



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

May 17, 2022

Janet Difazio
Spectrum Community Services
Suite 700
185 E. Main St
Benton Harbor, MI 49022

RE: License #: AS630397224
Investigation #: 2022A0611024
Lake Braemar Home

Dear Mrs. Difazio:

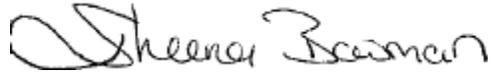
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 black ink that reads "Sheena Bowman". The signature is written in a cursive style with a large, looping initial "S".

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

License #:	AS630397224
Investigation #:	2022A0611024
Complaint Receipt Date:	04/21/2022
Investigation Initiation Date:	04/26/2022
Report Due Date:	06/20/2022
Licensee Name:	Spectrum Community Services
Licensee Address:	28303 Joy Rd. Westland, MI 48185
Licensee Telephone #:	(734) 377-3260
Administrator:	Janet Difazio
Licensee Designee:	Janet Difazio
Name of Facility:	Lake Braemar Home
Facility Address:	1255 East Davisburg Road Holly, MI 48442
Facility Telephone #:	(248) 369-8663
Original Issuance Date:	06/06/2019
License Status:	1ST PROVISIONAL
Effective Date:	12/14/2021
Expiration Date:	06/13/2022
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

II. ALLEGATION(S)

	Violation Established?
There is a concern with ongoing abuse and neglect at the home for Resident M. In the past, Resident M appears to have been struck or punched in the face. It is suspected that resident has a diaper rash. On 4/19/2022, Marcus smelled of urine.	Yes
Additional Findings	Yes

III. METHODOLOGY

04/21/2022	Special Investigation Intake 2022A0611024
04/26/2022	Special Investigation Initiated - Letter I sent the Adult Protective Services (APS) worker, Kim Knapp an email regarding the complaint.
04/26/2022	APS Referral The assigned Adult Protective Services (APS) worker is Kim Knapp.
04/27/2022	Contact - Document Received I received an email from Adult Protective Service worker, Kim Knapp. Ms. Knapp stated she visited Resident M on 04/22/22 and she did not look at his private area. Ms. Knapp stated Resident M was seen by Dr. Timothy O'Neil.
05/03/2022	Inspection Completed On-site I completed an unannounced onsite. I interviewed staff member, Shana Briseno, and Resident M. I received a copy of Resident M's individual plan of service.
05/06/2022	Contact - Telephone call made I made a telephone call to the home manager, Doug Keller. The allegations were discussed.
05/06/2022	Contact - Telephone call received I received a return phone call from Resident M's teacher. The allegations were discussed.

05/06/2022	Contact - Telephone call made I made a telephone call to Resident M's guardian. The allegations were discussed.
05/10/2022	Contact- Document Sent I sent the Adult Protective Service worker, Kim Knapp an email inquiring the outcome of her investigation.
05/10/2022	Exit Conference I received a return phone call from the licensee designee, Janet Ditazio. The allegations were discussed. An exit conference was also completed.
05/10/2022	Contact - Telephone call made I left a voice message for Dr. Timothy O'Neil requesting a call back.
05/12/2022	Contact- Telephone call received I received a return phone call from Dr. Timothy O'Neil's office.

ALLEGATION:

There is a concern with ongoing abuse and neglect at the home for Resident M. In the past, Resident M appears to have been struck or punched in the face. It is suspected that resident has a diaper rash. On 4/19/2022, Marcus smelled of urine.

INVESTIGATION:

On 04/21/22, I received an intake regarding the abovementioned allegations. A special investigation (SIR #2022A0991017) was completed on 03/25/22 regarding allegations about Resident M being hit on the face. The allegations were not substantiated.

On 04/27/22, I received an email from the Adult Protective Services worker, Kim Knapp. Ms. Knapp stated she saw Resident M on Friday (4/22/22) and she did not look at his private area. However, he had just returned from his doctor's office who had viewed his rash.

On 05/03/22, I completed an unannounced onsite. I interviewed staff member, Shana Briseno and Resident M. I received a copy of Resident M's individual plan of service. There is a total of two residents residing in the AFC group home. Resident C was present but he is not verbal.

On 05/03/22, I interviewed staff member, Shana Briseno. Regarding the allegations, Ms. Briseno stated Resident M wears a brief, however, he is capable of changing his own brief and using the bathroom when he has a bowl movement. Resident M wears a brief

because he cannot feel the sensation when he has to urinate. Ms. Briseno stated she and staff members will prompt Resident M to change his brief but he will often refuse to do so. Ms. Briseno stated showering is also an issue with Resident M as he does not like to use soap and will throw his soap out the window. Ms. Briseno stated staff assist Resident M with toileting and showering.

Ms. Briseno provided a copy of Resident M's individual plan of service. According to the individual plan of service, staff are expected to provide hands on assistance to thoroughly wash Resident M after he has completed his hygiene. Staff are also expected to check Resident M's brief every two hours to ensure cleanliness. Resident M can change his brief when he is wet and can use the toilet to have a bowel movement. Staff are required to provide hands on assistance with wiping Resident M after having a bowel movement to ensure he is thoroughly cleaned. After toileting, staff are required to remind and assist Resident M with thoroughly washing his hands.

Ms. Briseno stated Resident M having a rash has been an ongoing issue because he does not change his briefs right away when they are soiled and he doesn't thoroughly clean himself in the shower. Ms. Briseno stated she has worked at the AFC group home for a few months and she has witnessed Resident M to have two rashes. Ms. Briseno stated Resident M has had his current rash for two weeks. Resident M's rash has significantly gotten better. Ms. Briseno stated initially Resident M's rash was bigger, more red, and it was further down his leg. Ms. Briseno described it as a chafing rash. Resident M is prescribed Lotrisone for his rash. I observed two Lotrisone creams for Resident M. One of the Lotrisone cream was prescribed on 12/09/21 for seven days. The second Lotrisone cream was prescribed on 04/11/22 to be used every time Resident M changes his brief. I informed Ms. Briseno that the Lotrisone cream that was prescribed last year for seven days should have been disposed of.

Ms. Briseno stated Resident M's mother took him to the doctor for a physical on 04/11/22. Ms. Briseno stated Resident M is not at school today because he was suspended last Friday until next Monday for grabbing a female teacher's private area.

On 05/03/22, I interviewed Resident M in his bedroom. I observed Resident M's bedroom door was missing. Ms. Briseno stated Resident M ripped his door off the hinges a couple days ago. Prior to the interview, I observed Resident M's rash on his private area in front of Ms. Briseno. Resident M's brief was completely soiled. Resident M's inner upper thighs were observed to be a light red and the rash appeared to be healing. Ms. Briseno told Resident M to change his brief.

Regarding the allegations, Resident M stated he uses the bathroom on his own. Resident M stated he doesn't need help using the bathroom and changes his own brief. Resident M stated he doesn't change his brief right away when it is soiled. He sits in his brief when it is soiled for a while. Resident M doesn't know why he doesn't change his brief when it becomes soiled right away but, he knows he is supposed to change his brief after he urinates. Resident M stated he has clean clothes.

Resident M stated he takes a shower everyday in the daytime. Staff assist him with taking a shower. Staff gives him a cream to use when he changes his brief. Resident M stated he used the cream this morning. He feels good and he is not in pain. Resident M stated he doesn't like the staff at the AFC group home because they make him follow the rules. Resident M stated he doesn't know what rules he has to follow.

During the onsite, I observed several clothes in Resident M's drawers. Resident M did not appear to have an odor and I did not smell an odor in his bedroom.

Ms. Briseno stated staff do check Resident M's brief every two hours if he allows them too. Ms. Briseno stated staff do not document when they ask Resident M to check his brief. Ms. Briseno stated staff do assist Resident M with wiping himself after a bowel movement if he allows them too. Resident M refuses staff assistance and/or to be checked about 80% of the time.

On 05/06/22, I made a telephone call to the home manager, Doug Keller. Regarding the allegations, Mr. Keller stated Resident M is capable and expected to change his briefs and staff will remind him if they see he is wet. The staff will also apply Resident M's cream when he has a rash. Mr. Keller explained the reason why the home still had the Lotrisone cream that was issued on 12/09/21, was because they did not receive a prescription discontinuing that medication until 05/03/22 following my onsite. Mr. Keller stated the AFC group home is now using the Lotrisone cream that was prescribed on 04/11/22. Prior to 05/03/22, Resident M was receiving the cream for his rash in the morning and in the evening per the medication instructions.

Mr. Keller stated that Resident M does smell like urine when his brief is wet. Resident M takes a shower every morning before he goes to school. Mr. Keller stated urine will soak through Resident M's brief. The midnight staff will attempt to wake Resident M throughout the night to change his brief, but he will often refuse to do so. It was suggested to Mr. Kelly to implement a toileting chart to document every two hours when staff check Resident M's brief per his individual plan of service.

On 05/06/22, I received a return phone call from Resident M's teacher. Regarding the allegations, the teacher stated that Resident M is capable of changing his own brief and using the bathroom by himself. When Resident M is at school, he will use the bathroom by himself but staff will ask him if he needs assistance. The school has a schedule on their board as a reminder to have Resident M use the bathroom and/or change his brief every hour. The teacher stated Resident M will put up a fight about going to the bathroom however, he will eventually comply because he is not given an option to refuse.

The teacher stated on 04/19/22, Resident M smelled like urine even after he changed his clothes at school. The teacher asked Resident M if he took a shower that morning and his response was no. Resident M also stated he didn't take a shower the day before and he doesn't remember the last time he took a shower. Resident M informed the teacher that his groin area was hurting. A staff member took Resident M into the

bathroom and saw that Resident M had a rash. The teacher also observed the rash and described it as a diaper rash that was irritated. The teacher stated the rash extended to half way towards Resident M's knee. The teacher stated Resident M is not provided with cream while he is at school.

On 05/06/22, I made a telephone call to Resident M's guardian. Regarding the allegations, the guardian stated that she is aware of Resident M's rash. The guardian stated she has been in contact with the home manager regarding the instructions on when to apply Resident M's cream to his private area. The guardian stated Resident M has had a couple of surgeries on his penis which has resulted in urine not fully coming out on its own when he urinates, which can cause an odor. The guardian stated Resident M has a rash because he needs to be changed every two hours. The guardian stated if you give Resident M a choice to change his brief, he will not do it therefore you have to tell him to change his brief.

The guardian stated the staff at the AFC group home are getting better and being more diligent regarding Resident M changing his briefs. The guardian stated some staff are better than others but she is not going to throw the staff under the bus. The guardian stated Resident M is not being neglected at the AFC group home.

On 05/10/22, I received a return phone call from the licensee designee, Janet Difazio. Regarding the allegations, Ms. Difazio stated the midnight staff will attempt to wake Resident M throughout the night for him to change his brief. However, Resident M will refuse to get up and change his brief and he will also become physically aggressive towards staff. Ms. Difazio spoke to Resident M's guardian about this issue and the guardian was OK with allowing Resident M to continue to sleep if he does not want to get up and change his brief. Ms. Difazio stated the midnight staff still re-attempt to get Resident M to change his brief throughout the night every hour. Ms. Difazio is more likely to change his brief during the day time. Resident M will also fight with staff about taking a shower. Resident M likes to stand under the water but will not clean himself. Ms. Difazio stated staff will assist Resident M with cleaning himself in the shower. Ms. Difazio stated Resident M's hygiene has improved this week because she implemented a reward system as an incentive to comply with changing his brief and showering. The staff will spend one on one time with him and watch a TV show with him or do an activity outside. Ms. Difazio stated this has been working thus far. Ms. Difazio has recently implemented a brief change log for staff to document every time they ask Resident M to change his brief. Ms. Difazio stated by tomorrow she will implement a shower chart as well. Ms. Difazio stated she ordered a new bedroom door for Resident M that should arrive within 4-6 weeks.

Ms. Difazio stated on 04/19/22, Resident M did not complain of any pain nor was the AFC group home made aware of that he was walking funny during the day when he was not at the AFC group home.

On 05/10/22, I completed an exit conference with Ms. Difazio and informed her that the allegations will be substantiated and a corrective action plan will be required.

On 05/12/22, I received a return phone call from Clinical Patient Liaison, Ruby Velez from Dr. Timothy O'Neil office. Ms. Velez stated Resident M was seen by Dr. O'Neil on 04/11/22 for a physical. Resident M's rash was addressed during this visit as he was prescribed Lotrisone cream. A description of the rash was not provided in the doctor's notes. Resident M was seen by a nurse practitioner on 05/12/22 regarding an eruption on the back of his neck to his hip. Ms. Velez stated Resident M scraped himself on cement which caused the scrap marks on his back. There were no notes regarding Resident M's rash. Ms. Velez stated there is nothing noted regarding any concerns of abuse or neglect. Ms. Velez stated Resident M's mother is completely involved and the AFC group home is diligent and proactive with applying the cream to Resident M and addressing his rash.

APPLICABLE RULE	
R 400.14310	Resident health care.
	(4) In case of an accident or sudden adverse change in a resident's physical condition or adjustment, a group home shall obtain needed care immediately.
ANALYSIS:	<p>Based on my investigation and findings, Resident D has an ongoing issue with having a rash on his private area. The AFC group home is in possession of the Lotrisone cream that is prescribed to treat Resident D's rash.</p> <p>During my onsite on 05/03/22, I observed Resident M's rash on his private area in front of Ms. Briseno. Resident M's inner upper thighs were observed to be a light red and the rash appeared to be healing.</p> <p>Ms. Difazio was not made aware on 04/19/22, that Resident D was walking funny while he was outside the AFC group home nor that he was in pain which is why immediate medical attention was not provided.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

APPLICABLE RULE	
R 400.14314	Resident hygiene.
	(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.

ANALYSIS:	Although Resident M has the opportunity to receive assistance with bathing and personal hygiene, there is no documentation to prove staff are offering and/or providing assistance with bathing and ensuring Resident M's maintains good hygiene. During my onsite, I observed Resident M to be in his bedroom and his brief was completely soiled.
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.14303	Resident care; licensee responsibilities.
	(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.
ANALYSIS:	<p>According to Resident M's individual plan of service, staff are expected to provide hands on assistance to thoroughly wash Resident M after he has completed his hygiene. Staff are also expected to check Resident M's brief every two hours to ensure cleanliness. Staff are required to provide hands on assistance with wiping Resident M after having a bowel movement to ensure he is thoroughly cleaned. However, there is no proof that this is being done.</p> <p>On 04/19/22, Resident M's teacher stated Resident M smelled like urine even after he changed his clothes at school. The teacher asked Resident M if he took a shower that morning and his response was no. Resident M also stated he didn't take a shower the day before and he doesn't remember the last time he took a shower.</p> <p>According to staff member Ms. Briseno, staff will ask Resident M to change his brief every two hours however, Resident M will often refuse to do so. Staff will assist Resident M with wiping and showering if he allows them too. The staff do not document when they ask and/or assist Resident M with changing his brief, showering, or wiping when he has a bowel movement. Therefore, there is no evidence that supports that staff are providing the personal care as specified in Resident M's individual plan of service.</p>
CONCLUSION:	VIOLATION ESTABLISHED

ADDITIONAL FINDINGS:

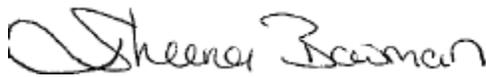
INVESTIGATION:

During my onsite on 05/03/22, I observed Resident M's bedroom door was missing. Ms. Briseno stated Resident M ripped his door off the hinges a couple days ago.

APPLICABLE RULE	
R 400.14408	Bedrooms generally.
	(4) Interior doorways of bedrooms that are occupied by residents shall be equipped with a side-hinged, permanently mounted door that is equipped with positive-latching, nonlocking-against-egress hardware.
ANALYSIS:	Resident M's bedroom is missing a mounted door that is equipped with positive latching, and non-locking against egress hardware.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

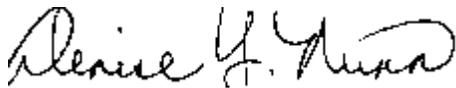
Contingent upon receipt of an acceptable corrective action plan, the recommendation for a provisional license remains in effect.



Sheena Bowman
Licensing Consultant

05/12/22
Date

Approved By:



05/17/2022

Denise Y. Nunn
Area Manager

Date