



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

July 13, 2022

Patti Holland
801 W Geneva Dr.
Dewitt, MI 48820

RE: License #: AM330073582
Investigation #: 2022A0466041
Simken Adult Foster Care

Dear Patti Holland:

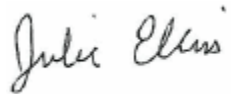
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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) 284-9727.

Sincerely,

A handwritten signature in cursive script that reads "Julie Elkins".

Julie Elkins, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
SPECIAL INVESTIGATION REPORT
THIS REPORT CONTAINS SEXUALLY EXPLICIT CONTENT**

I. IDENTIFYING INFORMATION

License #:	AM330073582
Investigation #:	2022A0466041
Complaint Receipt Date:	05/16/2022
Investigation Initiation Date:	05/17/2022
Report Due Date:	07/15/2022
Licensee Name:	Patti Holland
Licensee Address:	801 W Geneva Dr. Dewitt, MI 48820
Licensee Telephone #:	(517) 669-8457
Administrator:	Patti Holland
Licensee Designee:	N/A
Name of Facility:	Simken Adult Foster Care
Facility Address:	3600 Simken Lansing, MI 48910
Facility Telephone #:	(517) 394-3058
Original Issuance Date:	03/12/1997
License Status:	REGULAR
Effective Date:	03/23/2022
Expiration Date:	03/22/2024
Capacity:	12
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. ALLEGATION:

	Violation Established?
Resident A was not properly supervised by direct care staff members while in the community on 5/14/2022.	Yes

III. METHODOLOGY

05/16/2022	Special Investigation Intake- 2022A0466041.
05/17/2022	Special Investigation Initiated - On Site.
05/17/2022	Contact - Telephone call made to APS worker Jimmy Harris, interviewed.
05/17/2022	Contact - Telephone call made to Guardian A1, message left.
05/17/2022	Contact - Telephone call received from Relative A1 interviewed.
05/17/2022	Contact - Telephone call to APS Jimmy Harris.
05/19/2022	Contact - Telephone call made to Guardian A1, interviewed.
05/23/2022	Contact - Telephone call received CMH Case Manager Liesel Reinke, interviewed.
05/23/2022	Contact - Document Sent to licensee Patti Holland.
05/23/2022	Contact - Telephone call made to licensee Patti Holland, interviewed.
05/23/2022	Contact - Document Sent to FOIA Request to the Lansing Police Department.
05/24/2022	Contact – Document Received, FOIA from the Lansing Police Department.
06/03/2022	Contact - Telephone call made to Detective Christy Pratal, interviewed.
06/03/2022	Contact - Telephone call received from Guardian A1, interviewed.
06/23/2022	Contact - Telephone call received from APS Jimmy Harris.
07/06/2022	Exit Conference with Patti Holland.

ALLEGATION: Resident A was not properly supervised by direct care staff members while in the community on 5/14/2022.

INVESTIGATION:

On 05/16/2022, an *Incident/Accident Report* was received that was dated 5/14/2022 and stated in the "Explain what happened" section of the report "Salina was monitoring [Resident A's] whereabouts through their cellphones. [Resident A] promised to be back by lunch. At approximately 1pm [Resident A] said she was with a new friend. Salina told her to come home that it wasn't safe. At approximately 2pm [Resident A] said she was raped." In the "Action taken by staff" section of the report it stated "Mikin Campbell sent [Resident A] into Sparrow. If [sic] was confirmed [Resident A] had semen inside her. [Resident A] told staff she told the police that she didn't say "no" to the man and that she didn't fight back because she thought that would be misbehaving." In the "corrective measures" section of the report it stated, "We have been and still are working with Mussa Maingu, CMH Quality Advisor, and CMH Case Manager Liesel Reinke to provide a home which keeps [Resident A] safe while allowing her freedom."

On 05/17/2022, I conducted an unannounced investigation and I interviewed house manager and direct care staff member Sara Dzik who reported Resident A has been living at the facility since 6/24/2021. DCW Dzik reported that since Resident A has moved in, she has always required direct care staff member supervision while she is in the community. DCW Dzik reported Resident A does have a guardian who feels strongly Resident A requires supervision in the community as Resident A struggles with directions, crossing the street safely, telling time and how to use money. DCW Dzik reported that until recently facility direct care staff members were supervising Resident A per Guardian A1's direction while Resident A was out in the community. DCW Dzik reported that although the facility only has one DCW per shift, at shift change one DCW would stay longer or come in earlier so a direct care staff member could go with Resident A to the store. DCW Dzik reported that recently Resident A's Clinton-Eaton-Ingham Community Mental Health (CEI-CMH) case manager Liesel Reinke advised direct care staff members and licensee Patti Holland that Resident A could not have any restrictions, including supervision by direct care staff members while in the community, therefore Resident A could go into the community unsupervised. DCW Dzik reported that on 5/16/2022, the date of the incident referenced above, she was not working but DCW Salina Morris and DCW Mikin Campbell were. DCW Dzik reported per the direction of Resident A's CEI- CMH case manager Reinke, DCW Morris was monitoring Resident A while she was in the community by Resident A checking with her cell phone. DCW Dzik reported Resident A was supposed to be home by lunch time, but Resident A did not want to come home as she reported she was with a new friend. DCW Dzik reported that at 2pm, Resident A called and reported to DCW Morris that she had been raped. DCW Dzik reported that by the time Resident A had returned to the facility and DCW Campbell was on shift so she sent Resident A to the hospital by ambulance. DCW Dzik reported the hospital examination confirmed Resident A had semen in her and

was prescribed medication for HIV prevention. DCW Dzik reported Lansing Police were contacted and a report was filed. DCW Dzik reported Guardian A1 never provided licensee Patti Holland and/or direct care staff members with verbal or written approval for Resident A to be in the community unsupervised nor for Resident A to be supervised by the facility via her cellphone.

On 05/17/2022, Resident A was not at the facility while the unannounced investigation took place and therefore could not be interviewed.

On 05/17/2022, I reviewed Resident A's record which contained a written *Assessment Plan for Adult Foster Care (AFC) Residents* (assessment plan) which was dated 6/25/2021 and stated in the "moves independently in the community" section of the assessment plan, "no, [Resident A] needs assistance with navigation and transportation." In the "alert to surroundings" section of the report it stated, "She will cross the street w/looking, distracted easily." In the "tells time" section of the report it stated, "She depends on alarms and has limited understanding of hours/mins. In the "manages money" section of the report it stated, "She can tell you what each coin and bill is. No change concepts." Resident A's record did not contain any other written *Assessment Plan for AFC Residents* including an updated assessment plan for the 2022 year. The 2021 assessment plan was signed by Resident A, CEI-CMH case manager Reinke and Licensee Holland. During my interview with Guardian A1, she stated she participated in the completion of the assessment plan but did not sign it as the CEI-CMH case manager handled all of the paperwork. Guardian A1 stated this document accurately represented Resident A's supervision needs per Guardian A1's directions.

I reviewed a *Treatment Plan* dated 4/19/2022 completed and signed by only CEI-CMH case manager Reinke. The document had a goal 3 for Resident A to become more independent. The objectives for this goal were:

- "I want to understand money [Resident A] has expressed to her support team. [Resident A] has a budget of \$40.00 a month to use at her free will. [Resident A] and her support team decided it was fair to break it down to \$10.00 per week. However, if [Resident A] chooses to spend over her \$10.00 by borrowing from others or spending over her weekly budget, it is to come out of her \$40.00 monthly budget. If [Resident A] spends over her \$40.00 monthly budget it is expected to come out of her \$40.00 for the next month. Staff are to communicate and help navigate [Resident A] with her monthly budget and build upon her money management skills. [Resident A] has done well with using a calculator during her shopping excursions to visually see what she can and can't buy with her allotted amount. [Resident A] also is to be encouraged to be as independent as possible during check out and to be prompted as necessary. After a transaction staff are to assist her in counting her change and communicating to her what is left in total for the month. Staff are to work on this goal on a weekly basis. Staff will document in daily logs, documents expenditures and receipts in fee book."

- [Resident A] will communicate with staff in charge of scheduling rides to keep from miscommunication between [Resident A] and Staff. [Resident A] is to speak to Christine, Relative A1 or Sara when wanting to go anywhere that requires transportation outside of the home. Relative A1 and Sara have access to scheduling rides and staffing to make sure residents transportation needs are met in the home. Staff will communicate with [Resident A] if it is possible but then will explain further if it will not work out and why at the desired time. Staff will not leave the conversation at "no" or "not now" but explain why it will not work out at that time as is. Staff will document in daily logs where [Resident A] requested transportation and what was done in a couple sentences.”
- “[Resident A] over the next year will work on developing her community safety awareness. This will allow her to learn to be in the community safely. [Resident A] with staff assistance and prompting will learn how to cross the street safely, walking on the sidewalk or right side of the street, check for cars before walking both in the street and in the parking lots. At least three times a week staff will walk with [Resident A] in different community sites to assist in safety awareness. Staff will prompt [Resident A] as needed to stop and look both ways, be aware of cars walking from parked car into store and walking on the right side of the street. Staff will document in daily logs what safety skills in the community were worked on and what [Resident A] needed prompts within daily logs.”
- “[Resident A] likes to walk to QD and make small purchase of her own independently during day light hours. In order for [Resident A] to do this safely, she will inform the staff on duty that she will be going to QD. [Resident A] is to set a timer on her phone for 15 minutes and return home before or when the timer goes off. This will allow [Resident A] independence with being in the community while teaching her accountability and time management. Staff will then set a timer on their phone for 15 minutes to check on [Resident A]. If she is not back at the house within that time frame staff will call her to check in. If [Resident A] does not pick up her phone staff will walk up to prompt [Resident A] to return back to the home. Staff will write in daily logs what time she left to QD and when she returned and any behaviors.”
- “[Resident A] does not always understand others' intent which can lead to frustration and anxiety. [Resident A] benefits from others' taking the time to explain their meaning in conversation. Staff will give [Resident A] time to ask questions during conversations to ensure that she understands what is happening and what the expectations are. Staff will summarize in the daily logs any behavioral concerns that arise.”

I reviewed a *Treatment Plan* dated 4/19/2022 completed by CEI-CMH case manager Reinke. The only signature on this document was CEI-CMH case manager Reinke's signature. The document had a goal for Resident A to increase positive interactions with others. The objectives for this goal were:

- “[Resident A] can be impulsive and become frustrated when she does not understand the reasons for why a request cannot be met when she wants it which impacts her communication and interactions with others. [Resident A] would benefit from improved safety skills in order to increase her independence which would decrease moments of frustration/anger at others.”
- “[Resident A] will increase her use of coping strategies in order to appropriately address moments of frustration/anger as evidenced by no more than 1 challenging behavior per week for 3 consecutive months.”

The *Treatment Plans* did not have any statements giving Resident A permission from Guardian A1 to move freely about the community unsupervised.

I reviewed a *CMH tracking document* that was completed for April 2022 and signed by DCW Dzik which documented that Resident A was assisted by direct care staff members as documented below:

- Rides on 4/4, 4/8, 4/19 and 4/26.
- Money transactions on 4/8.

The May *CMH tracking document* was requested from licensee Patti Holland and as of the writing of this report was not received.

I reviewed Resident A’s Health Care Appraisal which was dated 2/23/2021 and documented that Resident A is diagnosed with a cognitive impairment.

I reviewed the *Staff Communication Log* which documented the following:

- 4/28- “[Resident A] has been in a good mood and has been going places with Christine.” Salina
- 5/1-“The time is 6:15pm [Resident A]said she is going for a walk. I told her it was starting to rain. She said she would be ok.” Pat
- 5/2- “[Resident A] at 6:05 pm to go to QD it is 724 she has not returned.”
- 5/3- “Took shower as soon as she got home from school. Went to the movies got \$5 popcorn combo, she really enjoys the movies.”
- 5/4-“Took multiple times to get her out of bed for school. She stays up on her phone. Refused to change her clothes for school but did wash up.”
- 5/5-“[Resident A] said she was done selling bracelets because the teacher said she can go to jail for selling them at QD. SM”
- 5/6-“[Resident A] had left to go to QD at 4:30pm. She never called so I looked in her room. She left her phone here and came back at 5:45pm went to the bathroom and said she was going back to the store. I asked if she had her phone and she said no. When time to call she said she didn’t need her phone she isn’t a baby. She doesn’t have to be babysitted. She is upset and still yelling because she of me [sic] trying to explain things to her. Sara also explained to her what she was supposed to do before going to the store today. SM”
- 5/6- “Today [Resident A] told me that her teacher came to her today and told her that we are lying to her and don’t care about her. Also, her

parents are talking stuff to her saying they are moving her out of this home because we don't care and we aren't helping her. [Resident A] has been gone since 6pm, it is now 7pm and she left her phone here so there is no way to get a hold of her. SM"

- 5/9- "Went on 3 walks with staff. Also asked soccer players if she could play and they said yes. She sat a lot in the park watching them play."
- 5/10-"Went to nature center with staff and residents."
- 5/12- "[Resident A] refused to get out of bed for school and said that Sara is taking her to her doctor's appointment this morning. Text Sara."
- 5/12-"[Resident A] went to the park at 6pm. Said she would be back at 6:30pm. She hasn't been back yet and she left her phone here so we can't call her and there is only one staff here so I can't look for her. As of now its 8pm and she still isn't here. Salina"
- 5/13-"Constantly running back and forth from kitchen to [Resident A's] bedroom she wouldn't get out of bed. First, she tried to pretend that she was sleep and didn't feel me feel me trying to wake her, then she pretended I wasn't talking to her every time I'd come in her room to get her up and moving, she just stared into her phone and didn't respond to nothing I said, I gave up around 6:25am."
- 5/13-"[Resident A] had a good day. She went for a ride with Christine and now she wants to go sell bracelets at 7:30pm. SM"
- 5/14-"[Resident A] woke up for the second time asked for something to drink then went outside. I looked out the window and she was sitting in a chair. She had come inside went to the bathroom and went to go back outside. I had asked her where she was going and she said on the porch. I told her Ok but don't go anywhere else unless you let me know and she said Ok and this was at 11am was cleaning the house and I noticed I didn't see [Resident A] for a while so I looked outside at 11:55 am. I missed her call so I called her back at 11:56am and asked her where she was and she said the park. I said come home for lunch. She said OK and she asked me if her friend could come over. I said I don't think it is a good idea for to bring a stranger to your home. I told her I also don't think it's a good idea for her to be hanging out with people that she doesn't know. She said Ok and hung up. Then I started to clean the house. [Resident A] called back at 1:26 to check in. I asked her where she was and she said at the park. I told her Ok and that she needed to be home before 2 because Mikin was going be coming in and I was going to be leaving. She said Ok. Then at 2:18, Mikin called me and said that [Resident A] called and said that she needed to go to the hospital cause some dude tried to have sex with her. I told her to call the police and call [Resident A] to come home and to call Sara to figure things out. I also called Sara to come in and figure things out and to go get [Resident A]."

On 05/19/2022, I interviewed Guardian A1 who reported she has never given permission for Resident A to be in the community unsupervised. Guardian A1 reported Resident A's written *Assessment Plan for Adult Foster Care (AFC) Residents*

documents Resident A requires supervision in the community. Guardian A1 reported CEI-CMH case manager Reinke has been pushing for Resident A to have more independence since she was assigned as Resident A's case manager. Guardian A1 wants Resident A to have more independence however she wants to ensure Resident A has the skills to be successful in the community unsupervised first. Guardian A1 reported she wants Resident A to have some sex education, money skills, navigation skills and decision-making skills before she moves freely in the community. Guardian A1 reported Resident A is impulsive and does not think through how a decision could impact her. Guardian A1 reported Resident A has the mental capacity of a 7–10-year-old. Guardian A1 reported she does not believe Resident A understands how adult dating relationships work nor does she understand sexual intercourse.

Guardian A1 reported she was at a meeting on 4/19/2022 at CMH with CEI-CMH case manager Reinke to update Resident A's CEI-CMH *Treatment Plan*. Guardian A1 reported she made it clear that she was not in agreement for Resident A to be unsupervised for any length of time in the community nor for Resident A to be monitored by her cell phone while in the community unsupervised. Guardian A1 reported she refused to sign Resident A's *Treatment Plan* at the treatment planning meeting because she did not agree with the goals and objectives that were set by CEI-CMH case manager Reinke. Guardian A1 reported CEI-CMH case manager Reinke also mailed her a copy of Resident A's *Treatment Plan* which she never signed and returned since she did not agree with it. Guardian A1 feels that based on Resident A's limited cognition no one is keeping her safety in mind.

Guardian A1 reported she was contacted on 5/15/2022 by Resident A who told her she had been raped by a boy outside of the Boys and Girls Club. Guardian A1 reported Resident A told her she told the boy "no" but he did not listen to her. Guardian A1 reported Resident A was unsupervised in the community for six hours the day the sexual assault took place. Guardian A1 reported Resident A told her she stayed with the boy longer than she wanted to because she did not know how to get home (back to the AFC facility) and because she did not want to be alone.

On 05/23/2022, I interviewed CEI-CMH case manager Reinke who reported Resident A does not have a *Behavioral Plan* so therefore she is able to come and go from the AFC facility as she pleases without supervision. CEI-CMH case manager Reinke reported she has not identified any safety needs that would prohibit Resident A from being able to be in the community independently and if restrictions were imposed on Resident A by the facility, they would risk losing funding for Resident A. CEI-CMH case manager Reinke reported Resident A's *Treatment Plan* was just updated to reflect her having more independence. CEI-CMH case manager Reinke confirmed Guardian A1 did not sign Resident A's *Treatment Plan*. CEI-CMH case manager Reinke reported CEI-CMH is working with the facility to meet Resident A's needs for independence despite Guardian A1 not agreeing. Case manager Reinke reported that Guardian A1 is "overprotective" and other guardian options are being pursued.

On 05/23/2022, I interviewed licensee Patti Holland who reported that the facility was instructed by CEI-CMH case manager Reinke that Resident A could not be restricted from going into the community unsupervised. Licensee Holland reported she followed the direction of case manager Reinke despite knowing Guardian A1 disagreed and expected Resident A to be supervised by direct care staff members in the community as agreed upon in the *Assessment Plan for AFC Residents*. Licensee Holland reported she was told by CEI-CMH case manager Reinke that if the facility imposed restrictions on Resident A, they would lose CEI-CMH funding. Licensee Holland reported she never received any verbal direction nor anything in writing from Guardian A1 allowing Resident A to be in the community unsupervised.

On 05/24/2022, I reviewed the *Lansing Police Department Case Report* dated 5/14/2022 at 3:30pm and written by Officer Rebecca Hare. At the top of the report, it documented "CSC First (1st) Degree- Penetration Penis/vagina." In the "Contact Victim" section of the report it stated,

"I made contact with [Resident A] who is cognitively impaired. Due to [Resident A's] mental state it was difficult to obtain a full and consistent statement. [Resident A] stated that today (5/15/2022) between approximately 0800hrs and 0900hrs, she was sexually assaulted. [Resident A] stated that she was standing at the bus stop near Quality Dairy on W Holmes Rd/Pleasant Drove Rd. [Resident A] advised the accused met her there and took her to the park. [Resident A] stated the park was located behind the Boys and Girls Club (4315 Pleasant Grove Rd.) [Resident A] advised she ended up on the ground either sitting down or being pushed by the accused. [Resident A] said that she hit her back on the cement after she ended up on the ground. [Resident A] advised the accused and took off her clothes while she was on the ground. [Resident A] advised that the accused started to perform cunnilingus on her without her consent. [Resident A] stated the accused penetrated her vagina with his penis. [Resident A] advised the accused and penetrated her anus with his penis. [Resident A] advised the total length of the assault lasted approximately 15 to 20 minutes. [Resident A] stated that during a portion of the assault, she told the accused I don't think we should do it but the accused ignored her. [Resident A] advised that during the assault the accused held her down by her thighs. [Resident A] stated the accused also had his arm across her chest for a portion of the assault. [Resident A] advised she and the accused walked to the Southside Community Coalition (2101 West Holmes Rd.) together where she was assaulted again. [Resident A] advised the accused took her into the woods behind the Southside Community Coalition and penetrated her vagina with his penis again. [Resident A] stated she then walked home and informed AFC worker about what occurred. [Resident A] stated she wants to press charges on the accused."

In the "Contact Worker of AFC Home (Mikin Campbell)" section of the report it stated: "I made contact with Mikin Campbell who is an employee at the AFC home [Resident A] resides at and was waiting at Sparrow Hospital. Campbell advised that [Resident A] is allowed to leave the house by herself but that she has to

check in with staff every 10 minutes. Campbell advised she received a phone call from [Resident A] and [Resident A] told her she was at the park and doesn't feel good. Campbell advised that she checked the area for [Resident A] but was unable to locate her. Campbell stated she made contact with [Resident A] again and asked [Resident A] where she was at so she could pick her up. [Resident A] stated she was coming back to the residence. Campbell advised she was able to locate [Resident A] and observed she was walking very slow and was hunched over which was abnormal for her. Campbell stated [Resident A] told her she was raped. Campbell contacted an ambulance to transport to the hospital."

On 06/03/2022, I interviewed Detective Christy Pratal, Lansing Police Department who reported that she interviewed Resident A. Detective Pratal reported Resident A could not tell the difference between a truth and lie. Detective Pratal reported Resident A could not comprehend the difference between consent and rape. Detective Pratal reported that Resident A cannot tell where there is danger around her nor could she be capable of making decisions to keep herself safe. Detective Pratal reported Resident A has no concept of money and she does not have any navigation skills. Detective Pratal reported Resident A acts much younger than she is and should not be unsupervised in the community for her safety. Detective Pratal reported that she does not have enough evidence to move forward with the sexual assault case.

On 06/03/2022, I interviewed Guardian A1 for a second time who reported that she talked with Detective Pratal who reported to her that Resident A was confused during the interview and because the perpetrator was also special needs the case will not move forward. Guardian A1 reported that she never agreed to Resident A being unsupervised in the community and checking in via cell phone. Guardian A1 reported that Resident A is not responsible enough to keep the cell phone charged nor does she know how to tell time.

On 06/23/2022, I interviewed Adult Protective Service (APS) Worker Jimmy Harris who reported that he had not concluded his investigation yet but he believed Resident A needed a more restrictive setting for her safety.

APPLICABLE RULE	
R 400.14301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(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:

	(a) The amount of personal care, supervision, and protection that is required by the resident is available in the home.
ANALYSIS:	On 05/14/2022, Resident A was in the community unsupervised although her written <i>Assessment Plan for Adult Foster Care Residents</i> documented in the “moves independently in the community” that Resident A needs assistance with navigation and transportation. Additionally noted in Resident A’s written assessment plan, it documented that Resident A is not able to safely cross the street, not able to tell time accurately or keep track of time and is easily distracted. Guardian A1 confirmed she has never given either licensee Patti Holland or any direct care staff member written or verbal permission for Resident A to be in the community unsupervised nor did she agree to Resident A being supervised via cell phone. Additionally, according to the <i>Staff Communication Log</i> , Resident A left the home without supervision on 5/1, 5/2, 5/3, 5/5, 5/6 and 5/12 and on 5/14 according to the incident report. Therefore a violation has been established as Resident A was not provided with personal care, supervision and protection per her assessment plan on the above dates. This lack of supervision contributed to the sexual assault Resident A experienced on 05/14/2022 while she was unsupervised in the community.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, no change in license is recommended.

Julie Elkins

07/06/2022

Julie Elkins
Licensing Consultant

Date

Approved By:

Dawn Timm

07/13/2022

Dawn N. Timm
Area Manager

Date