



STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

GRETCHEN WHITMER  
GOVERNOR

ORLENE HAWKS  
DIRECTOR

July 6, 2022

Tanisha Johnson  
Victory AFC INC  
14 Victory Court  
Saginaw, MI 48602

RE: License #: AS730362423  
Investigation #: 2022A0580036  
Victory AFC INC

Dear Ms. Johnson:

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.
- Indicate how continuing compliance will be maintained once compliance is achieved.
- Be signed and dated.

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) 284-9700.

Sincerely,

A handwritten signature in cursive script that reads "Sabrina McGowan". The signature is written in black ink and is positioned below the word "Sincerely,".

Sabrina McGowan, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(810) 835-1019

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS730362423
<b>Investigation #:</b>	2022A0580036
<b>Complaint Receipt Date:</b>	05/10/2022
<b>Investigation Initiation Date:</b>	05/11/2022
<b>Report Due Date:</b>	07/09/2022
<b>Licensee Name:</b>	Victory AFC INC
<b>Licensee Address:</b>	14 Victory Court Saginaw, MI 48602
<b>Licensee Telephone #:</b>	(989) 971-9333
<b>Administrator:</b>	Tanisha Johnson
<b>Licensee Designee:</b>	Tanisha Johnson
<b>Name of Facility:</b>	Victory AFC INC
<b>Facility Address:</b>	2525 Mackinaw Street Saginaw, MI 48602
<b>Facility Telephone #:</b>	(989) 971-9333
<b>Original Issuance Date:</b>	05/05/2015
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	11/05/2021
<b>Expiration Date:</b>	11/04/2023
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

	TRAUMATICALLY BRAIN INJURED ALZHEIMERS AGED
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## II. ALLEGATION(S)

	<b>Violation Established?</b>
Other residents assist Resident A because there is not enough staff to help him.	Yes
Resident A goes a week without being bathed or changed.	No
Resident A's nutritional shakes and supplements are being taken by other clients in the home.	No
Additional Findings	Yes

## III. METHODOLOGY

05/10/2022	Special Investigation Intake 2022A0580036
05/10/2022	APS Referral A referral opened by APS was assigned for investigation.
05/11/2022	Special Investigation Initiated - Telephone A call was made to Ms. Katrice Humphrey, APS Investigator in Saginaw County.
05/16/2022	Inspection Completed On-site An onsite inspection was completed at Victory AFC. Contact was made with Resident A.
06/07/2022	Contact - Telephone call made A call was made to the licensee, Ms. Tanisha Johnson.
06/09/2022	Contact - Document Received An email was received from the licensee.
06/23/2022	Contact - Telephone call made A call was made to Ms. Kadessa Sullivan, case manager for Resident A.
06/27/2022	Inspection Completed On-site A follow-up onsite inspection was conducted. Contact was made with staff, Ms. Bernice Anglin.
06/27/2022	Contact - Face to Face Contact was made with Resident B.

06/27/2022	Contact - Face to Face Contact was made with Resident A.
06/27/2022	Contact - Face to Face Contact was made with Resident C.
06/27/2022	Contact - Face to Face Contact was made with Resident D.
06/27/2022	Contact - Face to Face Contact was made with Resident E.
06/27/2022	Contact - Document Sent An email was sent to the licensee requesting additional documents.
06/30/2022	Contact - Document Received An email was received from the licensee with additional documents requested.
07/01/2022	Exit Conference An exit conference was held with the licensee, Ms. Tanisha Johnson.

**ALLEGATION:**

Other residents assist Resident A because there is not enough staff to help him.

**INVESTIGATION:**

On 05/10/2022, I received a complaint via BCAL Online complaints. This complaint was opened by APS for investigation.

On 05/11/2022, I spoke with Ms. Katrice Humphrey, APS Investigator in Saginaw County. She indicated thus far in the investigation, she has spoken with the licensee, Ms. Tanisha Johnson, Resident A's assigned guardian, Relative A, and Ms. Kadessa Sullivan, his case manager at A & D Waiver Program-Saginaw.

On 05/16/2022, I conducted an onsite inspection at Victory AFC. Contact was made with direct staff, Ms. Tanisha Shipp. There was also one additional staff that was being trained. Ms. Shipp indicated that Resident A does require assistance with mobility. Resident A requires the use of a wheelchair. Resident A is verbal and able to express when he needs help or wants to be moved.

On 05/16/2022, I spoke with Resident A in his room. Resident A was observed in his wheelchair at the time of the visit. Resident A indicated that there are 5 handicapped residents in the home that require assistance and there is only 1 staff usually present. He adds that he usually has to wait periods of time for assistance is the 1 staff is busy with someone else.

On 06/07/2022, I spoke with the licensee, Ms. Tanisha Johnson. She denied that the home is short-staffed, indicating that there are 5 residents to one staff on each shift. Shifts are two 12-hour shifts, scheduled from 7am-7pm and 7pm-7am.

On 06/09/2022, I received a copy of a copy of the AFC Assessment plan for Resident and staff schedules. The schedules for the months of May and June 2022. Both schedules indicate that 1 staff worked each shift, from 7am-7pm and again from 7pm-7am. Fire drills logs indicate that on 01/04/2022 three drills were held, one at 9am, which lasted 2 minutes and 15 seconds, in which everyone participated, one at 3pm, which lasted 2 minutes and 10 seconds, in which one resident was out of the facility, and at 10pm, which lasted a total of 3 minutes and 5 seconds, in which everyone participated. On 04/01/2022 three drills were held, one at 9am, which lasted 2 minutes and 30 seconds, in which everyone participated, one at 3pm, which lasted 2 minutes and 20 seconds, in which one resident was out of the facility, and at 10pm, which lasted a total of 3 minutes and 15 seconds.

When asked, Ms. Johnson indicated that she conducts her own fire drills. She indicated that on 04/01/2022, she pulled the alarm and she evacuated the residents out of the home to the left side of the property. When asked for clarification, she explained that she evacuates each resident one by one.

On 06/23/2022, I spoke with Ms. Kadessa Sullivan, assigned A & D Waiver case manager for Resident A. She indicated that Resident A is unable to use his arms or legs and requires assistance.

On 06/27/2022, I conducted a follow-up onsite at Victory AFC. Contact was made with direct staff, Ms. Bernice Anglin. Ms. Anglin indicated that she has only worked at the facility for a month. She has not yet participated in a fire drill.

On 06/27/2022, I observed both Residents A and D while in Resident A's room playing with his video game. Resident A indicated that he has been in the home for year and has never participated in a fire drill. Resident A requires the use of a wheelchair for assistance.

Resident D indicated that he has been in the home for 3 years and has never participated in a fire drill. Resident D is fully ambulatory.

On 06/27/2022, I observed both Resident B and C in their room, which they share. Both residents were observed lying in their beds. Resident B indicated that he has never participated in a fire drill. Resident B requires the use of a wheelchair. Resident C

indicated that he has never participated in a fire drill. Resident C requires the use of a wheelchair.

On 06/27/2022, I observed Resident E sitting in his wheelchair in the living room. Resident E was appropriately dressed. Resident E did not respond to questions asked.

On 06/30/2022, a copy of the Resident Register and AFC Assessment plans for Residents B, C and D were received via email from the licensee.

Resident A entered the facility on 06/15/2021. Per his assessment plan Resident A needs assistance with walking and mobility, toileting, bathing, feeding and is unable to move independently in the community.

Resident B entered the facility on 10/01/2018. Per his assessment plan Resident B requires staff assistance with eating, total assist with toileting, bathing, staff assistance with grooming, dressing and hygiene. He is unable to walk due to right side paralysis and requires the use of a wheelchair. Resident B is not allowed to move independently in the community, per his assessment plan. Resident B requires assistance from his chair to his bed.

Resident C entered the facility on 03/01/2022. Per his assessment plan Resident C requires assistance with eating, 100% staff assist and hospice help with toileting, bathing, grooming, dressing and hygiene. Resident C requires the use of a wheelchair. Resident C is not allowed to move independently in the community. Per his assessment plan, he is required to be accompanied by staff at all times. Resident C requires assistance from his chair to his bed.

Resident D entered the facility on 12/05/2020. Per his assessment plan, Resident D requires staff assistance with bathing, grooming and personal hygiene. Resident D is fully ambulatory and able to move without assistance. Resident D is not allowed to move independently in the community. Per his assessment he will have a staff assist.

On 07/05/2022, I spoke with the licensee, Ms. Tanisha Johnson. She indicated that Resident E requires assistance requires the use of a wheelchair and assistance from his chair to his bed.

<b>APPLICABLE RULE</b>	
<b>R 400.14206</b>	<b>Staffing requirements.</b>
	<b>(2) A licensee shall have sufficient direct care staff on duty at all times for the supervision, personal care, and protection of residents and to provide the services specified in the resident's resident care agreement and assessment plan.</b>



<b>ANALYSIS:</b>	<p>It was alleged that other residents assist Resident A because there is not enough staff to help him.</p> <p>Direct staff, Ms. Tanisha Ship denied the allegations.</p> <p>Licensee, Ms. Tanisha Johnson, denied that the home is short-staffed, indicating that there are 5 residents to one staff on each shift.</p> <p>The staff schedule was reviewed. Fire drill records were reviewed.</p> <p>Resident B indicated that he has never participated in a fire drill. Per the Resident Register, he entered the facility on 10/01/2018. Per his assessment plan Resident B requires staff assistance with eating, total assist with toileting, bathing, staff assistance with grooming, dressing and hygiene. He is unable to walk due to right side paralysis and requires the use of a wheelchair.</p> <p>Resident A indicated that he has never participated in a fire drill. Per the Resident Register, he entered the facility on 06/15/2021. The AFC Assessment plan for Resident A indicates that Resident A needs assistance with walking and mobility, toileting, bathing, and feeding. Resident A requires the use of a Hoyer lift, a wheelchair, and a ventilator as assistive devices.</p> <p>Resident C indicated that he has never participated in a fire drill. Per the Resident Register, he entered the facility on 03/01/2022.</p> <p>Resident C entered the facility on 03/01/2022. Per the Resident Register, he entered the facility on. Per his assessment plan Resident C requires assistance with eating, 100% staff assist and hospice help with toileting, bathing, grooming, dressing and hygiene. Resident C requires the use of a wheelchair.</p> <p>Based on the number of staff and the needs of the residents, there is substantial evidence to support the rule violation.</p>
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**ALLEGATION:**

Resident A goes a week without being bathed or changed.

**INVESTIGATION:**

On 05/16/2022, in-person contact was made with direct staff, Ms. Tanisha Shipp. She denied that Resident A does not receive assistance with changing his briefs or bathing. She reiterated that Resident A is able to verbalize when he needs assistance with his needs.

On 05/16/2022, in-person contact was made with Resident A. Resident A appeared cleaned and adequately groomed. He indicated that he has missed some baths in the past, however, he now only receives bed baths due to his feeding tube. He indicated that his baths have not been an issue since the complaint.

On 06/07/2022, I spoke with the licensee, Ms. Tanisha Johnson. Ms. Johnson denied that Resident A does not receive assistance with bathing or changing his briefs.

On 06/09/2022, I received a copy of the AFC Assessment plan for Resident A. The assessment plan indicates that Resident A needs assistance with walking and mobility, toileting, bathing, and feeding. The plan does not address how this need will be met. Resident A requires the use of a Hoyer lift, a wheelchair, and a ventilator as assistive devices. The plan indicates that Resident A is able to communicate his needs. This plan was signed and dated by the licensee and Resident A on 06/21/2021. Relative A was a witness. Relative A is Resident A's guardian.

On 06/23/2022, I spoke with Ms. Kadessa Sullivan, assigned A & D Waiver case manager for Resident A. She indicated that Resident A is unable to use his arms or legs and requires assistance. She has no concerns with the home.

While onsite on 06/27/2022, other residents in the home were observed. Residents A, D, and E appeared cleaned and adequately groomed. Residents B and C were observed while in their beds in their room. Both were under the covers and could not be assessed for grooming or cleanliness.

<b>APPLICABLE RULE</b>	
<b>R 400.14303</b>	<b>Resident care; licensee responsibilities.</b>
	<b>(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.</b>

<b>ANALYSIS:</b>	<p>It was alleged that Resident A goes a week without being bathed or changed.</p> <p>Direct staff, Ms. Tanisha Shipp, denied that Resident A does not receive assistance with changing his briefs or bathing.</p> <p>Licensee, Ms. Tanisha Johnson, denied that Resident A does not receive assistance with bathing or changing his briefs.</p> <p>Resident A indicated that he has missed some baths in the past, however, he now only receives bed baths due to his feeding tube. Baths have not been an issue since he complained.</p> <p>The assessment plan for Resident A indicates that Resident A needs assistance with toileting and bathing.</p> <p>Kadessa Sullivan, assigned A &amp; D Waiver case manager for Resident A, indicated that Resident A is unable to use his arms or legs and requires assistance. She has no concerns with the home.</p> <p>Based on the information gathered in the course of this investigation, there is insufficient evidence to support the rule violation.</p>
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION:**

Resident A's nutritional shakes and supplements are being taken by other clients in the home.

**INVESTIGATION:**

On 05/16/2022, I conducted an onsite inspection at Victory AFC. Contact was made with direct staff, Ms. Tanisha Shipp. Ms. Shipp stated that Resident A has been receiving his supplemental drinks as required.

On 06/07/2022, I spoke with the licensee, Ms. Tanisha Johnson. Ms. Johnson stated that Resident A does not have a prescription for supplemental drinks. She indicated that she purchases the food for the home.

On 06/09/2022, I received a copy of Resident A's medication logs for the months of May and June 2022. The logs do not indicate that Resident A has a prescription for supplemental drinks.

On 06/23/2022, I spoke with Ms. Kadessa Sullivan, assigned A & D Waiver case manager for Resident A. She indicated that Resident A does not have a prescription for supplemental drinks. Resident A has a history of weight loss and malnutrition due to poor eating habits and likes to drink supplemental drinks. Resident A was recently placed on a feeding tube.

On 06/30/2022, I received a copy of the Weight Log for Resident A. The log indicates that Resident A weighed 80 lbs. upon entering the facility on 06/15/2021. Resident A's weight was estimated at 80lbs. for the months of July-November 2021. December 2021-May 2022 indicates that Resident A was unable to be weighed. In May 2022, Resident A's weight was logged as 67.7 lbs., while at the hospital. In June 2022, the weight log indicates that Resident A is unable to be weighed.

On 07/05/2022, I spoke with the licensee, Ms. Tanisha Johnson. Ms. Johnson indicated that she has not obtained Resident A's weight due to not having the proper scale.

<b>APPLICABLE RULE</b>	
<b>R 400.14312</b>	<b>Resident medications.</b>
	<b>(6) A licensee shall take reasonable precautions to insure that prescription medication is not used by a person other than the resident for whom the medication was prescribed.</b>
<b>ANALYSIS:</b>	<p>It was alleged that Resident A's nutritional shakes and supplements are being taken by other clients in the home.</p> <p>Direct staff, Ms. Tanisha Shipp. Ms. Shipp stated that Resident A has been receiving his supplemental drinks as required.</p> <p>Licensee, Ms. Tanisha Johnson, stated that Resident A does not have a prescription for supplemental drinks. She indicated that she purchases the food for the home.</p> <p>Resident A's medication logs for the months of May and June 2022, do not indicate that Resident A has a prescription for supplemental drinks.</p> <p>Resident A's medication logs for the months of May and June 2022, do not indicate that Resident A has a prescription for supplemental drinks.</p>

	<p>Ms. Kadessa Sullivan, assigned A &amp; D Waiver case manager for Resident A, indicated that Resident A does not have a prescription for supplemental drinks.</p> <p>Based on the information gathered in the course of this investigation, there insufficient evidence to support the rule violation.</p>
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ADDITIONAL FINDINGS:**

**INVESTIGATION:**

The AFC Assessment plan received for Resident A on 06/09/2022, indicates that Resident A needs assistance with walking and mobility, toileting, bathing, and feeding. The plan does not address how these needs will be met.

<b>APPLICABLE RULE</b>	
<b>R 400.14301</b>	<b>Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.</b>
	<p><b>(2) A licensee shall not accept or retain a resident for care unless and until the licensee has completed a written assessment of the resident and determined that the resident is suitable pursuant to all of the following provisions:</b></p> <p><b>(a) The amount of personal care, supervision, and protection that is required by the resident is available in the home.</b></p> <p><b>(b) The kinds of services, skills, and physical accommodations that are required of the home to meet the resident's needs are available in the home.</b></p> <p><b>(c) The resident appears to be compatible with other residents and members of the household.</b></p>

<b>ANALYSIS:</b>	The AFC Assessment plan received for Resident A on 06/09/2022, indicates that Resident A needs assistance with walking and mobility, toileting, bathing, and feeding, however, the plan does not address how this need will be met.  There is sufficient evidence to support the rule violation.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**INVESTIGATION:**

The weight log indicates that Resident A weighed 80 lbs. upon entering the facility on 06/15/2021. Resident A's weight was estimated at 80lbs. for the months of July-November 2021. December 2021-May 2022 indicates that Resident A was unable to be weighed. In May 2022, Resident A;s weight was logged as 67.7 lbs., while at the hospital. In June 2022, the weight log indicates that Resident A is unable to be weighed.

Licensee, Ms. Tanisha Johnson indicated that she has not obtained Resident A's weight due to not having the proper scale.

<b>APPLICABLE RULE</b>	
<b>R 400.14310</b>	<b>Resident health care.</b>
	<b>(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.</b>
<b>ANALYSIS:</b>	Resident A's weight was recorded upon his entry to the home.  The home has not obtained his weight since his entry to into the home.  Based on the licensee's failure to record Resident A's monthly weight, there is sufficient evidence to support the rule violation.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**INVESTIGATION:**

On 07/06/ 2022, I reviewed a copy of the emergency evacuation plan for Victory AFC. The plan does not identify residents who require special assistance were not identified in the written procedure.

On 07/06/2022, I conducted an exit conference with the licensee. Ms. Johnson was informed of the rule violations. A corrective action plan was requested within 15 days.

<b>APPLICABLE RULE</b>	
<b>R 400.14318</b>	<b>Emergency preparedness; evacuation plan; emergency transportation.</b>
	<b>(1) A licensee shall have a written emergency procedure and evacuation plan to be followed in case of fire, medical, or severe weather emergencies. The evacuation plan shall be prominently posted in the home. Residents who require special assistance shall be identified in the written procedure.</b>
<b>ANALYSIS:</b>	Based on the licensee's failure to identify residents who require special assistance in the written emergency procedure, there is sufficient evidence to support the rule violation.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**IV. RECOMMENDATION**

Upon the receipt of an approved corrective action plan, no changes to the status of the license is recommended.

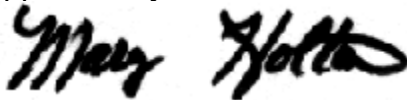


July 6, 2022

Sabrina McGowan  
Licensing Consultant

Date

Approved By:



July 6, 2022

Mary E. Holton  
Area Manager

Date