

STATE OF MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES LANSING

ELIZABETH HERTEL DIRECTOR

GRETCHEN WHITMER GOVERNOR

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,

Cru a. Doolge

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

enclosure

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF CHILD WELFARE LICENSING RENEWAL INSPECTION REPORT

I. IDENTIFYING INFORMATION

License #:	CI410409653
Licensee Name:	Samaritas
Licensee Address:	8131 East Jefferson Avenu Detroit, MI 48214-2691
Licensee Telephone #:	(231) 936-1012
Administrator/Licensee Designee:	Cynthia Williams, Designee
Name of Facility:	Samaritas Shelter Grand Rapids
Facility Address:	2361 Knapp ST SE Grand Rapids, MI 49505
Facility Telephone #:	(517) 763-1485
Original Issuance Date:	10/22/2021
CMH Funded Facility	No

						<u>Behavior</u>	
<u>Program</u>				<u>From</u>	<u>Thru</u>	<u>Mgt.</u>	
<u>Type</u>	<u>Setting</u>	<u>Gender</u>	<u>Capacity</u>	<u>Age</u>	<u>Age</u>	<u>Room</u>	Location
Short Term	Open	MALE	15	13	17	NO	2361 BLDG 1
Short Term	Open	MALE	15	13	17	NO	Knapp Av
Short Term	Open	MALE	15	13	17	NO	2361 BLDG 2
	-						Knapp Av
							2361 BLDG 3
							Knapp Av

II. METHODS OF INSPECTION

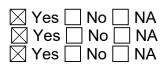
Date of On-site Inspectio	n(s):	02/09/2022		
Date of Fire Inspection:		10/22/2021 – A Ra	iting	
Date of Environmental/H	ealth Inspection:	09/28/2021 – A Ra	09/28/2021 – A Rating	
		Total No. of Records	No.	of Records Reviewed
No. of current residents (No. of current residents (No. of current residents (No. of current residents (secure-shortterm) open-treatment)		NA NA NA 16	3
No. who have left the program since the last inspection			NA	
(secure-treatment) No. who have left the program since the last inspection			NA	
(secure-shortterm) No. who have left the program since the last inspection (open-treatment)			NA	
No. who have left the program since the last inspection (<i>open-shortterm</i>)				4
No. of Facility Restraints since the last inspection No. of Facility Seclusions since the last inspection			3 NA	3
No. of current employees who have worked at the facility for: More than a year			No. 26	of Records Reviewed 5
Less than a year			3	3
No. Of persons Interview	red:			
	Direct Care Staff Supervisory Staff Administrators		3 2 2	
	Residents		11	

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

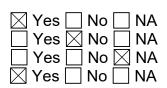
Program Statement Program Policies

🛛 Yes 🗌	No 🗌] NA
🛛 Yes 🗌	No 🗌] NA

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



\boxtimes Yes \square No \square 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.

Con Ch. Doolge

04/01/2022

Rorie Dodge-Pifer Licensing Consultant

Date

Approved By:

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April 26, 2022

Jessica VandenHeuvel Area Manager

Date