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GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

September 22, 2022

Nicholas Burnett
Flatrock Manor, Inc.
2360 Stonebridge Drive
Flint, MI 48532

RE: License #: AM250402026
Investigation #: 2022A0582050
Goodrich North

Dear Mr. Burnett:

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. 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 #:	AM250402026
Investigation #:	2022A0582050
Complaint Receipt Date:	08/02/2022
Investigation Initiation Date:	08/02/2022
Report Due Date:	10/01/2022
Licensee Name:	Flatrock Manor, Inc.
Licensee Address:	7012 River Road Flushing, MI 48433
Licensee Telephone #:	(810) 964-1430
Administrator:	Morgan Yarkosky
Licensee Designee:	Nicholas Burnett
Name of Facility:	Goodrich North
Facility Address:	7280 State Rd. Goodrich, MI 48438
Facility Telephone #:	(810) 636-9372
Original Issuance Date:	12/23/2019
License Status:	REGULAR
Effective Date:	06/23/2022
Expiration Date:	06/22/2024
Capacity:	12
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

II. ALLEGATION

	Violation Established?
Resident A has excessive bruising and bite marks on his legs, arms, chest, clavicle, stomach, and thighs. They were first noticed on 07/28/2022. Resident B is causing the injuries, which has been ongoing with no resolution.	Yes

III. METHODOLOGY

08/02/2022	Special Investigation Intake 2022A0582050
08/02/2022	Special Investigation Initiated - Letter Email from Tiffany Williams, APS
08/02/2022	APS Referral Referred from APS
08/03/2022	Contact - Document Received Email from Tiffany Williams, APS
08/03/2022	Inspection Completed On-site At Resident A's school
08/29/2022	Inspection Completed On-site
08/30/2022	Contact - Telephone call received From Erin Eickhoff, Home Manager
08/30/2022	Contact - Document Received Resident A's Behavior Treatment Plan
08/30/2022	Contact - Document Received Email from Patti Lee, Flatrock Clinical Director
09/01/2022	Contact - Document Received Resident A's Assessment Plan
09/08/2022	Contact - Telephone call made With Michael Walker, Genesee Health Systems Case Manager
09/09/2022	Contact - Document Received

	Email from Tiffany Williams, APS
09/09/2022	Contact - Telephone call made With Guardian A
09/13/2022	Contact - Telephone call made Exit Conference with Nicholas Burnett
09/15/2022	Exit Conference Completed Exit Conference with Nicholas Burnett, Licensee Designee
09/15/2022	Inspection Completed-BCAL Sub. Compliance

ALLEGATION:

Resident A has excessive bruising and bite marks on his legs, arms, chest, clavicle, stomach, and thighs. They were first noticed on 07/28/2022. Resident B is causing the injuries, which has been ongoing with no resolution.

INVESTIGATION:

I received this Adult Protective Services referral on 08/02/2022 and contacted Tiffany Williams, Adult Protective Services worker on the same day. Ms. Williams stated that she went to interview and observe Resident A on this day, and noted bruises “all over him, but he is not really able to be interviewed; just mostly says yes or I don’t know.”

On 08/03/2022, I received pictures of Resident A from Tiffany Williams, Adult Protective Services. The pictures reveal what appeared to be bite makes on Resident A’s left thigh, right wrist, right lower leg, stomach, and right clavicle.

On 08/03/2022, I conducted an unannounced, onsite inspection at Resident A’s school. I observed Resident A to have what appeared to be bite marks in various stages of healing. I observed marks on Resident A’s right leg, right arm, left arm. I asked Resident B about the marks, but he could not answer the question of who did it to him.

On 08/03/2022, I interviewed Carrie Shelley, Resident A’s teacher, who stated that Resident A has bite marks on his clavicle and stomach as well. Ms. Shelley showed pictures that were taken of the bite marks that were on Resident A’s body. Ms. Shelley stated that this has been an ongoing issue, and Resident A told her last week that “[Resident B] did it.” Ms. Shelley stated that the bite marks have been excessive.

On 08/29/2022, I conducted an unannounced, onsite inspection at the facility. I interviewed Carson Robinson, who was a manager covering for the home manager Erin Eickhoff. Mr. Robinson stated that he believes Resident B has a history of biting behaviors, but it is not as frequent as in the past. Mr. Robinson stated that biting others is a “primary behavior” for Resident B.

On 08/29/2022, I interviewed Direct Care Worker (DCW) Kenyatta Campbell, who stated that she was aware of Resident B biting other residents, including Resident A. Ms. Campbell stated that staff responds to such instances of biting by using physical assistance to separate Resident B from the resident he is targeting. Ms. Campbell stated that none of the biting instances she observed were serious enough to require hospitalization. Ms. Campbell stated that Resident B used to wake up and target others to bite almost every day, but this behavior has decreased.

On 08/29/2022, I interviewed DCW Mela Allen, who stated that Resident B has bitten other residents on more than one occasion, to include Resident A. Ms. Allen stated that she verbally redirects Resident B when he becomes agitated, and uses blocking pads, physical management, and locks doors to prevent and get Resident B off other residents.

On 08/30/2022, I received a phone call from Erin Eickhoff, Home Manager. Ms. Eickhoff stated that she had never observed Resident B bite anyone until July 2022. Ms. Eickhoff stated that Resident B is nonverbal and autistic. Ms. Eickhoff stated that Resident A had a medication review with medication changes, and since then there has been no biting incidents since the end of July 2022. Ms. Eickhoff stated that when Resident B was biting, he would go after other residents and staff with use blocking techniques. Ms. Eickhoff stated that they cannot lock resident doors due to resident rights rules, so Resident A will unlock his door, which gives Resident B the opportunity to go into his room and bite Resident A. Ms. Eickhoff stated that they are working with maintenance to try to get some type of alarm system for Resident B.

On 08/30/2022, I reviewed Resident B’s Behavior Treatment Plan, dated 07/29/2022, which documented that “[Resident B] should be provided with supervision of staff when he is in the group home/on premises of the group home. Staff should know where he is and check on him per Flatrock Manor policy and procedures. In the group home setting, staff will provide appropriate assistance and supervision, including bed checks, in accordance with Flatrock policies and procedures.”

On 08/30/2022, I received an email from Patti Lee, Clinical Director of Flatrock Inc. Ms. Lee stated that she was asked by the Licensee Designee to compile a timeline of incidents and their response for Resident B. The timeline included the following:

- 5/11-attempted to bite a peer, staff prevented the behavior.
- 5/13-bit peer
- 5/14-emergency med review psych appt scheduled

-5/19-emergency med review completed outcome added a PRN, f/u in 4 weeks to determine efficacy

-5/25-attempted to bite a peer, staff prevented the behavior.

-5/26 Went to ER due to head banging outcome wound care and discharged with no follow up instructions except wound care.

-6/5 bit peer

-6/30 bit peer (this was an anomaly as he did not randomly bite a peer, this resulted from peer scratching him first, during staff intervention, peer was bit)

-6/30 follow up appt from 5/19 med review/psych, PRN is not working, added Seroquel

-7/1 bit peer

-7/1 All residents' rooms locked modified to keep [Resident B] out of them.

-7/1 Charles Zimmer program director instructed Erin Eickhoff about locks and staff proactively supervising [Resident B] while he is on the floor.

-7/7 bit peer

-7/7 sent to urgent care and then ER diagnosed with fluid in the ear, given antibiotic for ear infection, f/u if not change after antibiotics.

-7/13 bit peer

-7/17 bit peer

-7/17 went to ER for further care, no change in treatment course

-7/18 bit peer

-7/18 PCP follow up on ear infection, no change in treatment still on antibiotic

-7/20 upper management/director team talked about his during debriefing meeting, reviewed what has been done and what needs to be done. The following outcomes were discussing referred to LLP for behavioral follow up, discussed options for helping staff address his behavior. These included referral for ENT to follow up on medical issues, explore environment for changes to help staff react to antecedents, possible 1:1, possible motion detector, possible staff sitting in the hallway by his door, possible move rooms. Medical follow up to confirm all appt. Guardian contacted who reported this is baseline behavior although we have not seen this since he moved in with us in 2018.

-7/20 follow up appt from 6/30 with psych for med review, increased quetiapine and added risperidone

-7/21 bit peer

-7/21 Patti Lee Clinical director instructed staff while observing behavior on the floor. Spoke with Haylee Chambers med co about medical issues, med changes, and upcoming appointments.

-7/22 Bradley Jacobi admin director follow up with Haylee Chambers about med plan.

-7/25 bit peer

-7/27 upper management/directors discussed during debriefing meeting. followed up on recommendations from last week. Criscia Kasem behavior specialist is working with home support team and staff to guide them in proactive strategies. She has also worked with county about changes to the plan. BTC review is next week. Stevie verified he is not swimming. Tiffany verified he continues to be treated for ear infection.

-8/3 ENT referral made, first available appt is 9/14.

-8/24 upper management/directors discussed during debriefing meeting. [Resident B] has not had an incident of biting since 7/25. The ear infection has cleared up and the med changes seem to have worked. We will continue to monitor at this point.

On 09/01/2022, I reviewed Resident B's *Assessment Plan*, which documented the following:

Controls Aggressive Behavior: [Resident B] is typically able to control his behavior, however, at times he has been aggressive towards peers/staff and engaged in property disruption. Injuries to staff are mild and do not require medical attention. He has inflicted deep bites into his peers' arms, head, and back. Aggressive behaviors including grabbing, pinching, hitting, biting, and through objections...Staff working with [Resident A] will monitor for mood changes and will verbally redirect, calm, or provide sensory integration when it is necessary. In the event these measures are unsuccessful, staff are trained in CPI non-violent crisis intervention foundational course including disengagement and holding skills.

Gets Along with Others: [Resident B] usually gets along well with his peers and staff; however, he has been aggressive towards others during times of emotional dysregulation...Staff will monitor for safe and appropriate interactions with peers. Staff will redirect as needed.

Psychological and Social Adjustment to Disabilities and/or Disorders: Past records indicate [Resident A] was diagnosed with Autism Spectrum Disorder during early childhood, he also has been diagnosed with Generalized Anxiety disorder, Active Seizure Disorder, and has exhibited impulsive, self-injurious aggressive, and non-compliant behaviors, which have placed him at risk.

On 09/08/2022, I interviewed Michael Walker, Genesee Health Systems Case Manager for Resident A. Ms. Walker stated that Resident A has been bitten by Resident B on numerous occasions. Ms. Walker stated that Resident B becomes escalated, attacks, and bites other residents in the home. Ms. Walker stated that she was told that the incidents occur during shift change, when Resident B looks for opportunities to attack Resident A. Ms. Walker stated that she suggested that the facility have one staff member monitor Resident B during these times to prevent him from getting to Resident A. Ms. Walker stated that she has not received an Incident Report for Resident A being bitten since 07/17/2022. Ms. Walker stated that they were considering moving Resident A because he was being bitten regularly. Ms. Walker stated that she observed bite marks on Resident A's arms, hands, and legs. Ms. Walker stated that Guardian A is regularly involved in Resident A's care and has also observed the bite marks on his body.

On 09/08/2022, I reviewed 12 *AFC Licensing Division-Incident/Accident Reports* dated from 06/06/2022 through 08/31/2022, which documented incidents in which Resident B bit residents at the facility. The documented corrective measures taken to remedy and/or prevent recurrence of such incidents have stated that “staff will continue to closely monitor to ensure the health and safety of the residents.”

On 09/09/2022, I received an email from Tiffany Williams, Adult Protective Services. Ms. Williams stated that she would be substantiating in her case. Ms. Williams stated that she requested that the facility put alarms on the door or something to notify them when Resident B is leaving his room and might be heading off to bite someone, but when I went back to the facility last week, they still had not taken any sort of precautions.

On 09/09/2022, I interviewed Guardian A, who stated that it has been an ongoing issue with Resident B biting Resident A and other residents at the facility. Guardian A stated that every time she would pick up Resident A for a visit over the past few months, he would have a new bite bruise on him. Guardian A stated that she asked facility staff if Resident B could be moved, and she was told that Resident B could not be moved. Guardian A stated that Resident A does not like to lock his door, and she has been told that Resident B uses this to go into Resident A’s room in the mornings to bite him. Guardian A stated that she was not initially notified of what was going on with the bite marks, until she called and asked staff what was happening. Guardian A stated that she has observed another resident with bite marks on his arm.

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:	Based on personal observations, pictures, and interviews, Resident A had excessive bite marks over his body that were being inflicted by Resident B biting him. A review of <i>Incident/Accident Reports</i> document that Resident B has bitten Resident A and other residents from 06/06/2022 through 08/31/2022, although documentation was sent from the licensee designee that Resident A first bit someone on 05/13/2022. None

	of the corrective actions put in place were successful in preventing further incidents of Resident B biting other residents. Resident B's Behavior Treatment Plan calls for supervision and knowing Resident B's whereabouts, and his Assessment Plan documents that "staff will monitor for safe and appropriate interactions with peers." The protection and safety of Resident A was not being attended to at all times, as Resident B continued to have opportunities to inflict bite marks on him.
CONCLUSION:	VIOLATION NOT ESTABLISHED

On 09/13/2022, I conducted an Exit Conference with Nicholas Burnett, Licensee Designee. Mr. Burnett felt that they were actively taking steps to resolve Resident B's biting behaviors and did not agree with a violation, as evidenced by the timeline of events from Patti Lee, Clinical Director.

IV. RECOMMENDATION

Contingent on an acceptable corrective action plan, I recommend no change in the license status.




09/16/2022

Derrick Britton
Licensing Consultant

Date

Approved By:



09/22/2022

Mary E. Holton
Area Manager

Date