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GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

July 11, 2022

Julie Clark
2067 White Pine Dr.
Kalkaska, MI 49646

RE: License #: AS400405101
Investigation #: 2022A0870029
ROB'S HOUSE

Dear Ms. Clark:

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 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 (231) 922-5309.

Sincerely,

A handwritten signature in dark ink, appearing to read "Bruce A. Messer".

Bruce A. Messer, Licensing Consultant
Bureau of Community and Health Systems
Suite 11
701 S. Elmwood
Traverse City, MI 49684
(231) 342-4939

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS400405101
Investigation #:	2022A0870029
Complaint Receipt Date:	05/25/2022
Investigation Initiation Date:	05/26/2022
Report Due Date:	07/24/2022
Licensee Name:	Julie Clark
Licensee Address:	2067 White Pine Drive Kalkaska, MI 49646
Licensee Telephone #:	(928) 701-6859
Name of Facility:	ROB'S HOUSE
Facility Address:	1453 Cedar Court Kalkaska, MI 49646
Facility Telephone #:	(928) 701-6859
Original Issuance Date:	11/02/2020
License Status:	REGULAR
Effective Date:	05/02/2021
Expiration Date:	05/01/2023
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. ALLEGATION(S)

	Violation Established?
Staff are not properly trained.	Yes
Staff yell and swear at residents.	No
Healthy foods are not served to the residents.	No
There is a resident that smells of urine and is always soaked.	No

III. METHODOLOGY

05/25/2022	Special Investigation Intake 2022A0870029
05/26/2022	APS Referral Referral made to MDHHS CI.
05/26/2022	Special Investigation Initiated - On Site Interviews conducted with facility staff and residents.
06/27/2022	Contact - Telephone call made Email to Michelle Marsh, NCCMH.
06/27/2022	Contact - Telephone call received Telephone discussion with NCCMH ORR Brandy Marvin.
06/28/2022	Contact - Document Received Facility staff training records received from NCCMH.
07/01/2022	Contact - Telephone call made Telephone call with Licensee Julie Clark.
07/06/2022	Contact - Telephone call made Telephone call with Julie Clark.
07/08/2022	Contact - Document Received Facility menus received from Julie Clark.
07/08/2022	Exit Conference Completed with Licensee Julie Clark.
07/08/2022	Inspection Completed-BCAL Sub. Compliance

ALLEGATION: Staff are not properly trained.

INVESTIGATION: On May 26, 2022, I made a referral to the Michigan Department of Health and Human Services, Protective Services centralized intake unit. I provided them with the above stated allegations for their consideration.

On May 26, 2022, I conducted an unannounced on-site special investigation at the Rob's House AFC home. I met with Licensee Julie Clark and informed her of the above stated allegations. Mr. Clark stated that one staff member, who was hired in mid-April and resigned in mid-May, was "in the training process" and had worked alone "on some evenings." Ms. Clark noted that this staff member, Debra Bailey, did not pass any resident medications during her shifts. I asked Ms. Clark to provide training records for Ms. Bailey, which she stated she would once she obtained them from North Country Community Mental Health.

On May 26, 2022, I conducted an in-person interview, at the facility, with staff member Kayla Duperon. Ms. Duperon stated that she has been trained and confirmed that Ms. Bailey had worked alone in the facility but that Ms. Bailey "never passed any meds to the residents." Ms. Duperon stated she does work alone with residents in the facility.

On May 26, 2022, I conducted an in-person interview with, at the facility, with staff member Felicia Park. Ms. Park confirmed that Ms. Bailey did work by herself in the facility providing care for the residents, but noted she (Ms. Park) lives in an attached apartment and passed resident medications at the designated times.

On June 27, 2022, I spoke with Brandy Marvin, Recipient Rights Advisor for North Country Community Mental Health Authority. Ms. Marvin stated that her agency recently conducted an "audit" and noted that Ms. Clark and staff member Ms. Duperon were both deficient with training requirements. She stated she would provide training transcripts for both.

On June 28, 2022, I reviewed the training records, provided by Ms. Clark and Ms. Marvin, for Licensee Julie Clark, staff members Debra Bailey and Kayla Duperon.

Records show that Ms. Bailey has only completed training in resident rights, first aide and CPR. There is no indication that Ms. Bailey had been trained in reporting requirements, personal care, supervision and protection, safety and fire prevention, the prevention and containment of communicable diseases or medication administration.

Records for Ms. Duperon note that she has not completed training in reporting requirements, personal care, supervision and protection, safety and fire prevention, the prevention and containment of communicable diseases

APPLICABLE RULE	
R 400.14204	Direct care staff; qualifications and training.
	<p>(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas:</p> <ul style="list-style-type: none"> (a) Reporting requirements. (b) First aid. (c) Cardiopulmonary resuscitation. (d) Personal care, supervision, and protection. (e) Resident rights. (f) Safety and fire prevention. (g) Prevention and containment of communicable diseases.
ANALYSIS:	Facility staff members Kayla Duperon and Debra Bailey have worked alone with residents in the facility and have not completed, or deemed to be competent in, all required training areas prior to performing assigned tasks within the facility.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION: Staff yell and swear at residents.

INVESTIGATION: Ms. Clark, Ms. Duperon and Ms. Park all denied yelling or swearing at any facility resident. Ms. Duperon noted that Resident A is hard of hearing and staff do speak in a louder voice when talking to him, “so he can hear us.”

On May 26, 2022, I conducted an interview, at the facility, with Resident A. Resident A denied that any of the facility staff have ever yelled at him or have ever sworn or used offensive language towards him. He noted that he “likes it here”, that he is “happy” and he has “no problem with anyone that works here.”

On May 26, 2022, I conducted an interview, at the facility, with Resident C. Resident C stated that no staff members have ever yelled at him, or any other resident, and he has never heard a staff member swear or use offensive language.

It is noted that I attempted to interview Resident B on May 26, 2022, but was unable to do so as he is noncommunicative.

APPLICABLE RULE	
R 400.14308	Resident behavior interventions prohibitions.
	(2) A licensee, direct care staff, the administrator, members of the household, volunteers who are under the direction of the licensee, employees, or any person who lives in the home shall not do any of the following: (f) Subject a resident to any of the following: (ii) Verbal abuse.
ANALYSIS:	Licensee Julie Clark and staff members Duperon and Park all deny yelling at or swearing at any facility resident. Residents A and C both deny that any facility staff members yell or swear at them There is no indication that the Licensee or any direct care staff members are subjecting the residents to verbal abuse.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: Healthy foods are not served to the residents.

INVESTIGATION: Ms. Clark, Ms. Duperon and Ms. Park all stated that they felt the food served to the facility residents was “good”, “well balanced”, “healthy for them” and “nutritious.” All stated that the residents are fed three meals per day and can have snacks, “anytime.” Ms. Park further noted that each meal includes a protein, fruit and vegetables. She stated she would serve any of the meals that are prepared for the facility’s residents to her own family.

Ms. Clark provided me with copies of the menus for the months of May, June and July 2022. Upon my review I noted that these menus show a diverse variety of food items which include proteins, fruits and vegetables.

Resident A stated, “the food is real good” and that he “likes the food.” He noted he is served fruits and vegetables along with a meat for most meals and that he is served enough to satisfy him. Resident A stated that he can have snacks anytime he asks.

Resident C stated he feels that food is “good.” He noted he is on a special diet so “I can’t eat a lot of vegetables.” Resident C noted that he is provided with three meals daily and can have snacks if he wants. He stated he feels the meals served are nutritious.

APPLICABLE RULE	
R 400.14313	Resident nutrition.
	(1) A licensee shall provide a minimum of 3 regular, nutritious meals daily. Meals shall be of proper form, consistency, and temperature. Not more than 14 hours shall elapse between the evening and morning meal.
ANALYSIS:	The Licensee is providing the facility residents with three nutritious meals daily.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: There is a resident that smells of urine and is always soaked.

INVESTIGATION: Ms. Clark stated that Resident B is incontinent and wears disposable undergarments. She noted he was admitted to the facility in February 2022 and initially did not want to come out of his bedroom. Ms. Clark stated that because he stayed in his room, during the cold winter months, his room was not able to be aired out as she would have liked. She noted that she bathes Resident B regularly, as needed, and that he now comes out of his room and there is no issue with odors.

Ms. Duperon stated that Resident B is incontinent and wears “depends.” She stated that staff change him every two hours and bathe him twice weekly, “more if needed.”

Ms. Park stated that staff are bathing and changing Resident A frequently, as he needs bathing. She noted he is incontinent and wears “depends.” Ms. Park denied that Resident B smells, is not bathed or is left “soaking.”

During my unannounced May 26, 2022, on-site special investigation, I observed Resident B. I noted that Resident B was dressed, appeared clean and groomed. He was sitting in the living room watching television with other residents. I did not observe any foul odors from him. He appeared comfortable and content. As noted above, Resident B is noncommunicative and thus was not able to be interviewed.

APPLICABLE RULE	
R 400.14314	Resident hygiene.
	(1) A licensee shall afford a resident the opportunity, and instructions, when necessary, for daily bathing and oral and personal hygiene. A licensee shall ensure that a resident bathes at least weekly and more often if necessary.

ANALYSIS:	<p>Staff note that Resident B is bathed, “regularly”, “frequently”, “twice weekly”. They note he is bathed more “as needed.”</p> <p>I observed Resident B to be dressed, clean and groomed during my unannounced on-site investigation.</p> <p>Resident B is being afforded the opportunity for daily bathing and bathes at least weekly.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

On July 8, 2022, I provided Licensee Designee Julie Clark with an exit conference. I explained my findings as noted above. Ms. Clark noted that she understood and that she would submit a corrective action plan addressing the cited rule violation. She had no further questions pertaining to this special investigation.

IV. RECOMMENDATION

I recommend, contingent upon the submission of an acceptable corrective action plan, that the status of the license remain unchanged.

 July 8, 2022

Bruce A. Messer Date
Licensing Consultant

Approved By:

 July 11, 2022

Jerry Hendrick Date
Area Manager