



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

October 19, 2022

Marla Garchow
Magnolia Care TC AFC LLC
4045 N Seeley Rd
Manton, MI 49663

RE: License #: AS280406473
Investigation #: 2022A0230039
Heart and Soul Living AFC

Dear Ms. Garchow:

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.
- Indicate how continuing compliance will be maintained once compliance is achieved.
- Be signed and dated.

If you desire technical assistance in addressing these issues, please contact me. In any event, the corrective action plan is due within 15 days.

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 (231) 922-5309.

Sincerely,

A handwritten signature in cursive script that reads "Rhonda Richards".

Rhonda Richards, Licensing Consultant
Bureau of Community and Health Systems
Suite 11
701 S. Elmwood
Traverse City, MI 49684
(231) 342-4942

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS280406473
Investigation #:	2022A0230039
Complaint Receipt Date:	09/26/2022
Investigation Initiation Date:	09/26/2022
Report Due Date:	11/25/2022
Licensee Name:	Magnolia Care TC AFC LLC
Licensee Address:	4045 N Seeley Rd, Manton, MI 49663
Licensee Telephone #:	(231) 878-3914
Administrator:	Marla Garchow
Licensee Designee:	Marla Garchow
Name of Facility:	Heart and Soul Living AFC
Facility Address:	1855 Carlisle Road, Traverse City, MI 49686
Facility Telephone #:	(231) 878-8352
Original Issuance Date:	03/01/2021
License Status:	REGULAR
Effective Date:	09/01/2021
Expiration Date:	08/31/2023
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

II. ALLEGATION(S)

	Violation Established?
Resident A was dragged across the room on his stomach by staff member Jessi Sperber.	Yes

III. METHODOLOGY

09/26/2022	Special Investigation initiated on-site interview with staff member Jessi Sperber, Licensee Designee Marla Garchow, and observation of Resident A.
10/07/2022	APS Referral
10/10/2022	Contact - Telephone call received Adam Bragg-APS
10/13/2022	Contact - Telephone call made Staff member Kari Gilbert
10/13/2022	Contact - Telephone call made Staff member Karrie Bailey
10/13/2022	Contact - Telephone call made Staff member Skyler Ronthi
10/14/2022	Contact - Telephone call made Recipient Rights Officer Mark Draeger
10/14/2022	Exit Conference Administrator Marlo Garchow

ALLEGATION: Resident A was dragged across the room on his stomach by staff member Jessi Sperber.

INVESTIGATION: On 09/26/2022, I conducted an unannounced on-site investigation at the facility. I interviewed Licensee Designee Marla Garchow and staff member Jessi Sperber. Ms. Garchow stated that three staff members had brought it to her attention that staff member Jessi Sperber pulled Resident A across to his chair on his stomach. She stated she reported to Recipient Rights and licensing. She observed Resident A's stomach, and he had no marks. She explained that Resident A has been aggressive lately and Ms. Sperber told her she had gently moved Resident A to keep him from biting another Resident.

Ms. Sperber recounted the incident stating that Resident A was very aggressive all day on 09/21/2022. She stated at one point she was in the kitchen trying to put dishes away when he tried to put his hand in the hot oven. She was able to intervene to stop this from happening. Next, she observed him on the floor going toward Resident B trying to bite her. He was on his stomach so Ms. Sperber stated she grabbed his shoulders and pulled him one foot away so he wouldn't bite Resident B. Then he was facing the living room so she asked other staff to help so that she could get other work done. At this time other staff stepped in and took over caring for Resident A.

While at the facility I observed Resident A but was unable to interview him as he is nonverbal. He was exhibiting aggressive behaviors on this day and was attempting to lunge toward and grab at me. Ms. Garchow used exceptional redirection techniques and he immediately became calm and relaxed.

On 10/10/2022, I spoke with Adult Protective Service Worker (APS) Adam Bragg. He stated he had been to the facility to investigate the complaint with the police, and he was not substantiating an APS case and the police were not writing a report as it was more of a welfare check. When Mr. Bragg and the officer arrived, they determined that Resident A was not in danger and had no marks or injuries.

On 10/13/2022, I spoke with staff members Kari Gilbert, Karrie Bailey, and Skyler Ronthi. All three reported witnessing the same details of the incident. Ms. Gilbert stated that she observed Resident A exhibiting aggressive behaviors trying to bite and hit staff and Ms. Sperber asked him to stop multiple times. She attempted to walk him to the living room when he threw himself on the living room floor and wouldn't walk. At this time Ms. Sperber took Resident A by his wrists and dragged Resident A by his wrists toward the living room while he was on his stomach. She said the distance he was dragged was approximately six feet. Ms. Gilbert then went into the living room area as Resident A was still yelling and agitated. At this time Ms. Bailey and Ms. Ronthi came in to assist and Ms. Bailey left to go help Ms. Sperber complete nightly documentation.

Ms. Bailey and Ms. Ronthi confirmed the same observation of the incident. Both reported that Resident A was dragged on his stomach to his chair. Ms. Ronthi reported Resident A was checked by staff and had no marks or injuries from the incident.

On 10/14/2022, I spoke with Recipient Rights Officer Mark Draeger who also had an open investigation. He stated he had received the same information as I did during his interviews. He stated There would be a recipient rights violation in this case, but he did not know what category it would fall into at this time.

On 10/14/2022, I conducted an exit conference with Licensee Designee Marla Garchow. She had no questions regarding the investigation but added that she has recently observed Ms. Sperber displaying increased frustration and is considering

demoting Ms. Sperber as part of her corrective action plan. Ms. Garchow agreed that dragging a resident on their stomach is not an appropriate redirection technique.

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:	Ms. Sperber acknowledged that she turned and moved Resident A while he was on his stomach but denied that she dragged him. Three separate staff members reportedly witnessed Ms. Sperber drag Resident A six feet on his stomach to the living room area. Resident A was not protected and safe or treated with dignity when he was dragged across the floor on his stomach.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Upon receipt of an acceptable plan of correction I recommend the status of this license remain unchanged.

Rhonda Richards

10/19/2022

Rhonda Richards
Licensing Consultant

Date

Approved By:

Jerry Hendrick

10/19/2022

Jerry Hendrick
Area Manager

Date