



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 24, 2022

Reeta Smith
Redwood Inc
PO Box 684
Oxford, MI 48371

RE: License #:	AM440303132
Investigation #:	2022A0872045
	Oak Hill

Dear Ms. Smith:

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) 643-7960.

Sincerely,

A handwritten signature in cursive script that reads "Susan Hutchinson".

Susan Hutchinson, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(989) 293-5222

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM440303132
Investigation #:	2022A0872045
Complaint Receipt Date:	07/06/2022
Investigation Initiation Date:	07/07/2022
Report Due Date:	09/04/2022
Licensee Name:	Redwood Inc
Licensee Address:	3280 Trillium Lane Oxford, MI 48371
Licensee Telephone #:	(248) 625-1280
Administrator:	Reeta Smith
Licensee Designee:	Reeta Smith
Name of Facility:	Oak Hill
Facility Address:	140 Larson Road Attica, MI 48412
Facility Telephone #:	(810) 724-1791
Original Issuance Date:	12/01/2010
License Status:	REGULAR
Effective Date:	08/10/2020
Expiration Date:	08/09/2022
Capacity:	9
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

	TRAUMATICALLY BRAIN INJURED ALZHEIMERS AGED
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II. ALLEGATION(S)

	Violation Established?
Resident A has lost a lot of weight while living at this AFC home. She needs new clothing, but staff will not take her to buy any.	No
Additional Findings	Yes

III. METHODOLOGY

07/06/2022	Special Investigation Intake 2022A0872045
07/07/2022	Special Investigation Initiated - On Site
07/07/2022	APS Referral This complaint was referred by APS but was not assigned for investigation
07/27/2022	Inspection Completed On-site Unannounced
07/29/2022	Contact - Document Received AFC documentation received from home manager, Tracy Pringle
08/24/2022	Inspection Completed-BCAL Sub. Compliance
08/24/2022	Exit Conference I conducted an exit conference with the licensee designee, Reeta Smith

ALLEGATION: Resident A has lost a lot of weight while living at this AFC home. She needs new clothing, but staff will not take her to buy any.

INVESTIGATION: Originally, this complaint came in as an unlicensed complaint with an address listed in Lapeer, Michigan. I conducted an onsite inspection at that address but after talking with the homeowner, I determined that this is not, nor has it ever been an Adult Foster Care facility. Furthermore, the homeowner had not yet physically moved into the home so there were no occupants. I made some phone calls and determined that the resident in question, Resident A, resides at Oak Hill Adult Foster Care facility.

On 7/27/22, I conducted an unannounced onsite inspection of Oak Hill Adult Foster Care (AFC) facility. I interviewed Resident A, the home manager, Tracy Pringle, and conducted a visual inspection of the facility.

Resident A said that she moved into this facility in the spring of 2022. She said that she lived in a different home for several years prior to this and she had a difficult time moving residences. Resident A told me that she is diabetic, and she has lost weight over the years which is a “good thing.” She said that she likes the meals that are served at this facility, and she always gets enough to eat. I asked Resident A about her clothing, and she said that she has a lot of clothes. She showed me her dresser and I observed five drawers full of clothes. She also showed me a laundry basket full of clothes and said that she has to launder them. Finally, Resident A showed me her closet which was also full of hanging clothes. Resident A said that when she first started losing weight, she did not have clothes that fit her but said she has plenty of clothes now.

According to the home manager, Tracy Pringle, Resident A vacillates between being happy at this AFC and not liking it. Ms. Pringle said that Resident A will make complaints about things but will then apologize. Ms. Pringle told me that Resident A’s case manager and AFC staff are aware of this behavior.

On 7/29/22, I reviewed AFC paperwork related to Resident A. Resident A was admitted to Oak Hill AFC on 3/04/22. According to her Health Care Appraisal dated 3/11/22, she is diagnosed with gastroesophageal reflux disease, type 2 diabetes, hypertension, hyperlipidemia, and hypothyroidism. Her weight for June 2022 was 203lbs and her weight for July was 201lbs.

APPLICABLE RULE	
R 400.14305	Resident protection.
	(3) A resident shall be treated with dignity and his or her personal needs, including protection and safety, shall be attended to at all times in accordance with the provisions of the act.
ANALYSIS:	Resident A said that she moved into this facility in the spring of 2022. She said that she is diabetic and has lost weight over the years, but this is a “good thing.” She said that when she originally lost weight, she did not have many clothes that fit her but now as a resident of Oak Hill AFC, she has plenty of clothes. I reviewed Resident A’s weight record for June and July 2022 and saw that she lost 2lbs. During my onsite inspection on

ANALYSIS:	7/27/22, I observed that Resident A has a closet full of clothes as well as a five-drawer dresser full of clothes. I conclude that there is insufficient evidence to substantiate this rule violation at this time.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION: On 7/29/22, while reviewing Resident A's weight records, I noted that her weight was only recorded for June and July 2022 even though she was admitted to the facility on 3/04/22. Ms. Pringle said that she was unsure if the previous home manager had taken and recorded Resident A's weights.

APPLICABLE RULE	
R 400.14310	Resident health care.
	(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.
ANALYSIS:	On 7/29/22, while reviewing Resident A's weight records, I noted that her weight was only recorded for June and July 2022 even though she was admitted to the facility on 3/04/22. Ms. Pringle said that she was unsure if the previous home manager had taken and recorded Resident A's weights.
CONCLUSION:	VIOLATION ESTABLISHED

INVESTIGATION: During my onsite inspection on 7/27/22, I noted that there were numerous rodent droppings in several areas in the basement. The home manager, Tracy Pringle said that she was not aware if a pest control program is in place.

APPLICABLE RULE	
R 400.14401	Environmental health.
	(5) An insect, rodent, or pest control program shall be maintained as necessary and shall be carried out in a manner that continually protects the health of residents.

ANALYSIS:	During my onsite inspection on 7/27/22, I noted that there were numerous rodent droppings in several areas in the basement.
CONCLUSION:	VIOLATION ESTABLISHED

INVESTIGATION: During my onsite inspection on 7/27/22, I noted that there was water damage on the walls in the basement near the sup pump. The source of the water damage must be determined and repaired.

APPLICABLE RULE	
R 400.14403	Maintenance of premises.
	(4) A roof, exterior walls, doors, skylights, and windows shall be weathertight and watertight and shall be kept in sound condition and good repair.
ANALYSIS:	During my onsite inspection on 7/27/22, I noted that there was water damage on the walls in the basement near the sup pump.
CONCLUSION:	VIOLATION ESTABLISHED

INVESTIGATION: During my onsite inspection on 7/27/22, I noted that many of the basement walls have paneling on them. I do not have documentation demonstrating that the paneling consists of at least class C materials. I also noted that some of the drop ceiling panels are missing.

APPLICABLE RULE	
R 400.14503	Interior finishes and materials generally.
	Interior finishes and materials generally. (1) Interior finish materials shall be at least class C materials throughout the adult foster care small group home. (2) Interior finish materials shall be securely attached to, or furred out not more than 1 inch from, walls or ceilings that are dry wall, plaster, masonry, or natural solid wood that is not less than 3/4 of an inch thick. (3) The attaching of interior finish materials, other than dry wall, plaster, or natural solid wood that is, not less than 3/4 of an inch thick, directly to wall studs or to floor or ceiling joists is prohibited. Suspended ceilings constructed of a class A material that is 1/4 inch or greater in thickness and installed in accordance to manufacturers specifications shall be permitted.

	<p>(4) Class A, B, and C materials are interior finish materials that have the following minimum characteristics:</p> <table><tr><td>Class</td><td>Flame Spread</td><td>Smoke Developed</td></tr><tr><td>A</td><td>0-25</td><td>0-450</td></tr><tr><td>B</td><td>26-75</td><td>0-450</td></tr><tr><td>C</td><td>76-200</td><td>0-450</td></tr></table>	Class	Flame Spread	Smoke Developed	A	0-25	0-450	B	26-75	0-450	C	76-200	0-450
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ANALYSIS:	During my onsite inspection on 7/27/22, I noted that many of the basement walls have paneling on them. I do not have documentation demonstrating that the paneling consists of at least class C materials. I also noted that some of the drop ceiling panels are missing.												
CONCLUSION:	VIOLATION ESTABLISHED												

On 8/24/22, I conducted an exit conference with the licensee designee, Reeta Smith. I discussed the findings of my inspection and explained which rule violations I will be substantiating. I also said that when my report is approved, I will send her a copy, requesting a corrective action plan.

IV. RECOMMENDATION

Upon the receipt of an acceptable corrective action plan, I recommend no change in the license status.

Susan Hutchinson

August 24, 2022

Susan Hutchinson Licensing Consultant	Date
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Approved By:

Mary Holton

August 24, 2022

Mary E Holton Area Manager	Date
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