



STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

GRETCHEN WHITMER
GOVERNOR

ORLENE HAWKS
DIRECTOR

February 7, 2023

Mark James
American AFC Inc.
5355 Northland Dr. C-133
Grand Rapids, MI 49525

RE: License #:	AM610259339
Investigation #:	2023A0356009
	Terrace Manor

Dear Mr. James:

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.

A six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan.

Please review the enclosed documentation for accuracy and contact me with any questions. If I am not available and you need to speak to someone immediately, please contact the local office at (616) 356-0100.

Sincerely,

A handwritten signature in cursive script that reads "Elizabeth Elliott".

Elizabeth Elliott, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 901-0585

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM610259339
Investigation #:	2023A0356009
Complaint Receipt Date:	12/14/2022
Investigation Initiation Date:	12/16/2022
Report Due Date:	02/12/2023
Licensee Name:	American AFC Inc.
Licensee Address:	5355 Northland Dr. C-133 Grand Rapids, MI 49525
Licensee Telephone #:	(616) 292-2837
Administrator:	Mark James
Licensee Designee:	Mark James
Name of Facility:	Terrace Manor
Facility Address:	1148 Terrace Street Muskegon, MI 49442-3449
Facility Telephone #:	(231) 722-7442
Original Issuance Date:	05/12/2004
License Status:	REGULAR
Effective Date:	09/30/2022
Expiration Date:	09/29/2024
Capacity:	12
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL, AGED

II. ALLEGATION(S)

	Violation Established?
Resident A does not feel safe in her room.	No
The facility is in disrepair.	Yes
The facility has bed bugs.	No
Additional Findings	Yes

III. METHODOLOGY

12/14/2022	Special Investigation Intake 2023A0356009
12/14/2022	APS Referral Denied for investigation.
12/16/2022	Special Investigation Initiated - Telephone Resident A.
12/21/2022	Contact - Telephone call made Resident A.
01/13/2023	Inspection Completed On-site
01/13/2023	Contact - Face to Face Resident A, DCW John "June" Chandler.
01/13/2023	Contact - Face to Face Residents B & C
01/23/2023	Contact - Document Sent Mark James, Licensee Designee.
01/24/2023	Contact - Document Received Mark James, Licensee.
01/25/2023	Contact - Document Sent Mark James, Licensee.
01/25/2023	Contact-Document Review LSR from renewal inspection on 10/21/2022 and CAP submitted by Mr. James on 11/10/2022.
02/01/2023	Contact-Document Received PSOR

02/01/2023	Contact-Telephone call made June Chandler-DCW
02/06/2023	Exit Conference-Licensee Designee, Mark James.

ALLEGATION: Resident A does not feel safe in her room.

INVESTIGATION: On 12/14/2022, I received a BCAL (Bureau of Children and Adult Licensing) Online Complaint. The complainant reported that Resident A resides in the facility with eight male residents, she is the only female and Resident A has expressed fear that she could “get raped” someday and that one of the men will go in her room to try and see her undressed. The complainant reported if Resident A forgets to lock her door, male residents will go into her room without knocking. APS denied this matter for investigation.

On 12/16/2022, I interviewed Resident A via telephone. Resident A stated she was fine and felt safe living at the facility but was in a hurry to get somewhere and unable to talk any further.

On 12/21/2022, I interviewed Resident A via telephone. Resident A stated the other residents in the facility, “don’t bother me.” Resident A stated other residents used to get into her room and steal her Kleenex and tea but now she has a lock on the bedroom door, and no one is able to access her room anymore. Resident A stated she is not concerned about male residents coming into her room or that she might get raped. Resident A stated she feels safe and has no complaints about living at the facility.

On 01/13/2023, I conducted an unannounced inspection at the facility and interviewed DCW (direct care worker) John “June” Chandler. Mr. Chandler stated Resident A’s room is located on the upper floor of the facility where eight male resident rooms are located. Mr. Chandler stated Resident A has her own room and the room is equipped with a lock that Resident A can lock while she is in the room. Mr. Chandler stated Resident A carries her own key and can lock her room when she leaves so no one is able to get in and steal any of her belongings. Mr. Chandler stated Resident A has not reported to him that any residents have attempted to get into her room to steal or see her undressed. Mr. Chandler stated Resident A has never stated she was concerned about any of the residents raping her. Mr. Chandler stated the male residents in this facility have never shown any aggression towards each other or Resident A nor have they shown any sexual interest or sexual aggression towards Resident A. Mr. Chandler stated they are aware that two of the residents of this facility have criminal sexual histories and both residents have a room located on the main floor of the facility where staff is at all times. In addition, Mr. Chandler stated staff make sure the residents are current on their sex offender registration and that they are compliant with the rules they have to follow.

On 01/13/2023, I interviewed Resident A in her room at the facility. Resident A stated she is, “good, I’m fine, I’m happy here and I don’t need anything.” Resident A showed me the lock on her door and how she can lock it while inside the room and from the outside so when she goes away, she can lock her room, and no one can enter. Resident A stated she is not worried about anyone in the facility raping her, Resident A stated the male residents in this facility do not attempt to get into her room to steal anything nor do they attempt to see her undressed. Resident A stated she is not concerned or worried about any of the men in the facility including any of the residents on the floor where her bedroom is.

On 01/13/2023, I interviewed Resident B & C at the facility. Resident B & C both stated they have not attempted to enter Resident A’s room, nor have they seen any of the other residents attempt to enter Resident A’s room. In addition, Resident B & C stated all the residents seem to get along well and they do not treat Resident A any different than anyone else in the facility.

On 02/05/2023, I reviewed the Michigan State Sex Offender Registry at <https://mspsor.com/Home/Search> and located two offenders residing in the facility. The offenders are documented as compliant.

02/06/2023, I conducted an Exit Conference with Licensee Designee Mark James. Mr. James will submit an acceptable corrective action plan and accepted the recommendation.

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:	<p>Resident A expressed fear that the male residents in the facility could rape her and attempt to get into her room to steal from her and see her undressed.</p> <p>I interviewed Resident A on three different occasions and each time Resident A stated she is not concerned about the male residents in the facility stealing from her, getting into her room to see her undressed or raping her.</p> <p>Resident B & C stated they have not seen any residents in the facility attempt to get into Resident A’s room to steal from her, rape her or see her undressed.</p>

	<p>According to the Michigan State Sex Offender Registry, there are two registered sex offenders living in this facility.</p> <p>Mr. Chandler stated Resident A has not reported any concerns and there have been no incidents between residents and Resident A.</p> <p>Based on investigative findings, there is not a preponderance of evidence to show that male residents at the facility attempt to enter Resident A's room to steal, see her undressed or attempt to sexually assault her. Therefore, a violation of this applicable rule is not established.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: The facility is in disrepair.

INVESTIGATION: On 12/14/2022, I received a BCAL (Bureau of Children and Adult Licensing) Online Complaint. The complainant reported there are filthy conditions in the home, Resident A's room is cluttered with only a pathway to walk through, there are electrical outlets not covered, the front of the oven door is missing, a large burn mark on the floor directly in front of the oven and plastic covering on one of the second-floor windows.

On 01/13/2023, I conducted an unannounced inspection at the facility and interviewed Mr. Chandler. Mr. Chandler stated the flooring throughout the main part of the facility including the kitchen was supposed to be replaced with new laminate flooring by now. Mr. Chandler stated the carpet in the living area has been pulled up in anticipation for the new flooring, but it has not been installed and he does not know when it will be. Mr. Chandler stated Mr. James takes care of the physical plant repairs and he has not been notified as to when any of it is taking place. Mr. Chandler stated Resident A likes her things and does tend to keep a lot of clothes, and purses but contains them in plastic totes in her room. Mr. Chandler stated Resident A keeps her room locked and staff do not go in her room often.

On 01/13/2023, I conducted an inspection of the facility and saw that the glass on the front of the oven is missing, electrical outlets in the kitchen and one in an upstairs hallway are missing the covers, the linoleum in the kitchen is in disrepair and an upstairs door window is covered with plastic because the window is broken out. I inspected Resident A's room, and she has several plastic totes with clothes and purses in them causing the room to be cluttered. Resident A stated she likes her things and does not want anyone messing with her stuff. Resident A stated she keeps her room locked and does not like to let anyone into her room. Resident A likes to clean and keeps things organized and clean, but she does have a lot of personal items all over her room.

On 01/25/2023, I reviewed the renewal inspection report conducted at the facility on 10/21/2022 and Mr. James was cited for R 400.14403 (1), Maintenance of premises. The specific citation included the following specific information; *'living room and kitchen linoleum in disrepair, the glass on the front of the oven is gone, the door in the upstairs hallway opens to an unsecured part of the roof and the glass in the door is broken out, the upstairs hallway has an outlet with no cover on it.'* On 11/10/2022, I received a written corrective action plan from Mr. James. Mr. James documented the following: *'dining room, kitchen and living room will be replaced with laminate flooring by December 10, 2022. Kitchen counters, cupboards and stove will be repaired or most likely replaced by February 1, 2023, upstairs door will have a lock put on it and have the glass replaced by November 20, 2022.'*

On 02/01/2023, I interviewed Mr. Chandler via telephone. Mr. Chandler confirmed the repairs documented in the corrective action plan submitted on 11/10/2022 by Mr. James following the renewal inspection have not yet been completed.

On 02/06/2023, I conducted an Exit Conference with Licensee Designee Mark James. Mr. James will submit an acceptable corrective action plan and accepted the recommendation.

APPLICABLE RULE	
R 400.14403	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:	The complainant reported filthy conditions, electrical outlets not covered, the front of the oven door is missing, linoleum is in disrepair and one of the second-floor windows is covered in plastic. Mr. Chandler stated Mr. James is responsible for the physical plant repairs and he has not been notified as to when any of it is going to be repaired.

	<p>I observed the glass on the front of the oven is missing, electrical outlets in the kitchen and one in an upstairs hallway are missing the covers, the linoleum in the kitchen is in disrepair and an upstairs door window is broken and covered with plastic.</p> <p>I previously cited several of the issues reported by the complainant during a renewal inspection of the facility on 10/21/2022. Mr. James submitted a corrective action plan on 11/10/2022 regarding the maintenance of premise violations cited on 10/21/2022. Mr. James documented the repair or replacement of all items would be done by 11/20/22, 12/10/22 and 02/01/2023.</p> <p>Mr. Chandler confirmed on 02/01/2023, the repairs have not been completed as of this date.</p> <p>Based on investigative findings, the maintenance of premise items cited in the renewal inspection on 10/21/2022 have not been repaired or replaced and therefore a violation of this applicable rule is established. This is a repeat violation based on the renewal inspection report dated 10/21/2022 and CAP submitted by Mr. James on 11/10/2022.</p>
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION: The facility has bed bugs.

INVESTIGATION: On 12/14/2022, I received a BCAL (Bureau of Children and Adult Licensing) Online Complaint. The complainant reported there are ant and roach pesticide cans in Resident A's bedroom and the owner of the home fumigated the house for bedbugs, but the issue is still ongoing.

On 01/13/2023, I conducted an unannounced inspection at the facility and interviewed Mr. Chandler. Mr. Chandler stated they have had issues with bed bugs in the past. The facility was heat treated and the beds and bedding replaced. Mr. Chandler stated he has not seen any bed bugs in the facility lately.

On 01/13/2023, I interviewed Resident A at the facility. Resident A stated she does not have bed bugs in her room but that the facility has had them in the past. Resident A stated the house was treated for the bed bugs and things have been better. I did not observe any bed bugs in Resident A's room or on Resident A's bedding. Resident A stated she previously had ant and roach pesticide cans in her room to treat any bugs that might be in her room but at this time, I did not observe any pesticide cans in Resident A's room.

On 01/13/2023, I interviewed Resident B & C at the facility and inspected their room for bed bugs. Resident B & C stated they have not seen any bed bugs and have not had any bed bug bites. I did not observe any bed bug activity in Resident B & C's room or on their beds.

On 01/13/2023, As I was leaving the facility, I observed a bed bug crawling on the left sleeve of my sweater. I flicked the bug off my arm into the front yard of the facility, Mr. Chandler came out and asked if that was a bed bug and stated he will contact Mr. James right away to begin treatment. Mr. Chandler stated Mr. James has been diligent at getting the house heat treated when the bugs are seen.

On 01/25/2023 I received a receipt from Mr. James for All Phase Exterminators with a payment date of 01/25/2023. Mr. James confirmed the receipt is for heat treatment for the facility for the purpose of eradicating bed bugs.

On 02/01/2023, I interviewed Exterminator Michael Lindale, All Phase exterminators via telephone. Mr. Lindale confirmed the treatment of this facility on 01/25/2023 and stated he has treated this facility in the past more than once. Mr. Lindale stated after heat treatment which was done on 01/25/2023, it should get rid of the bed bug issue, however, since the residents go out and are involved in day programs and community activities, the likelihood of the facility to continue to have issues with bed bugs is great. Mr. Lindale stated there is a 30-day follow-up after treatment but there is not a monthly plan in place to treat the facility on a regular basis.

On 02/06/2023, I conducted an Exit Conference with Licensee Designee Mark James. Mr. James will submit an acceptable corrective action plan and accepted the recommendation.

APPLICABLE RULE	
R 400.14401	Environmental health.
	(5) An insect, rodent, or pest control program shall be maintained as necessary and shall be carried out in a manner that continually protects the health of residents.
ANALYSIS:	<p>The complainant reported there are ant and roach pesticide cans in Resident A's bedroom and the facility has bed bug issues.</p> <p>Mr. Chandler stated he has not seen any bed bugs in the facility lately, but they have struggled with them and had heat treatments done by an exterminator.</p> <p>Resident A, B and C stated there have been bed bugs in the facility, but they have not seen any lately.</p>

	<p>After an inspection, I did not observe any bed bugs in the facility or on residents beds until I walked out of the facility and had a bed bug on my arm.</p> <p>Mr. James provided an All-Phase Exterminators receipt with a payment date of 01/25/2023. Mr. James confirmed the receipt is for heat treatment for the facility for the purpose of eradicating bed bugs.</p> <p>Mr. Lindale confirmed the heat treatment of the facility on 01/25/2023.</p> <p>Based on investigative findings, there is evidence that the facility had bed bugs however, the licensee had the facility heat treated on 01/25/2023, a violation of this applicable rule is not established.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDINGS

INVESTIGATION: On 01/13/2023, I conducted an inspection of Resident B & C’s room. Attached to the resident room is a large bathroom. I noticed a large piece of plywood covering the floor in the bathroom. Mr. Chandler reported that he put the large piece of plywood down on the bathroom floor because the tile flooring was breaking and the floor was sinking so to make the flooring sounder for the residents, he was instructed by Mr. James to lay the piece of plywood on top of the tiles.

During a previous inspection of the facility on 10/21/2022 for the purpose of the renewal of the license, I cited rule R 400,14403(1) Maintenance of Premises. This citation specifically noted; *‘tiles in the resident bathroom on the main floor are broken in front of the shower and the floor is sagging.’*

On 11/10/2022, Mr. James provided a corrective action plan that documented, *‘the bathroom floor and door will be repaired by December 31, 2022.’*

On 02/06/2023, I conducted an Exit Conference with Licensee Designee Mark James. Mr. James will submit an acceptable corrective action plan and accepted the recommendation.

APPLICABLE RULE	
R 400.14403	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:	<p>I observed a large piece of plywood covering the floor in the main floor resident bathroom.</p> <p>During a previous inspection of the facility on 10/21/2022, I cited rule R 400,14403(1) Maintenance of Premises and noted, <i>'tiles in the resident bathroom on the main floor are broken in front of the shower and the floor is sagging.'</i> On 11/10/2022, Mr. James provided a corrective action plan that documented, <i>'the bathroom floor and door will be repaired by December 31, 2022.'</i></p> <p>The repair of the floor in the resident bathroom on the main floor has not been replaced or repaired as documented in the corrective action plan submitted by Mr. James on 11/10/2022 and approved by the licensing consultant on 11/29/2022. Therefore, a violation of this rule is established, and this is a repeat violation based on the renewal inspection report dated 10/21/2022 and CAP submitted by Mr. James on 11/10/2022.</p>
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Upon receipt of an acceptable corrective action plan, I recommend the issuance of a provisional license for the above-cited physical plant violations.

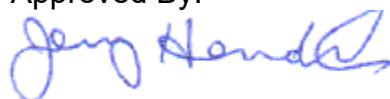


02/06/2023

Elizabeth Elliott
Licensing Consultant

Date

Approved By:



02/07/2023

Jerry Hendrick

Date

Area Manager