



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 26, 2022

Bethany Mays
Resident Advancement, Inc.
PO Box 555
Fenton, MI 48430

RE: License #: AS250010823
Investigation #: 2022A0576041
Henderson AFC

Dear Ms. Mays:

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.
- 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) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "C. Garza".

Christina Garza, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(810) 240-2478

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS250010823
Investigation #:	2022A0576041
Complaint Receipt Date:	07/05/2022
Investigation Initiation Date:	07/08/2022
Report Due Date:	09/03/2022
Licensee Name:	Resident Advancement, Inc.
Licensee Address:	411 S. Leroy, PO Box 555 Fenton, MI 48430
Licensee Telephone #:	(810) 750-0382
Administrator:	Gloria Stogsdill
Licensee Designee:	Bethany Mays
Name of Facility:	Henderson AFC
Facility Address:	4074 S. Henderson Davison, MI 48423
Facility Telephone #:	(810) 653-0641
Original Issuance Date:	03/17/1989
License Status:	REGULAR
Effective Date:	02/27/2022
Expiration Date:	02/26/2024
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED, MENTALLY ILL, DEVELOPMENTALLY DISABLED

II. ALLEGATION(S)

	Violation Established?
Complaint alleges that facility staff did not feed a tube fed Resident A as ordered on June 29, 2022, and June 30, 2022.	No
Additional Findings	Yes

III. METHODOLOGY

07/05/2022	Special Investigation Intake 2022A0576041
07/08/2022	Special Investigation Initiated - Letter Sent email to Patricia Sheppard, Genesee County Office of Recipient Rights (ORR)
07/08/2022	Contact - Document Received Email received from Patricia Sheppard
08/15/2022	Inspection Completed On-site Interviewed Home Manager, Carlin Bailey and viewed Resident A
08/25/2022	Contact - Telephone call made Unsuccessful call to Staff, Shomori Tillis
08/25/2022	Contact - Telephone call made Interviewed Staff, Jafresha Tate
08/25/2022	Contact - Telephone call made Interviewed Patricia Sheppard
08/26/2022	APS Referral
08/26/2022	Exit Conference Exit Conference with Licensee Designee, Beth Mays

ALLEGATION:

Complaint alleges that facility staff did not feed a tube fed Resident A as ordered on June 29, 2022, and June 30, 2022.

INVESTIGATION:

On July 8, 2022, I sent an email to Patricia Sheppard, Genesee County Office of Recipient Rights (ORR) regarding Henderson AFC. Ms. Sheppard reported the Home Manager, Carlin Bailey reported that an excess inventory of the "milk" for tube fed resident, Resident A made her suspicious, so she started counting cartons. Ms. Carlin reported that on two days last week, her informal count indicated that noon feedings were not done. On August 25, 2022, Ms. Sheppard reported that Resident A's Individual Plan of Service (IPOS) indicates Resident A is to receive tube feedings 4 times per day. Ms. Sheppard reported she cannot conclude Resident A did not receive her required daily feedings as alleged.

On August 15, 2022, I completed an unannounced on-site inspection at Henderson AFC and interviewed Home Manager, Carlin Bailey. Ms. Bailey reported Resident A is immobile and non-verbal. Resident A is strictly tube fed and doctor ordered to receive her nutrition 4 times per day at 8am, 12pm, 4pm, and 8pm. Ms. Bailey reported she believes Resident A did not receive her nutrition on June 29, 2022, and June 30, 2022, during first shift however staff working during this time, Jafresha Tate and Shomori Tillis, reported feeding Resident A. Ms. Bailey reported they would count Resident A's bottles and the count indicated Resident A did not receive her nutrition twice. Ms. Bailey advised she does not have any documentation showing the count of the nutrition bottles as it was thrown out. Additionally, Ms. Bailey explained there was an extra carton of nutrition left over at the end of the month and there should not have been that much leading her to believe Resident A did not receive her feedings 4 times per day. Ms. Bailey advised there was no system in place for staff to document when they administered Resident A her nutrition. Ms. Bailey reported Resident A has not been losing weight and she believes she has gained weight as her brief size went up.

On August 15, 2022, I viewed Resident A in her bed. Resident A appeared neat and clean in appearance. Resident A was having her hygiene addressed by staff.

On August 15, 2022, I reviewed Resident A's Individual Plan of Service (IPOS), which revealed the following: Resident A is a 69-year-old female with a diagnosis of dementia and history of seizures. Staff are to prepare and provide Resident A's diet as ordered by the physician. Staff are to document all food and fluid consumed on the FAR. Staff are to obtain Resident A's weight weekly and document on the weight chart. Resident A is to receive medications and nutrition prescribed by her physician as scheduled via her gastrostomy tube. Resident A receives nutrition via PEG tube and current orders state to give one can of Jevity 1.5 four times per day (8am, 12pm, 4pm, 8pm).

On August 15, 2022, I reviewed an AFC Licensing Division – Incident / Accident Report (IR) dated for July 1, 2022, and authored by Carlin Bailey and a Genesee County Network Critical Incident Report authored by Ms. Bailey. The reports document a concern of abuse/neglect due to Resident A not being provided her tube feeding. Staff, Shomori Tillis and Jafresha Tate were interviewed and stated Resident A was provided her scheduled feedings however the "feedings were that same count".

On August 25, 2022, I interviewed Staff, Jafresha Tate regarding the allegations. Ms. Tate reported she works 1st and 3rd shift. Ms. Tate denied the allegations and stated Resident A is fed as ordered when she is on duty. Ms. Tate denied any knowledge of times Resident A has not been provided her nutrition as ordered. Ms. Tate reported that when Resident A was provided her feedings there was no system in place to document she was provided her nutrition.

On August 25, 2022, I attempted to interview Staff, Shomori Tillis via telephone. The phone number provided for Ms. Tillis was not in service.

APPLICABLE RULE	
R 400.14313	Resident nutrition.
	(3) Special diets shall be prescribed only by a physician. A resident who has been prescribed a special diet shall be provided such a diet.
ANALYSIS:	<p>It was alleged that Resident A did not receive her tube feedings on June 29, 2022, and June 30, 2022.</p> <p>Home Manager, Carlin Bailey was interviewed and reported Resident A is strictly tube fed 4 times per day. Ms. Carlin did not believe Resident A received her tube feedings on June 29, 2022, and June 30, 2022, during first shift. Ms. Carlin reported a count of the bottles of nutrition was completed and the count appeared to be off, which led her to believe Resident A did not receive her required feedings. When requested, Ms. Carlin could not provide any documentation with regards to the count of nutrition. Ms. Carlin advised the staff on duty, Shomori Tillis and Jafresha Tate were interviewed and reported they did provide Resident A her required nutrition.</p> <p>Staff, Jafresha Tate was interviewed and advised she has provided Resident A all required feedings. Ms. Tate denied knowledge of Resident A not being provided her feedings. Attempts to interview Staff, Shomori Tillis was unsuccessful due to her phone number being out of service.</p>

	There is not a preponderance of evidence to conclude a rule violation in that Resident A was not provided her diet. The home manager, Ms. Bailey suspected Resident A was not provided the diet however was unable to provide any documentation to support this allegation. Additionally, staff in question indicate Resident A was provided her diet.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION:

On August 15, 2022, I completed an unannounced on-site inspection at Henderson AFC and interviewed Home Manager, Carlin Bailey. Resident A is strictly tube fed and doctor ordered to receive her nutrition 4 times per day at 8am, 12pm, 4pm, and 8pm. Ms. Bailey advised there was no system in place for staff to document when they administered Resident A her nutrition. Ms. Bailey reported Resident A has not been losing weight and she believes she has gained weight as her brief size went up. I requested to view Resident A's weight record however Ms. Bailey could not provide this document. Ms. Bailey advised Resident A's weight is not being completed weekly.

On August 15, 2022, I reviewed Resident A's Individual Plan of Service (IPOS), which revealed the following: Resident A is a 69-year-old female with a diagnosis of dementia and history of seizures. Staff are to prepare and provide Resident A's diet as ordered by the physician. Staff are to document all food and fluid consumed on the FAR. Staff are to obtain Resident A's weight weekly and document on the weight chart. Resident A is to receive medications and nutrition prescribed by her physician as scheduled via her gastrostomy tube. Resident A receives nutrition via PEG tube and current orders state to give one can of Jevity 1.5 four times per day (8am, 12pm, 4pm, 8pm).

APPLICABLE RULE	
R 400.14303	Resident care; licensee responsibilities.
	(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.

ANALYSIS:	<p>There is a preponderance of evidence to conclude a rule violation in that Resident A has not been provided supervision, protection, and personal care as specified in her written assessment plan.</p> <p>Resident A's individual plan of service indicates (IPOS) Resident A's food and fluid intake is to be documented. According to Home Manager, Carlin Bailey there was no system in place documenting when staff provided Resident A her required feedings. Additionally, Resident A's weight is to be recorded weekly per the IPOS and per Ms. Bailey this is not occurring and was unable to provide Resident A's weight record.</p>
CONCLUSION:	VIOLATION ESTABLISHED

On August 26, 2022, I completed an Exit Conference with Licensee Designee, Bethany Mays. I advised Ms. Mays I would be citing a rule violation with respect to this investigation and requesting a corrective action plan.

IV. RECOMMENDATION

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




8/26/2022

Christina Garza
Licensing Consultant

Date

Approved By:



8/26/2022

Mary E Holton
Area Manager

Date