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GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

October 25, 2022

John Winden
Close To Home Assisted Living, Saginaw LLC
1805 South Raymond
Bay City, MI 48706

RE: License #: AL730398657
Investigation #: 2022A0580056
Close to Home Assisted Living Saginaw Side 3

Dear Mr. Winden:

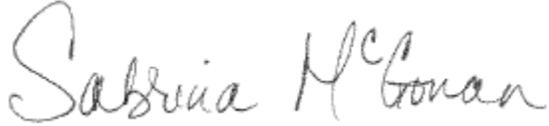
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 "Sabrina McGowan". The signature is written in black ink on a white background.

Sabrina McGowan, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(810) 835-1019

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL730398657
Investigation #:	2022A0580056
Complaint Receipt Date:	09/20/2022
Investigation Initiation Date:	09/20/2022
Report Due Date:	11/19/2022
Licensee Name:	Close To Home Assisted Living, Saginaw LLC
Licensee Address:	1805 South Raymond Bay City, MI 48706
Licensee Telephone #:	(989) 401-3581
Administrator:	John Winden
Licensee Designee:	John Winden
Name of Facility:	Close to Home Assisted Living Saginaw Side 3
Facility Address:	2168 N. Center Rd. Saginaw, MI 48603
Facility Telephone #:	(989) 401-3581
Original Issuance Date:	09/02/2020
License Status:	REGULAR
Effective Date:	03/02/2021
Expiration Date:	03/01/2023
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED AGED

II. ALLEGATION(S)

	Violation Established?
Depending on the staff present, Resident A is not taken to the restroom timely. Resident A has sat in his own feces while in the facility at times.	No
Resident A's room is not clean, as there's clothes everywhere and his bed is not made. The staff does not clean the floors in the facility.	No
Additional Findings	Yes

III. METHODOLOGY

09/20/2022	Special Investigation Intake 2022A0580056
09/20/2022	Special Investigation Initiated - On Site An interview was conducted with Resident A in his room.
09/20/2022	Contact - Face to Face An interview was held with home manager, Ms. Stacey Rinnert.
09/20/2022	APS Referral This complaint was denied by APS for investigation.
09/20/2022	Contact - Document Received AFC Assessment Plan for Resident A was observed.
10/04/2022	Contact - Telephone call made A call was made to Ms. Jennifer Peyerck of the Port Huron County Public Guardian, assigned to Resident A.
10/24/2022	Contact - Telephone call made A call was made to Mr. Tom Kubiack, A & D Waiver Supports Coordinator.
10/24/2022	Contact - Telephone call made A call was made to direct staff, Mr. Arnell Henderson.
10/24/2022	Contact - Telephone call made

	A call was made to direct staff, Ms. Amber Biskner.
10/24/2022	Contact - Telephone call made A call was made to direct staff, Ms. Javara Murphy.
10/25/2022	Exit Conference An exit conference was held with the licensee designee, Mr. John Winden.

ALLEGATION:

Depending on the staff present, Resident A is not taken to the restroom timely. Resident A has sat in his own feces while in the facility at times.

INVESTIGATION:

On 09/20/2022, I received a complaint via BCAL Online complaints. This complaint was denied by APS for investigation.

On 09/20/2022, I conducted an onsite inspection at Close to Home Assisted Living-Side 3. Contact was made with the manager Ms. Stacey Rinnert. She denied the allegations that Resident A is being left in feces.

Resident A indicated that staff do a lousy job at assisting him with his toileting, mostly due to their attitude, to the point where he tries to do it himself. He has waited upwards of 15 to 30 minutes on the toilet waiting for assistance. He shared that his brief is sometimes loaded with feces. He has tried to cut back on the things he eats that causes such large bowel movements. However, staff gets upset with him when they have to help clean him afterwards. He identified staff, Ms. Javara Murphy as one of the best staff members they have.

While onsite I reviewed the AFC Assessment plan for Resident A. It indicates that Resident A requires assistance with toileting and personal hygiene, however, it does not indicate how this this need will be met. Residents were observed in the sitting and dining areas of the facility. No concerns with the residents were noted. They appeared to be receiving proper care.

On 10/04/2022, I spoke with Ms. Jennifer Peyerck of the Port Huron County Public Guardian's office, assigned to Resident A. She is aware that Resident A has issues with his bowels, and while she is not negating that what Resident A alleges didn't occur, she recalls incidents in the past in which he has defecated in his shoe, amongst other placement sabotaging behaviors, as with previous placements. She indicated that the home is typically forthcoming when there are any issues. Resident A has expressed a

desire to move to a different facility closer to his daughter, however, she has been unsuccessful in finding a suitable location.

On 10/24/2022, I spoke with Mr. Tom Kubiak of A & D Waiver, assigned Supports Coordinator for Resident A. He shared that Resident A has never expressed any concerns with the staff and the care being provided

On 10/24/2022, I spoke with direct staff, Mr. Arnell Henderson. He indicated that he does not assist with changing Resident A's briefs, however, he does assist Resident A when needed. He has never seen staff denying or delaying assistance to Resident A.

On 10/24/2022, I spoke with direct staff, Ms. Amber Biskner. She stated that Resident A gets his brief changed every 2 hours or sometimes sooner. She also indicated that oftentimes Resident A does not tell staff that he has had a bowel movement and needs assistance.

On 10/24/2022, I spoke with direct staff, Ms. Javara Murphy. She stated that Resident receives assistance multiple times throughout the shift with toileting. Oftentimes he does not push his call button, or says he forgot what he wanted. She adds that also depending on the day, he denies care from staff of different races. In addition, when Resident A will get in his motorized wheelchair and seek out staff.

APPLICABLE RULE	
R 400.15303	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:	Based on my investigation, which included interviews with the home manager, multiple direct staff members, Resident A, Public Guardian and A & D Waiver Supports Coordinator, and review of the AFC Assessment plan for Resident A, other than what was indicated in the written complaint, there is no evidence to substantiate the allegation that Resident A is not taken to the restroom timely and has sat in his own feces.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Resident A's room is not clean, as there's clothes everywhere and his bed is not made. The staff does not clean the floors in the facility, as it's required.

INVESTIGATION:

On 09/20/2022, Ms. Rinnert denied that Resident A’s room does not get cleaned. She stated that Resident A likes to pull things out, which he likes to call conducting business. Staff often clean Resident A ‘s room as a result.

While onsite an interview was conducted with Resident A while in his room. His room was observed as being clean with the bed made and items neatly in place. Resident A denied that his room is messy. He stated that he likes to call it “busy”, sharing that he likes to spread things out when he’s working on a project or handling business. He adds that if you catch him on a bad day, it is bad, however, staff do a good job at assisting with cleaning his room. The AFC Assessment plan for Resident A indicates that he does not participate in household chores.

On 10/04/2022, I spoke with Ms. Jennifer Peyerk stated that Resident A calls her office on a regular basis and has not expressed any concerns with the cleanliness of his room.

On 10/24/2022, Mr. Tom Kubiak stated that Resident A has never brought any issues with his room to his attention. He has not had any concerns when he has visited the facility.

During the interview conducted on 10/24/2022 with direct staff, Ms. Amber Biskner stated that the rooms are deep cleaned by housekeeping every other day, while direct staff do daily pick-up cleaning in the residents’ room. She denied the allegations that Resident As’ room is not cleaned.

During the interview conducted on 10/24/2022 with direct staff, Ms. Javara Murphy stated that Residents are observed every 15 minutes while in their rooms and cleaning is done as needed. She adds that Resident A has urinated and defecated on the floor in his room in the past. His room sometimes requires cleaning multiple times a day. Housekeeping deep cleans the rooms every other day.

APPLICABLE RULE	
R 400.15403	Maintenance of premises.
	(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

ANALYSIS:	Based on my investigation, which included an onsite inspection, interviews with the home manager, multiple direct staff members, Resident A, Public Guardian and A & D Waiver Supports Coordinator, and review of the AFC Assessment plan for Resident A, other than what was indicated in the written complaint, there is no evidence to substantiate the allegation that Resident A's room is not clean.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION:

The AFC Assessment plan for Resident A, observed on 09/20/2022, indicated that Resident A requires assistance with toileting and personal hygiene, however, it does not indicate how this need will be met by the facility. The plan was signed and dated by both the licensee designee and the public guardian on 01/31/2022.

APPLICABLE RULE	
R 400.15301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.
ANALYSIS:	The AFC Assessment plan does not describe how Resident A will be assisted with toileting and personal hygiene. Based on this information, there is sufficient evidence to support the rule violation.
CONCLUSION:	VIOLATION ESTABLISHED

On 10/25/2022, I conducted an exit conference with the licensee designee, Mr. John Winden. Mr. Winden was informed of the findings of this investigation.

IV. RECOMMENDATION

Upon the receipt of an approved corrective action plan, no changes to the status of the license are recommended.



October 25, 2022

Sabrina McGowan
Licensing Consultant

Date

Approved By:



October 25, 2022

Mary E. Holton
Area Manager

Date