GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 28, 2022

Kim Waddell
NRMI LLC
17187 N. Laurel Park Dr., Suite 160
Livonia, MI 48152

RE: License #: AS820412102
Investigation #: 2022A0122030
Belleville Lake

Dear Ms. Waddell:

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 (517) 284-9720.

Sincerely,

Vanita C. Bouldin, Licensing Consultant
Bureau of Community and Health Systems
22 Center Street
Ypsilanti, MI 48198
(734) 395-4037

Enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS820412102
Investigation #:	2022A0122030
Complaint Receipt Date:	06/13/2022
Investigation Initiation Date:	06/13/2022
Report Due Date:	08/12/2022
Licensee Name:	NRMI LLC
Licensee Address:	160 17187 N. Laurel Park Dr. Livonia, MI 48152
Licensee Telephone #:	(617) 790-4800
Administrator:	James Para-Cremer
Licensee Designee:	Kim Waddell
Name of Facility:	Belleville Lake
Facility Address:	46131 Hull Rd. Belleville, MI 48111
Facility Telephone #:	(734) 697-3421
Original Issuance Date:	06/01/2022
License Status:	TEMPORARY
Effective Date:	06/01/2022
Expiration Date:	11/30/2022
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED TRAUMATICALLY BRAIN INJURED

II. ALLEGATION(S)

	Violation Established?
On 06/11/2022, direct care staff, Andrielle Davis, used an inappropriate behavior intervention with Resident A.	Yes
ADDITIONAL FINDINGS	Yes

III. METHODOLOGY

06/13/2022	Special Investigation Intake 2022A0122030
06/13/2022	Special Investigation Initiated - Letter Email sent to Kim Waddell, Licensee Designee. Requesting names/telephone numbers of staff members on duty on 06/11/2022.
06/14/2022	Inspection Completed On-site Reviewed Resident A's files and received information.
06/15/2022	APS Referral
06/15/2022	Contact – Telephone calls made Direct care staff members, Rose Cray, Andrielle Davis, and Cathy Byram. Completed an interview with Guardian A and Kim Waddell, Licensee Designee. Left voice message for Malone Nussbaum.
06/16/2022	Contact – Document received Training verification for direct care staff members: Rose Cray, Andrielle Davis, Cathy Byram, and Malone Nussbaum.
06/15/2022	Exit Conference Discussed findings with Kim Waddell, Licensee Designee.

ALLEGATION: On 06/11/2022, direct care staff, Andrielle Davis, used an inappropriate behavior intervention with Resident A.

INVESTIGATION: On 06/13/2022, an incident report was received documenting on 06/11/2022 direct care staff member, Andrielle Davis, "wrapped a gait belt around" Resident A's "wrist to keep her from hitting herself."

On 06/14/2022, I completed an onsite inspection and reviewed Resident A's file. Resident A's Behavior Incentive Plan dated 10/05/2021 documents that Resident A has "history of severe challenging/maladaptive behaviors daily. Attempts self-harm demonstrated by hitting her head with her hand/fist or against the wall…loud yelling and swearing. The following program will provide guidelines on preventing and responding to severe challenging/maladaptive behaviors." "Interventions for Targeted Behaviors when the client is physically aggressive toward self or others, use a Handle with Care chair or bed restraint to prevent self-harm."

The Handle with Care Behavior Management System is a program with approved techniques staff members can use when residents have become physically aggressive. The program lists the following techniques: Two on One Grab, Two on Two Wrist Grab, Cross Hand Wrist Grab, etc. The techniques outlined in the manual provide interventions for direct care staff to safely address the resident's behaviors to minimize either party being injured. The system does not list the use of a gait belt as an intervention to address resident behaviors.

Resident A's Behavior Tracking Sheet document that on 06/11/2022, Resident A had been displaying physically aggressive behaviors throughout the day, specifically from 4:00 p.m. through 9:00 p.m.

On 06/15/2022, I interviewed direct care staff member, Rose Cray. Ms. Cray confirmed that she worked on 06/11/2022 and arrived at the facility around 4:00 p.m. Ms. Cray stated she was informed that Resident A had been displaying physically aggressively behaviors. When she walked into Resident A's room Ms. Cray stated she observed Resident A's "wrist strapped to the bed by a gait belt," specifically one end of the gait belt around Resident A's wrist and the other end wrapped around the bed restraining her movement. Ms. Cray stated she informed her supervisor immediately; her supervisor came to the facility and addressed the situation.

On 06/15/2022, I completed an interview with direct care staff member, Andrielle Davis. Ms. Davis confirmed that she worked on 06/11/2022. Ms. Davis reported on the day Resident A had been displaying the following behaviors for hours: punching, pulling hair, throwing things, and trying to choke herself. Ms. Davis stated she and co-worker, Cathy Byram were trying to prevent Resident A from self-abusive behaviors, and they discussed using a gait belt to restrain her hands. Ms. Davis reported she got the gait belt, followed the direction of Ms. Byram, and tied Resident A's wrist to the bed. Ms. Davis stated the gait belt was not tight as Resident A was

able to move her hand but unable to hit herself. After applying the gait belt to Resident A Ms. Davis left the room.

On 06/15/2022, I completed an interview with Cathy Byram. Ms. Byram confirmed that she worked on 06/11/2022. She also confirmed what was reported by Ms. Davis. Ms. Byram stated that after hours of Resident A displaying physically aggressive behaviors and concern for self-injury a gait belt was used to secure one wrist of Resident A. Ms. Byram stated she held the other wrist of Resident A until co-worker, Rose Cray directed the behavior intervention of the "bed restraint." Ms. Byram stated she was unfamiliar with the intervention of the "bed restraint," but followed the direction of Ms. Cray to apply it to Resident A. Ms. Byram stated she had not reviewed Resident A's Behavior Incentive Plan.

On 06/15/2022, I completed an interview with Guardian A. Guardian A reported that she had been notified of the incident involving Resident A on 06/11/2022. Guardian A stated she had no issues and/or concerns with the care being provided by staff members to Resident A. Guardian A believes the incident on 06/11/2022 is an isolated incident and would be addressed appropriately.

On 06/16/2022, I reviewed direct care staff members training documentation. Direct care staff members, Cathy Byram, Rose Cray, Andrielle Davis, and Malone Nussbaum have all been trained in restraint methods to be used with residents. They have been trained in restraint techniques and Handle with Care Verbal and Physical.

On 06/15/2022, I completed an exit conference with Kim Waddell, Licensee Designee. Ms. Waddell was in agreement with my findings and stated she would submit a corrective action plan to address rule violations found during this investigation.

APPLICABLE RULE	
R 400.14307	**Resident behavior interventions generally.**
	(2) Interventions to address unacceptable behavior shall be specified in the written assessment plan and employed in accordance with that plan. Interventions to address unacceptable behavior shall also ensure that the safety, welfare, and rights of the resident are adequately protected. If a specialized intervention is needed to address the unique programmatic needs of a resident, the specialized intervention shall be developed in consultation with, or obtained from, professionals who are licensed or certified in that scope of practice.

ANALYSIS:	On 06/11/2022, direct care staff member, Andrielle Davis, wrapped a gait belt around" Resident A's "wrist to keep her from hitting herself." On 06/15/2022, direct care staff members, Andrielle Davis, Cathy Byram, and Rose Cray confirmed that a gait belt was wrapped around Resident A's wrist to prevent self-injury. Resident A's Behavior Incentive Plan dated 10/05/2021 does not list the use of a gait belt as an intervention to address behaviors. Based upon my investigation there is evidence to support that the behavior intervention used on Resident A on 06/11/2022, the gait belt, was not specified in her written assessment plan.
CONCLUSION:	**VIOLATION ESTABLISHED**

ADDITIONAL FINDINGS:

INVESTIGATION: On 06/14/2022, I completed an onsite inspection and reviewed Resident A's file. Resident A's Behavior Incentive Plan dated 10/05/2021 documents that Resident A has "history of severe challenging/maladaptive behaviors daily. Attempts self-harm demonstrated by hitting her head with her hand/fist or against the wall…loud yelling and swearing. The following program will provide guidelines on preventing and responding to severe challenging/maladaptive behaviors." "Interventions for Targeted Behaviors when the client is physically aggressive toward self or others, use a Handle with Care chair or bed restraint to prevent self-harm."

There is a sign off sheet for direct care staff members to complete once they have reviewed Resident A's Behavior Incentive Plan. Staff members, Andrielle Davis and Cathy Byram, signatures are not on the plan to verify that they reviewed the plan.

On 06/15/2022, I completed an interview with Kim Waddell, Licensee Designee. Ms. Waddell reported that staff members assigned to work with Resident A on 06/11/2022 were substitute staff and are not normally assigned to work with her so they might not have reviewed her Behavior Incentive Plan.

On 06/15/2022, I completed an exit conference with Kim Waddell, Licensee Designee. Ms. Waddell was in agreement with my findings and stated she would submit a corrective action plan to address rule violations found during this investigation.

APPLICABLE RULE	
R 400.14307	**Resident behavior interventions generally.**
	(3) A licensee and direct care staff who are responsible for implementing the resident's written assessment plan shall be trained in the applicable behavior intervention techniques.
ANALYSIS:	Resident A has a Behavior Incentive Plan dated 10/05/2021 which documents what behaviors she displays and what interventions should be used to address her behaviors. There is a sign off sheet for direct care staff members to complete once they have reviewed Resident A's Behavior Incentive Plan. Staff members, Andrielle Davis and Cathy Byram, signatures are not on the plan to verify that they reviewed the plan. On 06/15/2022, both Andrielle Davis and Cathy Byram reported they had not reviewed Resident A's Behavior Incentive Plan nor had they been trained on the intervention technique, bed restraint, specifically assigned to address Resident A's behaviors. Based upon my investigation there is evidence to support that the direct care staff responsible for implementing Resident A's behavior intervention technique on 06/11/2022, Andrielle Davis and Cathy Byram, were not trained on the technique bed restraint.
CONCLUSION:	**VIOLATION ESTABLISHED**

IV. RECOMMENDATION

Contingent upon receipt and approval of a corrective action plan I recommend no change to the status of the license.

Vanita C. Bouldin
Licensing Consultant

Date: 06/17/2022

Approved By:

Ardra Hunter
Area Manager

Date: 06/28/2022