

GRETCHEN WHITMER **GOVERNOR**

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

May 23, 2022

Don Adams Jr Moriah Incorporated 3200 E Eisenhower Ann Arbor, MI 48108

> RE: License #: AL810280703 Investigation #: 2022A0575018

Moriah Hall

Dear Mr. Adams Jr:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan was required. On May 17, 2022, you submitted an acceptable written corrective action plan.

It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan.

Please review the enclosed documentation for accuracy and contact me with any questions. If I am not available, and you need to speak to someone immediately, please contact the local office at (517) 284-9720.

Sincerely,

Jeffrey J. Bozsik, Licensing Consultant Bureau of Community and Health Systems

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(734) 417-4277

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

I. IDENTIFYING INFORMATION

License #:	AL810280703
Investigation #:	2022A0575018
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Complaint Receipt Date:	05/16/2022
Investigation Initiation Date:	05/16/2022
Report Due Date:	06/15/2022
I No	
Licensee Name:	Moriah Incorporated
Licensee Address:	3200 E Eisenhower Ann Arbor, MI 48108
Licensee Telephone #:	(734) 677-0070
Administrator:	Don Adams Jr,
Licensee Designee:	Don Adams Jr,
Name of Facility:	Moriah Hall
Facility Address:	3200 E. Eisenhower Pkwy Ann Arbor, MI 48108
Facility Telephone #:	(734) 677-0070
Original Issuance Date:	03/19/2008
License Status:	REGULAR
Effective Date:	09/26/2020
Expiration Date:	09/25/2022
Capacity:	16
Program Type:	DD; MI; TBI

II. ALLEGATION(S)

Violation Established?

Direct care staff Kobie Fletcher mistreated Resident A.	Yes

III. METHODOLOGY

05/16/2022	Special Investigation Intake 2022A0575018
05/16/2022	Special Investigation Initiated - Telephone
05/16/2022	Contact - Telephone call made-Stephanie Harris- program coordinator
05/16/2022	APS Referral-made by licensee
05/17/2022	Contact - Telephone calls made-(a) Resident A; (b) Jody Vanorder-Resident A's guardian/mother; (c) direct care staff-(1) Logan Watts and (2) Kobie Fletcher
05/17/2022	Inspection Completed-BCAL Sub. Compliance
05/17/2022	Corrective Action Plan Requested and Due on 05/20/2022
05/17/2022	Corrective Action Plan Received
05/17/2022	Corrective Action Plan Approved
05/18/2022	Inspection Completed On-site
05/18/2022	Exit Conference-Don Adams, licensee designee

ALLEGATION:

Direct care staff Kobie Fletcher mistreated Resident A.

INVESTIGATION:

An APS referral has been made by the licensee.

On 5/17/2022, I interviewed direct care staff Logan Watts and Kobie Fletcher. Logan Watts stated when Resident A became upset with Kobie Fletcher's request that he take a shower, Resident A assaulted Kobie Fletcher with a punch to the genital area. Logan Watts stated Kobie Fletcher became upset, punched Resident A in the face, dragged him into the shower, and slapped him in the back of the head. Kobie Fletcher denied that he punched, dragged, or slapped Resident A, although he did concur that Resident A had punched him in the genital area.

On 5/17/2022, I interviewed Resident A. He stated he had been punched, dragged, and slapped by a direct care staff. He identified Kobie Fletcher as the perpetrator.

On 5/17/2022, I interviewed Resident A's guardian. She stated she was satisfied with the placement, the services her son is receiving, and the communication with the Eisenhower Center staff.

On 5/18/2022, I conducted an exit conference with Don Adams, licensee designee. He stated Kobie Fletcher's employment has been terminated.

APPLICABLE RULE	
R 400.15308	Resident behavior interventions prohibitions.
	(1) A licensee shall not mistreat a resident and shall not permit the administrator, direct care staff, employees, volunteers who are under the direction of the licensee, visitors, or other occupants of the home to mistreat a resident. Mistreatment includes any intentional action or omission which exposes a resident to a serious risk or physical or emotional harm or the deliberate infliction of pain by any means.

ANALYSIS:	Since both Resident A and direct care staff Logan Watts were found to be credible and possessed firsthand knowledge of the incident, then the preponderance of credible evidence is that direct care staff Kobie Fletcher, and by rule, the licensee, mistreated Resident A.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

An acceptable plan of correction was received; therefore, I recommend no changes to the status of the license.

Date: 5/18/22

Jeffrey J. Bozsik

Licensing Consultant

Approved By:

Ardra Hunter Date: 5/23/22

Area Manager