did not have the water or food they wanted, haircuts, clothing, or dental care they needed. Staff made promises to them that they did not keep, and many of them felt unsafe at the shelter. The youth did say staff supervise them well, but they were anxious about their future and some of the youth in the facility are aggressive and destructive.

VII. RECOMMENDATION

The recommendation issued in Special Investigation 2022C0103005 and 2022C0103009 for a first provisional license will be the recommendation for this renewal.



04/01/2022

Rorie Dodge-Pifer
Licensing Consultant

Date

Approved By:



April 26, 2022

Jessica VandenHeuvel
Area Manager

Date