



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

December 12, 2022

Amber Bunce-Hernandez  
Cornerstone II Inc  
P. O. Box 277  
Bloomington, MI 49026

RE: License #: AS800309333  
Investigation #: 2023A0579004  
Cornerstone House

Dear Amber Bunce-Hernandez:

Attached is the Special Investigation Report for the above referenced facility. No substantial violations were found.

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 (616) 356-0183.

Sincerely,

A handwritten signature in cursive script that reads "Cassandra Duursma".

Cassandra Duursma, Licensing Consultant  
Bureau of Community and Health Systems  
350 Ottawa, N.W., 7th Floor- Unit 13  
Grand Rapids, MI 49503  
(269) 615-5050

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS800309333
<b>Investigation #:</b>	2023A0579004
<b>Complaint Receipt Date:</b>	10/17/2022
<b>Investigation Initiation Date:</b>	10/17/2022
<b>Report Due Date:</b>	12/16/2022
<b>Licensee Name:</b>	Cornerstone II Inc
<b>Licensee Address:</b>	44409 Baseline Rd. Bloomingtondale, MI 49026
<b>Licensee Telephone #:</b>	(269) 668-7070
<b>Administrator:</b>	Karmen Ball
<b>Licensee Designee:</b>	Amber Bunce
<b>Name of Facility:</b>	Cornerstone House
<b>Facility Address:</b>	22722 M-43 Kalamazoo, MI 49009
<b>Facility Telephone #:</b>	(269) 668-7419
<b>Original Issuance Date:</b>	10/11/2010
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	04/24/2021
<b>Expiration Date:</b>	04/23/2023
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL TRAUMATICALLY BRAIN INJURED

**II. ALLEGATION**

	<b>Violation Established?</b>
Resident A is unsafe in the home due to other residents using substances.	No

**III. METHODOLOGY**

10/17/2022	Special Investigation Intake 2023A0579004
10/17/2022	Special Investigation Initiated - Telephone Amber Bunce, Administrator
10/17/2022	Contact- Document received <i>Incident Accident Report</i> forms
10/17/2022	Contact - Document Sent Complainant
10/18/2022	Contact- Face to face Resident A Stephanie Puckett, Direct Care Worker
10/18/2022	Contact- Document received Amber Bunce-Hernandez, Licensee Designee
10/20/2022	Contact- Document received Amber Bunce-Hernandez, Licensee Designee
10/20/2022	Contact- Document sent Amber Bunce-Hernandez, Licensee Designee Case Management of Michigan
11/21/2022	Contact- Document sent Amber Bunce-Hernandez, Licensee Designee
12/02/2022	Contact- Document sent Amber Bunce-Hernandez, Licensee Designee Karmen Ball, Administrator
12/12/2022	Exit Conference Amber Bunce-Hernandez, Licensee Designee Karmen Ball, Administrator

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**ALLEGATION:**

**Resident A is unsafe in the home due to other residents using substances.**

**INVESTIGATION:**

On 10/17/22, I received this referral through the Bureau Information Tracking System. The referral alleged two residents are using substances in the bathroom in the home and making another resident feel unsafe.

On 10/17/22, I received a phone call from licensee designee Amber Bunce discussing concerns for Resident B's behavior, including substance use and aggression toward staff. It was discussed that Resident B was arrested following a recent incident. Ms. Bunce stated it is believed Resident B will be incarcerated and not return to the home. She reported she is attempting to comply with licensing rules for not inappropriately discharging Resident B and she has appropriately issued discharge notices for Resident B due to her behaviors previously, but Resident B's case manager and the case management agency are not taking steps to find Resident B an appropriate new placement and she is unsure what to do at this point. I advised that due to Resident B's recent behaviors, it was appropriate to issue a 24-hour emergency discharge notice for Resident B.

On 10/17/22, I received the 24-hour emergency discharge notice for Resident B.

On 10/17/22, I reviewed *Incident/Accident Report* forms regarding Resident B that I had previously received. On 10/8/22 at 8:20 p.m., staff suspected Resident B was using substances with a peer during the shift because she kept walking outside, stating she lost her headphones. She and a peer would then go into the bathroom. Resident B was "wound up" and not making sense when she was talking. Resident B's guardian, case worker, crisis line, and law enforcement were contacted. A glass bottle with a white powder was found with Resident B and given to law enforcement. Resident B was up all night arguing with her boyfriend and disturbing another peer.

A second incident report noted, on 10/9/22, when staff went to Resident B's room to check on her in the morning, after suspecting she was using substances in the home the night before, she was no longer in her room. The crisis line was contact, 911 was called, staff attempted to locate Resident B in the home van. Resident B was returned by Michigan State Police at 3:30 p.m. and they would not check her for substances. It was noted Resident B has a discharge notice from the home and she was advised to not leave the home without supervision.

A third incident report noted, on 10/11/22, it was noticed Resident B was not the premises and the back deck gate was open. Direct care worker (DCW) Stephanie Puckett walked to the end of the driveway, and it was reported Resident B had

returned to the back deck. Resident B had plastic bag filled with broken glass and a rock larger than a softball. Resident B gave Ms. Puckett the bag but kept the rock and told Ms. Puckett she was going to kill her. Ms. Puckett took the rock and called law enforcement. Resident B also had a knife on her person and stated she would not have these behaviors if she was “allowed to use drugs in the home”. 911 was contacted. Resident B was taken into custody. Resident B has a notice to discharge from the home.

On 10/17/22, I reviewed an email thread from 10/12/22, Ms. Bunce- Hernandez reported to everyone included in the email, including Resident B’s case management team, that the home has struggled with Resident B and keeping her away from substances. It was noted she is resourceful with navigating the limitations of staff and law enforcement. It is reported her behavior has terrified her housemates and staff. It noted Resident B was arrested but her placement in jail is likely only temporary. She stated the home is clearly not an appropriate setting for Resident B due to her substance use and aggression. She requested assistance with finding a new placement for Resident B. A response was received from the case management team that Resident B had a hearing on 10/18/22 and would likely be incarcerated at that time, implying she would discharge from the home at the time of her incarceration.

On 10/17/22, I exchanged emails with the complainant who expressed concern that Resident A reported two other residents in the home are using substances in the bathroom, playing music, and banging on the walls. Resident A reports she feels unwell when this happens. It is unknown if it is from a lack of sleep or exposure to substances.

On 10/18/22, I completed an unannounced investigation at the home. Interviews were completed with Resident A and direct care worker, Stephanie Puckett. Interviews were completed privately.

Resident A stated she dislikes Resident B and Resident C. She stated Resident B runs away and brings drugs into the home. She stated she does not see or smell the drugs, but she heard from other people that Resident B and Resident C use drugs in the home. She stated they also bang on the walls and are loud. She stated staff tell them to stop when they are being loud and using drugs in the home. She stated she feels safe in the home and has spoken with her case manager today to make a safety plan that makes her feel better in the home.

Ms. Puckett said Resident B regularly has disruptive behaviors. She stated Resident B brings drugs into the home. She stated she is not sure which drugs, but Resident B has admitted to smoking a “meth laced joint” while in the community on one occasion. She stated Resident B will arrange drug dealers to drop drugs off at the property and she will go to the end of the driveway and pick them up, walk around the property to pick them up, or go absent without official leave (AWOL) into the community and return with substances. She stated staff do not encourage Resident

B bringing substances into the home, but they cannot violate Resident B's rights or physically not allow her to leave the home. She stated on one occasion, Resident B went AWOL and was returned by law enforcement. She stated staff insisted law enforcement officers check if Resident B had drugs with her and they refused stating they could not. She stated she has witnessed Resident B walk to a car at the end of the driveway to obtain drugs, she followed her, and attempted to photograph the license plate on the car, to which Resident B became assaultive to her and law enforcement was called. During this incident, she again requested law enforcement check Resident B for drugs, which they again refused. She stated Resident B and Resident C have on occasion locked themselves in the bathroom together and used substances in the home. She stated this was evident by their behavior after leaving the bathroom. She stated staff discourage them and follow protocol for calling the home manager, law enforcement, the Cornerstone crisis line, and 911. She stated she does not think that Resident A has directly witnessed Resident B and Resident C using substances. She stated she thinks the banging on the walls Resident A mentioned may be Resident D who has a behavior for rocking her body and knocks on her wall regularly. She stated whenever Resident A has concerns and she brings them to staff, staff do what they can to address the concerns and try to protect everyone in the home. She stated Resident B makes it challenging due to her behaviors, but staff do the best they can. She stated Resident B is currently incarcerated and she feels that for the safety of residents and staff, that Resident B should not return to the home.

On 10/18/22, I received a second 24-hour emergency discharge noticed for Resident B.

On 10/20/22, I received communication from Ms. Bunce-Hernandez that Resident B was not incarcerated as expected and has returned to the home.

On 10/20/22, I sent an email to Ms. Bunce-Hernandez and Resident B's case managers imploring case managers to act in the best interest of Resident B and the other residents in the home and find a more appropriate placement for Resident B to ensure her safety and the safety of other residents in the home.

On 11/21/22, I sent an email to Ms. Bunce-Hernandez inquiring about dates for Resident B's discharge notices prior to 10/17/22 and inquired when Resident B was discharged from the home.

On 12/2/22, Ms. Bunce-Hernandez confirmed Resident B's original discharge notice from the home was issued 8/18/22. She reported Resident B has not discharged from the home, however, there have not been incident or accident reports for Resident B in the last month because Resident B no longer has access substances. She requested to discuss Resident B's discharge from the home on the phone on 12/5/22.

<b>APPLICABLE RULE</b>	
<b>R 400.14305</b>	<b>Resident protection.</b>
	<b>(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.</b>
<b>ANALYSIS:</b>	<p>Resident A noted she believes Resident B and Resident C use substances in the home because she heard staff say that. She reported she feels safe in the home now and staff address when Resident B and Resident C are loud.</p> <p>Ms. Puckett stated Resident B has brought substances into the home and staff attempt to stop her, but they are limited, as is law enforcement. Ms. Puckett stated she does not feel Resident A was exposed to Resident B and Resident C's substance use. She stated she also feels that the knocking Resident A discussed may be Resident D who has a behavior for rocking. She stated she attempts to address concerns Resident A brings to her attention as best she can although Resident B's behaviors are disruptive.</p> <p>Ms. Bunce-Hernandez provided <i>Incident/Accident Report</i> forms documenting Resident B going AWOL and her alleged substance use. These reports confirmed law enforcement and staff had limitations addressing Resident B's behaviors. I received discharge notices from Ms. Bunce-Hernandez which so efforts were being made to discharge Resident B from the home due to her behaviors.</p> <p>I became involved on 10/20/22 requesting Resident B be discharged from the home for her own safety and the safety of other residents.</p> <p>Resident B was not discharged from the home as requested multiple times, however, during the month of November there were no <i>Incident/Accident Report</i> forms received regarding Resident B's behavior and it is reported she no longer has access to substances.</p> <p>Based on the interviews completed and documentation observed, there is insufficient evidence to support allegations that Resident A was not treated with dignity and her personal needs, including protection and safety, were not attended to at all times and efforts were made to ensure her safety, the safety</p>

	of other residents, and the safety of Resident B, by removing Resident B from the home through appropriate discharge notices.
<b>CONCLUSION:</b>	VIOLATION NOT ESTABLISHED

On 12/12/22, I completed an exit conference with Ms. Bunce-Hernandez and Ms. Ball who did not dispute my findings and recommendations.

**IV. RECOMMENDATION**

I recommend the status of the license remain the same.

*Cassandra Duursma*

12/12/22

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Cassandra Duursma  
Licensing Consultant

Date

Approved By:

*Russell Misiak*

12/12/22

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Russell B. Misiak  
Area Manager

Date