



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

October 12, 2022

Nicolette Cheff  
Mill Street AFC Home, Inc.  
P.O. Box 235  
Atlas, MI 48411

RE: License #: AM630289045  
Investigation #: 2022A0993018  
Mill Street AFC Home

Dear Nicolette Cheff:

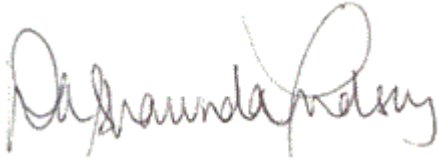
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script, appearing to read "DaShawnda Lindsey".

DaShawnda Lindsey, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place, Ste. 9-100  
Detroit, MI 48202  
(248) 505-8036

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM630289045
<b>Investigation #:</b>	2022A0993018
<b>Complaint Receipt Date:</b>	08/08/2022
<b>Investigation Initiation Date:</b>	08/09/2022
<b>Report Due Date:</b>	10/07/2022
<b>Licensee Name:</b>	Mill Street AFC Home, Inc.
<b>Licensee Address:</b>	307 Mill St. Ortonville, MI 48462
<b>Licensee Telephone #:</b>	(248) 627-3067
<b>Administrator:</b>	Nicolette Cheff
<b>Licensee Designee:</b>	Nicolette Cheff
<b>Name of Facility:</b>	Mill Street AFC Home
<b>Facility Address:</b>	307 Mill St. Ortonville, MI 48462
<b>Facility Telephone #:</b>	(248) 627-3067
<b>Original Issuance Date:</b>	11/20/2007
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	03/12/2021
<b>Expiration Date:</b>	03/11/2023
<b>Capacity:</b>	12
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

**II. ALLEGATION(S)**

	<b>Violation Established?</b>
The residents walk around outside with no staff present.	No
A resident from the facility approached the reporting source and told her about a bed bug problem in the facility.	No
Additional Findings	Yes

**III. METHODOLOGY**

08/08/2022	Special Investigation Intake 2022A0993018
08/09/2022	Special Investigation Initiated - Letter Emailed the reporting source
08/09/2022	Contact - Telephone call received Telephone call received from the reporting source
08/10/2022	Inspection Completed On-site Conducted an unannounced onsite investigation
08/10/2022	Contact - Document Sent Requested documentation
08/10/2022	Contact - Telephone call made Telephone call made to staff Sharon Henderson. Voicemail box not set up yet. Sent a text message.
08/11/2022	Contact - Telephone call made Telephone call made to staff Sharon Henderson. Voicemail box not set up yet. Sent a text message.
08/17/2022	Contact - Document Sent Requested documentation
08/17/2022	Contact - Telephone call made Telephone call made to staff Sharon Henderson. Voicemail box not set up yet. Sent a text message.
08/17/2022	Contact - Document Received Received documentation

09/12/2022	APS Referral Forwarded allegations to adult protective services (APS)
09/14/2022	Exit Conference Held with licensee designee Nicolette Chef

**ALLEGATION:**

**The residents walk around outside with no staff present.**

**INVESTIGATION:**

On 08/08/2022, I received the allegations from Bureau of Child and Adult Licensing (BCAL) Online Complaints.

On 08/09/2022, I conducted a telephone call with the reporting source. The reporting source stated the residents walk up and down the street daily without staff supervision.

On 08/10/2022, I conducted an unannounced onsite investigation. I interviewed staff Renita Sargent as well as Resident A, Resident B, Resident C, Resident D, Resident E, Resident F, and Resident G. I attempted to interview Resident H, Resident I, and Resident J with no success. Resident H and Resident I stated they did not wish to talk to me. Resident J is legally deaf.

Ms. Sargent stated she has worked in the facility on and off for about seven to eight months. Her staff begins on Tuesday begin noon and 1:30pm and she leaves on Thursdays. Staff Sharon Henderson relieves her. Ms. Henderson works until Tuesday when Ms. Sargent returns. Ms. Sargent stated there are 12 residents in the facility. There is always staff present in the facility with the residents. She acknowledged that the residents walk up and down the street daily without staff supervision. Per Ms. Sargent, the residents can move independently in the community.

Resident A stated he has lived in the facility for 30 years. There are 12 residents in the facility. There is always staff present with the residents. He can move independently in the community.

Resident B stated he has lived in the facility for about three years ago. There are 12 residents in the facility. There is always staff present with the residents. He can move independently in the community. He does not have a guardian.

Resident C stated he has lived in the facility for “a while”. There are 12 residents in the facility. There is always staff present with the residents. He can move independently in the community. He does not have a guardian.

Resident D stated he has lived in the facility for about nine years, but he was not completely sure. There are 12 residents in the facility. There is always staff present with the residents.

Resident E stated he has lived in the facility since April 2021. There are 12 residents in the facility. There is always staff present with the residents. He can move independently in the community.

Resident F stated he has lived in the facility for about 10 years. There are 12 residents in the facility. There is always staff present with the residents. He can move independently in the community.

Resident G stated he has lived in the facility for 30 years. There are 12 residents in the facility. There is always staff present with the residents. He can move independently in the community.

While at the facility, I conducted a telephone interview with licensee designee Nicolette Chef. She acknowledged that the residents walk up and down the street daily without staff supervision. Per Ms. Sargent, the residents can move independently in the community.

On 08/17/2022, I received a copy of Resident A's, Resident B's, Resident C's, Resident D's, Resident E's, Resident F's, Resident G's, Resident H's, Resident I's, Resident J's, Resident K's, and Resident L's assessment plans. Per the plan, Resident L cannot move independently in the community. All the other residents can move independently in the community.

On 09/14/2022, I conducted a telephone interview with licensee designee Nicolette Chef. She stated that all residents can move independently in the community. I discussed Resident L's plan with Ms. Chef. She stated his plan had "a clerical error." Resident L does not have a guardian, is very independent and can move independently in the community. She agreed to update his plan.

<b>APPLICABLE RULE</b>	
<b>R 400.14303</b>	<b>Resident care; licensee responsibilities.</b>
	<b>(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.</b>
<b>ANALYSIS:</b>	Ms. Sargent and Ms. Chef acknowledged that the residents walk up and down the street daily without staff supervision. The residents can move independently in the community. I received a copy of Resident A's, Resident B's, Resident C's, Resident D's, Resident E's, Resident F's, Resident G's, Resident H's, Resident I's, Resident J's, Resident K's, and Resident L's

	assessment plans. Per the plans, Resident L cannot move independently in the community. All the other residents can move independently in the community. Ms. Chef stated Resident L's plan had "a clerical error." Resident L does not have a guardian, is very independent and can move independently in the community. She agreed to update his plan.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**ALLEGATION:**

**A resident from the facility approached the reporting source and told her about a bed bug problem in the facility.**

**INVESTIGATION:**

On 08/09/2022, I conducted a telephone interview with the reporting source. The reporting source confirmed one of the residents approached her while outside and stated there was a bed bug problem in the facility. The reporting source did not wish to disclose which resident approached her as she did not want him to get in trouble.

On 08/10/2022, I conducted an unannounced onsite investigation. I interviewed staff Renita Sargent as well as Resident A, Resident B, Resident C, Resident D, Resident E, Resident F, and Resident G. I attempted to interview Resident H, Resident I, and Resident J with no success. Resident H and Resident I stated they did not wish to talk to me. Resident J is legally deaf.

Ms. Sargent acknowledged that the residents walk up and down the street daily without staff supervision. Per Ms. Sargent, the residents can move independently in the community. Ms. Sargent stated the facility had an issue with bed bugs in Resident F's bedroom. However, the entire facility was treated a few weeks ago. She did not know the name of the company that treated the facility. She stated she has not observed any bed bugs in the facility since the treatment.

Resident A stated the facility had bed bugs. He last seen one about three weeks ago. He stated that is the only bed bug he has seen in the past two years. Resident F and Resident J had trouble with bed bugs in their bedroom. He stated the facility has been exterminated, but the bed bugs keep coming back. Per Resident A, the facility has been exterminated about four times within the past two years.

Resident B stated the facility had bed bugs, but it has been sprayed twice. He stated he has not observed any bed bugs in the facility since the treatment.

Resident C stated the facility has bed bugs. There are probably bed bugs in his bed. He stated he has seen bed bugs twice, but that was a long time ago. Someone came out to treat the facility for bed bugs. In addition, staff tried to treat the facility as well.

Resident D did not know if there are bed bugs in the facility.

Resident E stated there used to be bed bugs in the facility, it has been sprayed. He last saw a bed bug in his bedroom about three weeks ago. Per Resident E, they spray daily to make sure there are no bed bugs.

Resident F stated there used to be bed bugs in the facility, but he believed “they got them all”. He last saw a bed bug last month.

Resident G stated there has not been any bed bugs in the facility in three weeks.

While at the facility, I conducted a telephone interview with licensee designee Nicolette Chef. Ms. Chef stated the facility has a history of bed bugs. The facility is treated regularly to address the concern.

While at the facility, I also inspected each resident bedrooms, including the residents’ beds and bedding. I also inspected as common areas such as the living room, kitchen and bathrooms. I did not observe any bed bugs.

On 08/17/2022, I observed a receipt for bed bug treatment for the facility from Blessed Pest Solutions on 05/06/2022 and 07/06/2022.

<b>APPLICABLE RULE</b>	
<b>R 400.14401</b>	<b>Environmental health.</b>
	<b>(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.</b>
<b>ANALYSIS:</b>	While at the facility on 08/10/2022, I inspected each resident bedroom, including the residents’ beds and bedding. I also inspected common areas such as the living room, kitchen and bathrooms. I did not observe any bed bugs. On 08/17/2022, I observed a receipt for bed bug treatment for the facility from Blessed Pest Solutions on 05/06/2022 and 07/06/2022.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>



**ADDITIONAL FINDINGS:**

**INVESTIGATION:**

On 08/10/2022, I conducted an announced onsite investigation. I observed the following:

- The toilet and bathtub were badly strained and/or rusted.
- The couch and sofa in the living room was badly peeling.
- The walls through the facility were damaged and needed repair.
- There was water damage to the ceiling in the living room.
- There was dirty wash clothes and towels hanging in the residents' bedrooms.
- The residents' bed protectors were dirty and strained.
- The residents' linen and bedding were dirty.
- Some of the doors were damaged and/or dirty.
- The exterior siding was very dirty.
- The granite surrounding the kitchen sink was damaged and/or rusted.

On 09/14/2022, I conducted an exit conference with licensee designee Nicolette Chef. I informed her of the findings. She agreed to submit a corrective action plan.

<b>APPLICABLE RULE</b>	
<b>R400.14403</b>	<b>Maintenance of premises.</b>
	<b>(2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.</b>
<b>ANALYSIS:</b>	The toilet and bathtub were badly strained and/or rusted. The couch and sofa in the living room was badly peeling. The granite surrounding the kitchen sink was damaged and/or rusted.
<b>CONCLUSION:</b>	<b>REPEAT VIOLATION ESTABLISHED Reference LSR 03/15/2021; CAP 04/19/2021.</b>

<b>APPLICABLE RULE</b>	
<b>R400.14403</b>	<b>Maintenance of premises.</b>
	<b>(4) A roof, exterior walls, doors, skylights, and windows shall be weathertight and watertight and shall be kept in sound condition and good repair.</b>

<b>ANALYSIS:</b>	Some of the doors were damaged and/or dirty. The exterior siding was very dirty.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

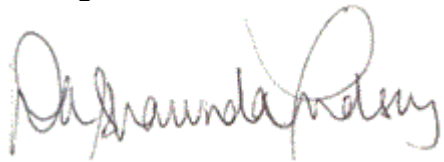
<b>APPLICABLE RULE</b>	
<b>R400.14403</b>	<b>Maintenance of premises.</b>
	<b>(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.</b>
<b>ANALYSIS:</b>	The walls through the facility were damaged and needed repair. There was water damage to the ceiling to the living room.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

<b>APPLICABLE RULE</b>	
<b>R400.14411</b>	<b>Linens</b>
	<b>(1) A licensee shall provide clean bedding that is in good condition. The bedding shall include 2 sheets, a pillowcase, a minimum of 1 blanket, and a bedspread for each bed. Bed linens shall be changed and laundered at least once a week or more often if soiled.</b>
<b>ANALYSIS:</b>	The residents' bed protectors were dirty and strained. The residents' bedding and linen were dirty.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

<b>APPLICABLE RULE</b>	
<b>R400.14411</b>	<b>Linens</b>
	<b>(3) A licensee shall provide bath towels and washcloths. Towels and washcloths shall be changed and laundered not less than twice weekly or more often if soiled.</b>
<b>ANALYSIS:</b>	There was dirty wash clothes and towels hanging in the residents' bedrooms.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**IV. RECOMMENDATION**

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



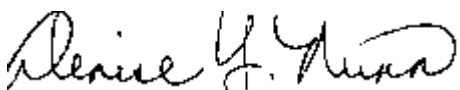
09/14/2022

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DaShawnda Lindsey  
Licensing Consultant

Date

Approved By:



10/12/2022

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Denise Y. Nunn  
Area Manager

Date