GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

December 29, 2022

Timothy Brannan
Gunnisonville Meadows, Inc.
11685 Prestle Court
DeWitt, MI 48820

RE: License #: AL190316312
Investigation #: 2023A0783007
Gunnisonville Meadows

Dear Mr. Brannan:

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) 284-9730.

Sincerely,

Leslie Herrguth, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 256-2181

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL190316312
Investigation #:	2023A0783007
Complaint Receipt Date:	11/16/2022
Investigation Initiation Date:	11/16/2022
Report Due Date:	01/15/2023
Licensee Name:	Gunnisonville Meadows, Inc.
Licensee Address:	1454 E. Clark Road Lansing, MI 48906
Licensee Telephone #:	(517) 575-6021
Administrator:	Robin Richmond
Licensee Designee:	Timothy Brannan
Name of Facility:	Gunnisonville Meadows
Facility Address:	1758 E. Clark Road Lansing, MI 48906
Facility Telephone #:	(517) 575-6021
Original Issuance Date:	08/06/2013
License Status:	REGULAR
Effective Date:	02/05/2022
Expiration Date:	02/04/2024
Capacity:	20
Program Type:	ALZHEIMERS AGED

II. ALLEGATION(S)

	Violation Established?
Direct care staff member Jermelia Rowzee punched Resident A in the mouth.	No
Resident A was not assisted according to his written assessment plan when he was assisted with getting out of bed by one staff member rather than two staff members and Resident A was injured as a result.	Yes

III. METHODOLOGY

11/16/2022	Special Investigation Intake - 2023A0783007
11/16/2022	Special Investigation Initiated – Telephone call to officer Megan Parvainen with the DeWitt Township Police Department
11/16/2022	Contact - Telephone call made to former direct care staff member Jermelia Rowzee
11/30/2022	Contact - Document Received - Written Incident/Investigation Report from the DeWitt Township Police Department
12/07/2022	Inspection Completed On-site
12/07/2022	Contact - Face to Face interviews with facility staff members ShaQuaille Rhymes, Robin Richmond, and Pamela Tomlin
12/07/2022	Contact - Face to Face interview with Resident A
12/07/2022	Contact - Document Received - Handwritten note from Jermelia Rowzee, written incident report, Resident A's resident record and Jermelia Rowzee's employee record
12/08/2022	Contact - Telephone call made to direct care staff member April Garza
12/08/2022	Contact - Telephone call made to Relative A1
12/20/2022	Exit Conference with licensee designee Tim Brannon and administrator Robin Richmond

ALLEGATION:

- **Direct care staff member Jermelia Rowzee punched Resident A in the mouth.**
- **Resident A was not assisted according to his written assessment plan when he was assisted with getting out of bed by one staff member rather than two staff members and Resident A was injured as a result.**

INVESTIGATION:

On November 16, 2022, I received a written *AFC Licensing Division Incident/Accident Report* for Resident A dated November 14, 2022 and signed by facility administrator Robin Richmond. The written incident report stated that on November 12, 2022, at 5:30 am, "I (Robin Richmond) was woken by a text message that was sent by ShaQuaille Rhymes about an incident that happened on the midnight shift around 5:30 am on November 12, 2022, that stated [Resident A] made an accusation about being socked in the face by a staff member. [Ms. Rhymes] didn't hear or see anything but [Resident A's] lip, so she cleaned his lip and contacted us. I came to the facility to assess the situation. [Resident A's] lip was swollen and black and blue on the outside and inside of the top and bottom lip on the left side of his face. When I went to talk to him about the situation [Resident A] stated that Jermeila came into his room to get him up for the day and he wasn't moving fast enough. [Resident A] said that's when she popped him in the face. She then sat him up on the side of the bed and slid to the floor. [Resident A] said he is scared to have [Ms. Rowzee] back in his room. I then tried contacting Jermeila and received no response. There was no incident report but there was a note left by Jermeila on the desk that said, 'This morning around 5:30 am when getting [Resident A] up this morning he fell and my elbow hit him and busted his lip a little, it's not too bad but it is a little swollen.' I decided at this point that I was going to call the police; things were not adding up. The police came in, I gave them all the information I had and told them exactly what [Resident A] told me. They went and interviewed him and took some pictures. They did file a report under # 22-01304 and the officer that took the report was officer Megan Parviainen with DeWitt Township Police Department. They stated we should suspend Jermeila's employment pending investigation, we decided to terminate Jermeila due to the safety of our residents at our facility." The written incident report stated Relative A1 was notified and that by the end of November 2022 all staff members would be retrained on resident rights, abuse, and "learning when to walk away when feeling overwhelmed or agitated."

On November 16, 2022, I spoke to DeWitt Township police officer Megan Parvainen who stated she investigated the potential non–aggravated assault of Resident A by direct care staff member Jermeila Rowzee. Officer Parvainen said Resident A reported to her and her supervisor in separate interviews that he was hit in the mouth by staff member Jermeila Rowzee. Officer Parvainen said Resident A also told her that he was "pushed or pulled out of bed to the ground." Officer Parvainen

said she spoke to Ms. Rowzee who denied hitting Resident A and told her that she rolled her ankle as she was assisting Resident A out of bed and they both fell which caused her elbow to hit Resident A in the mouth. Officer Parvainen said Ms. Rowzee's version of events "did not make sense," and a report was sent to the prosecutor's office to see if they will issue criminal charges for non–aggravated assault. Officer Parvainen referred to the situation as "he said, she said," and stated there were no witnesses to corroborate either version of events but said Resident A "had a decent mark that looked intentional." Officer Parvainen said facility administrator Robin Richmond reported the alleged assault of Resident A and has been "doing everything she can" and that staff members at the facility "take good care of people."

On November 30, 2022, I received a written *Incident/Investigation Report* from the DeWitt Township Police Department dated November 12, 2022, for the non-aggravated assault of Resident A. The written report stated facility administrator Robin Richmond was the reporting party who said there was an "incident" brought to her attention between Resident A and direct care staff member Jermeila Rowzee and that Ms. Richmond was not at the facility at the time. According to the written report Ms. Richmond reported that Ms. Rowzee left a "note" upon ending her shift at approximately 6:00 am on November 12, 2022, with a brief statement about what happened. Ms. Richmond reported that Resident A had an injury to his face and another caregiver and Resident A both stated that staff member Jermeila Rowzee deliberately punched Resident A in the face. The written police report stated officers contacted Resident A and he reported that Ms. Rowzee came into his bedroom early in the morning to get him out of bed and stated, "he was not moving fast enough," and struck him in the mouth with a closed fist. The written report stated Resident A reported that he was pushed or pulled out of bed, and he fell onto the floor. Resident A reported another caregiver came into the room at this time and helped him off the floor. The written police report indicated Resident A repeated what happened to another officer and his reports were consistent. The written police report stated Resident A was observed with "a small laceration to his bottom lip with moderate swelling. The inside of his upper and lower lip appeared to be bruised. [Resident A] complained of pain to his mouth" and staff members cleaned and treated Resident A's wound. The written police report stated staff member ShaQuaille Rhymes who was the other staff member working was interviewed and reported that she was not in the room at the time of the incident and that she came into the room to find Resident A "on the floor with a busted lip." The written police report stated Ms. Rhymes said she asked Resident A what happened, and he told her that someone hit him. The written police report stated Resident A denied that Ms. Rowzee was the one that hit him, but she was the only other staff member working and had just been in Resident A's bedroom. The written police report stated Ms. Rowzee told Ms. Rhymes that Resident A "did not want to get up and he fell." The written report stated Ms. Rhymes advised that Resident A is not typically difficult to "get up," and does not typically fall on the floor. The written police report stated Ms. Rhymes took a photograph of Resident A's injury and sent it to facility administrator Robin Richmond. The written police report stated Ms. Rhymes advised Ms. Rowzee that

she needed to complete a written *AFC Licensing Division Incident/Accident Report* to document Resident A's injury. The written report said that Ms. Rowzee could not print the correct form and wrote a "note" on a piece of paper describing what happened. The written police report indicated Ms. Rhymes reported that Ms. Rowzee told her that she could not hold Resident A up and he fell and was accidentally elbowed by her in the face when he fell. The written report stated Ms. Rhymes said Ms. Rowzee seemed "frustrated" when she asked for assistance getting Resident A off the floor. Ms. Rhymes reported that she had never seen Ms. Rowzee be physically aggressive with residents in the past but did find her to be "verbally aggressive." The written police report stated Ms. Rowzee reported that her slip-on shoes caused both her and Resident A to fall when she was helping him out of bed and that she fell on top of Resident A which is when her elbow struck his mouth. The written police report documented that Ms. Rowzee "appeared to have lack of empathy for the situation and minimized her involvement." The written report stated the only detail Ms. Rowzee provided about the fall was that she tripped on her shoe. The written report stated Ms. Rowzee denied that she sustained any injury in the fall. The written police report stated Ms. Rowzee's employment was terminated and that the disposition was "forwarded to Clinton County Prosecutor's Office for charges."

On November 16, 2022, I spoke to former direct care staff member Jermeila Rowzee who denied that she punched Resident A on November 12, 2022, nor at any other time. Ms. Rowzee said that morning she entered Resident A's bedroom alone at approximately 5:30 am to get him up for the day. Ms. Rowzee said although Resident A "can" require assistance from two staff members to transfer out of bed in the morning, the other staff member working who was ShaQuaille Rhymes was helping other residents, so she assisted Resident A on her own. Ms. Rowzee said Resident A was not having any behaviors or problems that would have prevented her from assisting him alone nor that would have agitated her in any way. Ms. Rowzee said Resident A's door was open but no other staff members were around when Resident A fell, and Ms. Rowzee fell on top of Resident A. Ms. Rowzee said her elbow hit Resident A in the mouth when they fell and "his lip was busted." Ms. Rowzee said she asked Ms. Rhymes to help her get Resident A off the floor and put Neosporin and alcohol on Resident A's lip. Ms. Rowzee said Resident A had never fallen before that she was aware of. Ms. Rowzee stated she left a handwritten note for the next shift and Ms. Richmond informing them that Resident A was injured and how it happened. Ms. Rowzee said Resident A never accused her of punching him in the face that she was aware of until Ms. Richmond notified her that her employment was terminated, and police were contacted.

On December 7, 2022, I spoke to direct care staff member ShaQuaille Rhymes who said she was working on November 12, 2022, with direct care staff member Jermeila Rowzee when Ms. Rowzee approached her and asked her to help get Resident A up off the floor of his bedroom. Ms. Rhymes said Ms. Rowzee told her that she "was having a hard time" getting Resident A out of bed as he did not want to get up and he fell on the floor in his room near the bed. Ms. Rhymes said Ms. Rowzee told her

that when Resident A fell her elbow hit him in the lip. Ms. Rhymes said she quickly went into Resident A's bedroom and observed him on the floor near his bed with "a busted lip." Ms. Rhymes said Resident A's face was swollen and bleeding and that it looked as if someone hit him. Ms. Rhymes said Resident A told her in front of Ms. Rowzee that somebody hit him in the face because he was not getting up fast enough and Ms. Rowzee said nothing. Ms. Rhymes said Resident A did not say anything about how he fell or why he was on the floor. Ms. Rhymes said she did not see Ms. Rowzee hit Resident A but she did hear yelling right before Ms. Rowzee came to ask for help getting Resident A off the floor. Ms. Rhymes said Ms. Rowzee appeared "frustrated." Ms. Rhymes said she was "suspicious" that Ms. Rowzee hit Resident A because Resident A previously accused Ms. Rowzee of punching him in the stomach. Ms. Rhymes said she directed Ms. Rowzee to complete a written incident report and Ms. Rowzee left a handwritten note containing her explanation for Resident A's injury. Ms. Rhymes said Resident A received first aid at the facility and did not require further treatment or evaluation of the injury. Ms. Rhymes said she notified facility administrative assistant Pamela Tomlin, and the police and Resident A's family members were made aware of Resident A's statement. Ms. Rhymes stated she has not seen Ms. Rowzee back at the facility after the incident and she believed Ms. Rowzee's employment at the facility was terminated. Ms. Rhymes said "sometimes" Resident A requires assistance from two staff members to transfer from his bed but that it was not unusual for one staff member to do it alone. Ms. Rhymes said there have been occasions when she was unable to transfer Resident A without help from another staff member. Ms. Rhymes denied that Ms. Rowzee asked her for assistance transferring Resident A from his bed.

On December 8, 2022, I spoke to direct care staff member April Garza who stated she worked at the facility the morning of November 12, 2022 and at shift change Ms. Rhymes asked her to look at Resident A's lip and she observed that Resident A's lip was swollen and bleeding. Ms. Garza said Resident A told her someone "socked me in the mouth." Ms. Garza said Ms. Rhymes told her Ms. Rowzee reported Resident A fell and sustained an injury to his lip. Ms. Garza said facility staff members administered first aid and Resident A did not require further medical treatment for the injury. Ms. Garza said prior to this occasion Resident A reported that a staff member hit him in the stomach, but he did not know who it was. Ms. Garza said Resident A requires assistance from two staff members to transfer from his bed because Resident A cannot bear weight on his legs. Ms. Garza said if one staff member tried to transfer Resident A and he fell, "they are both going down." Ms. Garza said it was her understanding that Ms. Rowzee assisted Resident A independently.

On December 8, 2022, I spoke to Relative A1 who said Resident A and Ms. Richmond informed her that on November 12, 2022, a night shift staff member went into Resident A's bedroom to assist him with something and Resident A "ended up with a big fat lip." Relative A1 said she saw Resident A face to face on November 13, 2022 and observed that Resident A's upper and lower lips were swollen, bruised, and cut in the inside of Resident A's mouth. Relative A1 said staff members at the

facility administered first aid to Resident A immediately and he was seen by his doctor within a few days of the incident. Relative A1 said Resident A told her that a staff member hit him in the mouth. Relative A1 said she was told the employee said Resident A fell and she accidentally hit him in the mouth with her elbow when he fell. Relative A1 said facility administrator Robin Richmond handled the situation immediately and appropriately by reporting the allegation to police and terminating the staff member's employment at the facility. Relative A1 said she makes face to face contact with Resident A at the facility weekly and this appears to have been an isolated incident, although Resident A previously reported that a staff member hit him in the stomach. Relative A1 said she was not certain for what Resident A may require assistance from two staff members, but he can stand and pivot with assistance from one person.

On December 7, 2022, I interviewed Resident A and at that time there was no visible injury to Resident A. Resident A told me that a staff member came into his bedroom to "get him up," and he "wasn't moving fast enough" so the staff member "socked" Resident A "in the jaw." Resident A said he had a "big cut" on his lip because of being hit in the mouth. Resident A said only he and the staff member were in the room. Resident A was unable to name the staff member and could only describe her race. Resident A reported that "a few days" prior to the staff member hitting him in the mouth, she hit him in the chest. Resident A denied ever being hit in the stomach. Resident A said the staff member is no longer employed at the facility, and he feels safe.

On December 7, 2022, I interviewed facility administrator Robin Richmond who said she received a text message in the early morning hours of November 12, 2022, from direct care staff member ShaQuaille Rhymes that said direct care staff member Jermeila Rowzee came to ask for her assistance with getting Resident A off the floor and when asked what happened Resident A reported that he had been hit in the mouth. Ms. Richmond said she immediately went to the facility to assess Resident A and noted that his lip was swollen on the outside and had a "blood blister" on the inside of his mouth. Ms. Richmond stated the injury was addressed by staff members who provided first aid and that Resident A was also assessed by his physician within days of the injury. Ms. Richmond said Resident A reported a staff member his him in the chest and then in the face because he was not getting up fast enough. Ms. Richmond said Resident A was unable to name the staff member nor provide any information about her except for her race. Ms. Richmond said Resident A indicated it was only he and the staff member in the room at the time he was assaulted. Ms. Richmond said Ms. Rowzee left a handwritten note that indicated Resident A fell and her elbow hit him in the lip which is how he sustained the lip injury. Ms. Richmond said she spoke to Ms. Rowzee who told her that while she was transferring Resident A from his bed, he fell on top of her, and her elbow hit Resident A in the face during the fall. Ms. Richmond said Resident A's version of events was consistent and she reported the alleged assault to police and Resident A's family members immediately and submitted a written *AFC Licensing Division Incident/Accident Report* to LARA within the required timeframe. Ms. Richmond said

Ms. Rowzee did not work another shift at the facility and her employment was terminated. Ms. Richmond said Resident A requires assistance from two staff members to transfer out of bed, so she was uncertain why Ms. Rowzee attempted to transfer Resident A independently. Ms. Richmond stated she worked with Ms. Rowzee before and never had any concerns or complaints about Ms. Rowzee's performance.

On December 7, 2022, I interviewed assistant administrator Pamela Tomlin who said direct care staff member April Garza telephoned her on November 12, 2022 and reported that Resident A told her a staff member hit him in the face and he had an injury on his lip. Ms. Tomlin said she notified facility administrator Robin Richmond who handled the matter from there. Ms. Tomlin said Resident A requires assistance from two staff members for some things, "depending on the" staff member. Ms. Tomlin said Resident A can stand and pivot so one staff member should be able to transfer him from his bed if the staff member is "comfortable with" Resident A. Ms. Tomlin described Resident A as "big" and "tall" and acknowledged that "with some [staff members]" he requires assistance from two staff members to transfer out of bed in the morning and that she was unsure why Ms. Rowzee attempted to transfer Resident A independently.

On December 7, 2022, I received and reviewed Resident A's most current written *Assessment Plan for AFC Residents* which stated Resident A required two staff members to assist him with toileting, bathing, and hygiene. The written assessment plan stated Resident A required assistance from one staff member with grooming and dressing. The written assessment plan stated "N/A" for walking/mobility. The written assessment plan indicated Resident A could communicate needs, understand verbal communication, was alert to his surroundings, and follows instructions.

On December 7, 2022, I received and reviewed Resident A's most current *Health Care Appraisal* which stated Resident A required the use of a wheelchair and that he had "limited mobility."

On December 7, 2022, I received and reviewed a handwritten note signed by direct care staff members Jermelia Rowzee and ShaQuaille Rhymes. The note stated, "This morning around 5:30 am when getting [Resident A] up this morning he fell and my elbow hit him and busted his lip a little. It's not too bad but it is a little swollen."

On December 7, 2022, I received and reviewed a written *AFC Licensing Division Incident/Accident Report* for Resident A signed by direct care staff member April Garza and signed November 12, 2022. The written incident report stated, "[Resident A] informed me that a 3rd shift worker socked him in the mouth. I looked at lip and it looks like he was hit or fell on something hard."

On December 7, 2022, I received and requested Jermelia Rowzee's employee record and noted that she completed a criminal background clearance and was

determined to be eligible to work in an adult foster care home on August 5, 2022. I noted that references were checked and stated Ms. Rowzee was eligible for rehire. I noted that Ms. Rowzee completed all the required training and signed statements that she received and understood her position description and the facility personnel policies.

APPLICABLE RULE	
R 400.15305	**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:	Though Resident A consistently reported that someone hit him in the mouth he was unable to name the person and could only describe them by gender and race. Resident A said no one else was around at the time he was hit. Ms. Rowzee who assisted Resident A out of bed denied hitting Resident A and reported that he fell which is how he was injured. Staff member ShaQuaille Rhymes confirmed that Resident A fell because she had to help get him off the floor. Resident A could have been injured from falling. There was nothing in Ms. Rowzee's employee record to corroborate the allegation and she completed all the required training and clearances. Facility administrator Robin Richmond handled the situation immediately and appropriately by reporting the allegation to the local police and LARA as well as Relative A1 and terminating Ms. Rowzee's employment.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

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:	According to Resident A's most recent written assessment plan and *Health Care Appraisal* Resident A requires assistance from two staff members with toileting, bathing, and hygiene. Facility staff members Jermelia Rowzee, ShaQuaille Rhymes, April Garza, Robin Richmond, and Pamela Tomlin all stated Resident A, at least at times, requires assistance from two staff members for getting out of bed. According to everyone interviewed Resident A was assisted with getting out of bed by direct care staff member Jermelia Rowzee independently and ultimately Resident A fell and sustained an injury to his mouth. Resident A was not cared for in accordance with his written assessment plan when staff member Jermelia Rowzee assisted Resident A with transferring out of bed without another staff member and Resident A was injured as a result.
CONCLUSION:	**VIOLATION ESTABLISHED**

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan and the outcome of the pending criminal investigation of Jermelia Rowzee I recommend no change in the status of the license.

12/21/2022

_____

Leslie Herrguth Date
Licensing Consultant

Approved By:

12/29/2022

_____

Dawn N. Timm Date
Area Manager