



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 25, 2022

Tamikya Lewis
G.R.A.C.E. Family Services
1904 Miller Rd.
Flint, MI 48503

RE: License #: AS250349772
Investigation #: 2022A0582046
Beautiful Blades II

Dear Mrs. Lewis:

Attached is the Special Investigation Report for the above referenced facility. Due to the severity of the violations, disciplinary action against your license is recommended. You will be notified in writing of the department's action and your options for resolution of this matter.

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) 284-9727.

Sincerely,

A handwritten signature in cursive script that reads "Derrick L. Britton".

Derrick Britton, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 284-9721

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS250349772
Investigation #:	2022A0582046
Complaint Receipt Date:	06/29/2022
Investigation Initiation Date:	06/29/2022
Report Due Date:	08/28/2022
Licensee Name:	G.R.A.C.E. Family Services
Licensee Address:	1904 Miller Rd. Flint, MI 48503
Licensee Telephone #:	(810) 449-0519
Administrator:	Todd Lewis
Licensee Designee:	Tamikya Lewis
Name of Facility:	Beautiful Blades II
Facility Address:	210 Seventh Flint, MI 48503
Facility Telephone #:	(810) 237-4105
Original Issuance Date:	01/15/2014
License Status:	1ST PROVISIONAL
Effective Date:	06/10/2022
Expiration Date:	12/09/2022
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL, AGED, ALZHEIMERS

II. ALLEGATIONS

	Violation Established?
Resident B’s personal hygiene is being neglected, as she is not showered daily, has greasy hair, dandruff/skin flakes on her head, dark spots on her face and arms, and a large blackhead on her cheek. She has a foul odor, dirty nails, and wears the same clothes daily. Resident C’s personal hygiene is being neglected, as she is not showered daily, has dirty/greasy hair, wears the same clothes, and dirt under her nails.	No
Additional Findings	Yes

III. METHODOLOGY

06/29/2022	Special Investigation Intake 2022A0582046
06/29/2022	Special Investigation Initiated - On Site
06/29/2022	Contact - Document Received Email from Tiffany Williams, Adult Protective Services
06/29/2022	Contact - Face to Face With Resident A, Resident B, and Todd Lewis, Administrator
08/17/2022	Inspection Completed On-site Face to face with Resident A, Resident B, and Todd Lewis, Administrator
08/17/2022	Contact - Telephone call received With Guardian B/C
08/18/2022	Contact - Document Received With Tiffany Williams, Adult Protective Services
08/22/2022	Inspection Completed On-site
08/22/2022	Inspection Completed-BCAL Sub. Non-Compliance
08/22/2022	Exit Conference With Tamikya Lewis, Licensee Designee

ALLEGATION:

Resident B's personal hygiene is being neglected, as she is not showered daily, has greasy hair, dandruff/skin flakes on her head, dark spots on her face and arms, and a large blackhead on her cheek. She has a foul odor, dirty nails, and wears the same clothes daily. Resident C's personal hygiene is being neglected, as she is not showered daily, has dirty/greasy hair, wears the same clothes, and dirt under her nails.

INVESTIGATION:

I received this complaint on 06/29/2022, and contacted Complainant on the same day. Complainant stated that she sees both Resident A and Resident B once a month. Complainant stated that Resident B and Resident C's hair is not always combed. Complainant stated that Resident B was a "new level" of dirty and has "cradle cap." Complainant stated that both Resident B and Resident C have a bad smell as if they have not showered, with dirty nails. Complainant stated that Resident A is low functioning and deaf, so she needs assistance and prompting for personal hygiene. Complainant stated that she does not know if the residents are left to their own devices for personal care. Complainant stated that she asked DCW Todd Lewis about Resident B, and he stated that she showered on the same day that she saw her, but Complainant stated that could not be the case due to her appearance, smell, skin, and blackhead on her cheek.

On 06/29/2022, I contacted Tiffany Williams, Adult Protective Services worker. Ms. Williams stated that she went to the home, and she did not have any concerns with the appearances of Resident B or Resident C.

On 06/29/2022, I conducted an unannounced, onsite inspection at the facility. I observed Resident B and Resident C, who were dressed appropriately, with no noticeable concerns about personal hygiene. Neither Resident B nor Resident C had a noticeable bad smell. I did not observe "cradle cap" or skin peeling on Resident B, and her hair was appropriate. I observed Resident C with no dirt under her nails and hair combed appropriately.

I interviewed Administrator Todd Lewis, who stated that both Resident A and Resident B are washed every day and shower every other day.

I reviewed Resident B's Assessment Plan, which documented that she needs help with bathing, grooming, and personal hygiene. I could not interview Resident B due to her diagnosis of intellectual disability and being deaf. I reviewed Resident C's Assessment Plan, which documented that she needs help with dressing and personal hygiene. I did not interview Resident C due to her diagnosis of intellectual disability.

On 08/17/2022, I conducted an unannounced, onsite inspection at the facility. I observed Resident B and Resident C to be dressed appropriately, and they appeared to be receiving proper care and supervision. I did not notice a smell from either resident.

On 08/17/2022, I interviewed Guardian B/C, who is the guardian for both Resident B and Resident C. Guardian B/C stated that the licensee took good care of a previous resident she had at the facility, which prompted her to place Resident B and Resident C at the home. Guardian B/C stated that she observed both residents and did not have an issue with their dress and appearance, but she was working towards moving both residents from the home.

On 08/22/2022, I conducted an unannounced, onsite inspection at the facility. I observed Resident B and Resident C to be dressed appropriately, and they appeared to be receiving proper care and supervision. I did not notice a smell from either resident.

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:	Based on onsite observations on 06/29/2022, 08/17/2022, and 08/22/2022, in addition to interviews with Ms. Williams, Mr. Lewis, and Guardian B/C, there is no evidence to confirm that Resident B and Resident C are not aided with personal hygiene and have the opportunity for at least weekly bathing. Residents were dressed appropriately with no apparent odor, and no dandruff, dark spots, or dirty nails.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION:

On 06/30/2022, I conducted an unannounced, onsite inspection at the facility. I reviewed Resident B's Health Care Appraisal, which was not completed or signed.

On 08/22/2022, I contacted Tamikya Lewis, who stated that Resident B and Resident C were admitted to the home on 09/16/2021.

APPLICABLE RULE	
R 400.14301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.
ANALYSIS:	Based on my inspection at the facility on 06/30/2022, Resident B did not have a completed <i>Health Care Appraisal</i> form in her file.
CONCLUSION:	VIOLATION ESTABLISHED

INVESTIGATION:

On 06/30/2022, I conducted an unannounced, onsite inspection at the facility. I reviewed the *Assessment Plan for AFC Residents* for Resident B and Resident C. The *Assessment Plans* were not dated or signed by the person completing the assessment, resident, designated representative, or responsible agency representative. The *Assessment Plans* did not indicate how the needs of Resident B and Resident C would be met.

On 08/22/2022, I contacted Tamikya Lewis, who stated that Resident B and Resident C were admitted to the home on 09/16/2021.

SIR (Special Investigation Report) #2022A0871027 dated 05/09/2022, found a violation to R 400.14301(4), due to staff not being able to provide a copy of Resident A's *Assessment Plan for AFC Residents*. The CAP dated 06/06/2022 from Tamikya Lewis, Licensee Designee, documented that "resident's admission documents are completed within the first 30 days of move-in date. Documents are renewed/revised January 31 of each new year. Tamikya Lewis is responsible for implementing the corrective action plan. All residents' documents are current and up to date by 07/01/2022."

APPLICABLE RULE	
R 400.14301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.
ANALYSIS:	Based on an inspection of documents on 06/30/2022, the <i>Assessment Plan for AFC Residents</i> for Resident B and Resident C were not fully completed. The <i>Assessment Plans</i> did not address the specific methods of providing care for each resident based on their needs.
CONCLUSION:	REPEAT VIOLATION ESTABLISHED. SIR Number 2022A0871027 dated 05/09/2022.

INVESTIGATION:

On 06/30/2022, I conducted an unannounced, onsite inspection at the facility. I reviewed Resident B's *Resident Care Agreement*. The agreement did not include a basic fee amount and was not signed by the resident/designated representative, licensee designee, or responsible agency.

On 08/22/2022, I contacted Tamikya Lewis, who stated that Resident B and Resident C were admitted to the home on 09/16/2021.

APPLICABLE RULE	
R 400.14301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(6) At the time of a resident's admission, a licensee shall complete a written resident care agreement. A resident care agreement is the document which is established between the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee and which specifies the responsibilities of each party. A resident care agreement shall include all of the following:

	<p>(a) An agreement to provide care, supervision, and protection, and to assure transportation services to the resident as indicated in the resident's written assessment plan and health care appraisal.</p> <p>(b) A description of services to be provided and the fee for the service.</p> <p>(c) A description of additional costs in addition to the basic fee that is charged.</p> <p>(d) A description of the transportation services that are provided for the basic fee that is charged and the transportation services that are provided at an extra cost.</p> <p>(e) An agreement by the resident or the resident's designated representative or responsible agency to provide necessary intake information to the licensee, including health-related information at the time of admission.</p> <p>(f) An agreement by the resident or the resident's designated representative to provide a current health care appraisal as required by subrule (10) of this rule.</p> <p>(g) An agreement by the resident to follow the house rules that are provided to him or her.</p> <p>(h) An agreement by the licensee to respect and safeguard the resident's rights and to provide a written copy of these rights to the resident.</p> <p>(i) An agreement between the licensee and the resident or the resident's designated representative to follow the home's discharge policy and procedures.</p> <p>(j) A statement of the home's refund policy. The home's refund policy shall meet the requirements of R 400.14315.</p> <p>(k) A description of how a resident's funds and valuables will be handled and how the incidental needs of the resident will be met.</p> <p>(l) A statement by the licensee that the home is licensed by the department to provide foster care to adults.</p>
ANALYSIS:	Based on an inspection of Resident B's documents on 06/30/2022, the <i>Resident Care Agreement</i> was not fully completed, did not indicate a basic fee amount, and did not have the required signatures.
CONCLUSION:	VIOLATION ESTABLISHED

INVESTIGATION:

On 06/29/2022, I contacted Tiffany Williams, Adult Protective Services worker. Ms. Williams stated that the shared room of Resident B and Resident C smelled of urine.

On 06/30/2022, I conducted an unannounced, onsite inspection at the facility. I noticed a strong smell of urine in the home.

On 08/17/2022, I conducted an unannounced, onsite inspection at the home. I observed the shared room of Resident B and Resident C, and there was a noticeable, strong odor of urine. Additionally, there was a smell of urine in the upstairs of the home.

On 08/17/2022, I interviewed Guardian B/C. Guardian B/C stated that both residents are incontinent and should be wearing adult briefs. Guardian B/C stated that she is looking for another placement for both residents.

On 08/18/2022, I interviewed Ms. Williams, APS, who stated that she would most likely substantiate for neglect due to the bedroom smelling of urine.

SIR (Special Investigation Report) #2022A0871027 dated 05/09/2022, found a violation to R 400.14403(2) due to the odor of urine observed by Licensing Consultant Kathryn Huber 03/23/2022 and 04/19/2022. The Corrective Action Plan (CAP) dated 06/06/2022 from Tamikya Lewis, Licensee Designee, documented that "the home is routinely cleaned daily. Violation corrected 05/15/2022. Compliance will be maintained daily."

APPLICABLE RULE	
R 400.14403	Maintenance of premises.
	(2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.
ANALYSIS:	Based on observations during onsite inspections on 06/29/2022 and 08/17/2022, there is evidence to confirm a strong smell of urine in the home. Ms. Williams from APS also confirmed the smell of urine in the resident's bedroom.
CONCLUSION:	REPEAT VIOLATION ESTABLISHED. SIR Number 2022A0871027 dated 05/09/2022.

On 08/22/2022, I conducted an Exit Conference with Tamikya Lewis, Licensee Designee. I informed Ms. Lewis of the recommendation of revocation of the license and explained the process. Ms. Lewis stated that she misunderstood that the license was currently on a provisional status and thought that it was applicable to a previously licensed home that was voluntarily closed due to capacity issues. Ms. Lewis stated that she has current, complete resident forms on her computer. Ms. Lewis stated that there was a previous resident who occupied the room of Resident

B and Resident C, who would urinate on the wooden floor. Ms. Lewis stated that the floor in the room was previously stripped and cleaned to remove the smell of urine.

IV. RECOMMENDATION

I recommend revocation of the license of this AFC adult small group home (capacity 1-6).

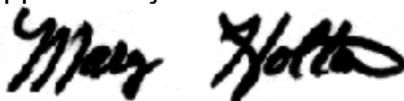


08/22/2022

Derrick Britton
Licensing Consultant

Date

Approved By:



08/22/2022

Mary E Holton
Area Manager

Date