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GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

December 7, 2022

Vonda Willey
Blue Water Developmental Housing, Inc.
Ste 1
1600 Gratiot
Marysville, MI 48040

RE: License #: AS740298389
Investigation #: 2023A0580002
Springborn Home

Dear Mrs. Willey:

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 feel free to 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 (517) 643-7960.

Sincerely,

A handwritten signature in cursive script that reads "Sabrina McGowan". The signature is written in black ink and is positioned below the word "Sincerely,".

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 #:	AS740298389
Investigation #:	2023A0580002
Complaint Receipt Date:	10/13/2022
Investigation Initiation Date:	10/18/2022
Report Due Date:	12/12/2022
Licensee Name:	Blue Water Developmental Housing, Inc.
Licensee Address:	Ste 1 1600 Gratiot Marysville, MI 48040
Licensee Telephone #:	(810) 388-1200
Administrator:	Vonda Willey
Licensee Designee:	Vonda Willey
Name of Facility:	Springborn Home
Facility Address:	320 Tenth Street Marysville, MI 48040
Facility Telephone #:	(810) 388-0656
Original Issuance Date:	01/21/2009
License Status:	REGULAR
Effective Date:	07/25/2021
Expiration Date:	07/24/2023
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED

II. ALLEGATION(S)

	Violation Established?
There are concerns Resident A is being neglected. He has had four UTIs this year. He currently has one. He is not getting proper hygiene. He has left the group home on more than one occasion soiled and bad breath.	No
Resident A is isolated in his room.	No
Resident A is not getting the proper nutrition at the group home because some of the meals he receives are not on the menu.	No
Additional Findings	Yes

III. METHODOLOGY

10/13/2022	Special Investigation Intake 2023A0580002
10/13/2022	APS Referral This complaint was denied by APS for investigation.
10/18/2022	Special Investigation Initiated - Telephone A call was made to Recipient Rights in St. Clair County.
10/20/2022	Inspection Completed On-site An onsite inspection was conducted.
10/20/2022	Contact - Face to Face An attempt to interview Resident a was made.
11/28/2022	Contact - Telephone call made A call was made to Ms. Ellen Drowns, assigned CMH Case manager for Resident A
12/01/2022	Contact - Telephone call made A call was made to Relative Guardian A.
12/05/2022	Exit Conference An exit conference was held with the licensee designee, Ms. Vonda Willey.

ALLEGATION:

There are concerns that Resident A is being neglected. He has had four UTIs this year. He currently has one. He is not getting proper hygiene. He has left the group home on more than one occasion soiled and bad breath.

INVESTIGATION:

On 10/13/2022, I received a complaint via BCAL Online complaints. This referral was denied by APS for investigation.

On 10/18/2022, I spoke with the complainant who reiterated the allegations.

On 10/20/2022, I conducted an onsite inspection at Springborn Home. Contact was made with the home manager, Ms. Stephanie Bezenah. She denied the allegations that Resident A does not receive proper hygiene. She shared that Resident A is a full assist resident. He is given water and toileted every 2 hours. Staff documents this information and also when he refuses. He is able to communicate.

While onsite an interview was conducted with Resident A in his room. Resident A appeared neat and clean in his appearance. His teeth were observed as being clean. Resident A sitting at his desk in his wheelchair. Resident A would only respond that he is pissed, that he wants to go and doesn't want to be there. He would not elaborate any further.

Two residents were observed sitting in the living room. The other residents were out of the home. The residents were appropriately dressed and appeared to be receiving proper care.

A copy of the AFC Assessment Plan for Resident A was received. It indicated that Resident A is intellectually disabled and not capable of communicating all his needs. Due to his intellectual disability, Resident A does not understand all verbal communication. The plan indicates that due to Resident A's Cerebral Palsy, he requires assistance with eating, to include a soft food diet. Resident A requires staff assistance with toileting and should be checked/changed every 2 hours or when needed. Resident A requires staff assistance with bathing/showering, grooming, dressing and personal hygiene. The plan also allows for Relative Guardian A to assist with these tasks. This plan was signed by Relative Guardian A and the licensee designee on 04/19/2022.

The teeth brushing log for the month of October 2022 was obtained. The log indicates that Resident A's teeth were brushed and flossed on 10/1 in the am, not in the pm. On 10/2 Resident A's teeth were not brushed or flossed neither am or pm. On 10/3 and 10/4 his teeth were flossed and brushed in the am, not in the pm. On 10/5 and 10/06, Resident A's teeth were flossed and brushed both am and pm. On 10/07, Resident A's teeth were not flossed or brushed in the am. Resident A took leave of absence that evening and returned to the facility on 10/10/2022. On 10/10-10/14, Resident A's teeth

were flossed and brushed both am and pm. On 10/15, Resident A's teeth were brushed in the am. He refused to have them flossed. His teeth were both flossed and brushed that pm. On 10/16, Resident A's teeth were flossed and brushed that am. His teeth were brushed that pm, however, he refused them to be flossed. On 10/17, his teeth were flossed and brushed both am and pm. On 10/18, Resident A's teeth were not flossed or brushed in the am. They were flossed and brushed that pm. In 10/19/2022, Resident A's teeth were flossed and brushed that am. Ms. Bezenah shared that Resident A last visited the dentist on 08/04/2022.

Resident A's shower chart for the month of October 2022, indicates that Resident A received a shower on the 3rd-6th of the month. October 7th-8th, Resident A was out of the facility. He returned on 10/9/2022. Resident A received his next shower on 11th-13th. Resident A was again showered on the 16th 17th and 18th of the month. Resident A toileting chart for the month of October 2022, indicates that he was checked or changed every 2 hours, with notations on the days he was out of the facility or sleeping during his scheduled check.

On 11/28/2022, I spoke with Ms. Ellen Drowns, assigned Community Mental Health (CMH) Case manager for Resident A regarding the allegations. Resident A is diagnosed with Unspecified Impulse Control, Cerebral Palsy and Epilepsy. Ms. Drown indicated that Resident A is particular about which staff he will take directives from (i.e., a cup of water). He is known to often refuse. Resident A is being encouraged to drink more water and is as a result of the Urinary Tract Infection's (UTI) he has had. He has also been prescribed antibiotics for his recurring UTI's. Staff documents Resident A's hygiene assistance and when he refuses. Staff also try to accommodate Resident A's needs according to his guardian's request. She has no concerns regarding Resident A's hygiene.

On 12/01/2022, I spoke with Relative Guardian A. She indicated that she does not believe the facility when they document that they are providing Resident A with the amount of personal care he requires. She has seen his lack of hygiene firsthand, recalling at least one incident in which she picked him up for an appointment and teeth hadn't been brushed. She also believes that the homes lack of proper hygiene is what's causing Resident A to have UTI's. She has attempted to address her concerns with the home, to no avail.

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:	Relative Guardian A stated she has observed Resident A with lack of hygiene and has addressed it with the home. On 10/20/22, Resident A appeared neat and clean with adequate hygiene. The home manager Ms. Stephanie Bezehan denied this allegation. Ms. Ellen Drowns stated that Resident A is particular about which staff he will take directives from, often refusing care. Staff also try to accommodate Resident A's needs according to his guardian's request. Ms. Drowns has no concerns regarding Resident A's hygiene. Based on a review of the documents and interviews conducted with the home manager, Ms. Stephanie Bezenah, CMH Case Manager Ms. Drowns, Relative Guardian A and an observation of Resident A, there is not enough evidence to support the rule violation that Resident A is not being provided supervision, protection, and personal care as defined in the act and as specified in the resident's written assessment plan.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Resident A is isolated in his room.

INVESTIGATION:

On 10/20/2022, home manager, Ms. Stephanie Bezenah. denied that Resident A is forced to isolate in his room. She shared that there is a resident in the home that gets loud. Resident a does not like loud noise so he tends to stay in his room.

On 10/20/2022, Resident A would not elaborate when asked if he was being forced to isolate in his room.

The AFC plan for Resident A indicates that he participates in social activities, however, loud noises are overstimulating for him. Family time is listed as his recreation.

On 11/28/2022, I spoke with Ms. Ellen Drowns. She stated that Resident A is not forced to isolate in his room. She adds that Resident A is sensitive and gets overstimulated. He does not like loud noises. There is a resident in the home that gets loud and likes to scream. When he does so, Resident A chooses to go to his room. Resident A likes to listen to music and watch TV in his room. To her knowledge, staff often encourage Resident A to come out of his room.

On 12/01/2022, Relative Guardian A stated Resident A isolates in his room a lot due to another resident in the home that gets too loud. Relative Guardian A believes that Resident A is being isolated in his room.

APPLICABLE RULE	
R 400.14304	Resident rights; licensee responsibilities.
	<p>(1) Upon a resident's admission to the home, a licensee shall inform a resident or the resident's designated representative of, explain to the resident or the resident's designated representative, and provide to the resident or the resident's designated representative, a copy of all of the following resident rights:</p> <p>(b) The right to exercise his or her constitutional rights, including the right to vote, the right to practice religion of his or her choice, the right to freedom of movement, and the right of freedom of association.</p>
ANALYSIS:	Guardian A1 stated she believes Resident A is being isolated in his room and stays in his room due to loudness of another resident. Resident A would not provide any information on this allegation. The home manager denied Resident A is being forced to stay in his room. Resident A's case manager stated Resident A is not being forced to stay in his room but chooses to go to his room. Based on interviews conducted with the home manager, Ms. Stephanie Bezenah, CMH Case Manager Ms. Drowns, Relative Guardian A and a review of the AFC Assessment plan, there is not enough evidence to support the rule violation that Resident A is being isolated and not being allowed the right to freedom of movement, and the right of freedom of association.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Resident A is not getting the proper nutrition at the group home because some of the meals he receives are not on the menu.

INVESTIGATION:

On 10/20/2022, home manager, Ms. Stephanie Bezenah. denied the allegations that Resident A is not receiving the proper nutrition. She indicated that the home uses My 25 as a menu guide.

Food contents in the fridge, freezer and cupboards were observed. The home has an ample food in the home to feed the residents. Food items needed for the evening was observed thawing in preparation for dinner.

A copy of the menu for the month of October 2022 was obtained. The menu items, including special diet accommodations and substitutions for Resident A, when compared to the recommended daily nutritional requirements, appear to be meeting the daily nutritional allowances.

Also received was a copy of the 02/16/2022, Special Diet prescription order for Resident A, consisting of a chopped texture soft diet. It also indicates that there should be no uncooked vegetables, food shall be cut into bite sized pieces, soft-cooked meals, supervised while eating, 90-degree upright positioning during intake. Medication passed whole in applesauce or pudding.

Resident A's Weight Log indicates that Resident A weighed 157 lbs. in January of 2022. On 10/01/2022, Resident A' weight was recorded as 151 lbs. No weight was recorded for Resident A during the months of April, June and September 2022.

On 11/28/2022, Ms. Drown stated that to her knowledge, staff are trying to adopt meals in the home that are balanced and attempting to incorporate more foods that the residents like. Resident A often chooses to eat in his room. Resident A also receives a low carb keto diet.

On 12/01/2022, Relative Guardian A stated that she would be ok if Resident A is served the items on the menu, however, she often finds that he has not eaten what is listed. She indicates that she has tried to address this issue with the home as well. Staff indicate that Resident A has choices and sometimes choses to eat something that is not on the menu.

APPLICABLE RULE	
R 400.14313	Resident nutrition.
	(2) Meals shall meet the nutritional allowances recommended pursuant to the provisions of "Appendix I: Recommended Dietary Allowances, Revised 1980" contained in the publication entitled "Basic Nutrition Facts: A Nutrition Reference," Michigan Department of Public Health publication no. H-808, 1/89. This publication may be obtained at cost from The Division of Research and Development, Michigan Department of Public Health, P.O. Box 30195, Lansing, Michigan 48909.

ANALYSIS:	Based on the October 2022 menu reviewed, the Special Diet Order and Weight Log for Resident A, food items observed in the home, interviews with the home manager, Ms. Stephanie Bezenah, CMH Case Manager Ms. Drowns, Relative Guardian A, there is not enough evidence to substantiate the allegation that Resident A is not receiving the proper nutrition.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION:

The 2022 Weight Log obtained for Resident A was missing his weight for the months of April, June and September 2022.

APPLICABLE RULE	
R 400.14310	Resident health care.
	(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.
ANALYSIS:	Based on the missing weight for the months of April, June and September 2022 on Resident A's Weight Log, there is sufficient evidence to determine that Resident A's weight is not being recorded monthly.
CONCLUSION:	VIOLATION ESTABLISHED

On 12/05/2022, an exit conference was held with the licensee designee, Ms. Vonda Willey. Ms. Willey 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 is recommended.



December 7, 2022

Sabrina McGowan
Licensing Consultant

Date

Approved By:



December 7, 2022

Mary E. Holton
Area Manager

Date