



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

February 9, 2022

Shikha Halder and Subrato Sarker  
420 South Main Street  
Berrien Springs, MI 49103

RE: License #: AF110338351  
Investigation #: 2023A0579019  
Home Away Home

Dear Shikha Halder and Subrato Sarker:

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.

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 (616) 356-0183.

Sincerely,

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

Cassandra Duursma, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
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>	AF110338351
<b>Investigation #:</b>	2023A0579019
<b>Complaint Receipt Date:</b>	12/26/2022
<b>Investigation Initiation Date:</b>	12/27/2022
<b>Report Due Date:</b>	02/24/2023
<b>Licensee Name:</b>	Shikha Halder and Subrato Sarker
<b>Licensee Address:</b>	420 South Main Street Berrien Springs, MI 49103
<b>Licensee Telephone #:</b>	(269) 815-5233
<b>Administrator:</b>	N/A
<b>Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	Home Away Home
<b>Facility Address:</b>	420 South Main Street Berrien Springs, MI 49103
<b>Facility Telephone #:</b>	(269) 815-5233
<b>Original Issuance Date:</b>	06/17/2013
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	12/06/2021
<b>Expiration Date:</b>	12/05/2023
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED/ MENTALLY ILL/ AGED

**II. ALLEGATION(S)**

	<b>Violation Established?</b>
Resident A must wash her own clothing due to her incontinence and is forced to remain at the table until she clears her plate.	Yes
Additional Findings	Yes

**III. METHODOLOGY**

12/26/2022	Special Investigation Intake 2023A0579019
12/27/2022	Special Investigation Initiated - Telephone Resident A
01/05/2023	Contact- Face to Face Resident A, Resident B, Resident C, Resident D, Resident E, and Shikha Halder (Licensee)

**ALLEGATION:**

**Resident A must wash her own clothing and is forced to remain at the table until she clears her plate.**

**INVESTIGATION:**

On 12/27/22, I received this referral through the Bureau of Community Health Systems' on-line complaint system. The referral alleged Resident A must wash her own clothing and is forced to eat food at mealtime even when she is not hungry.

On 12/27/22, I completed a telephone interview with Resident A. She initially stated she no longer wanted these concerns investigated as she is not being abused and did not want retaliation from Ms. Halder. She stated it is true that she must sit at the table until she finishes all the food on her plate at mealtimes. She stated sometimes she is not hungry, but it does not matter, as Ms. Halder makes her sit silently at the table until she finishes the food on her plate. She stated Ms. Halder tells her that she will not waste food. She stated she is also incontinent at times, and Ms. Halder will no longer wash her "pee clothes." She stated Ms. Halder has told her she needs to wear "diapers" and she refuses to wear "diapers" because she is an adult. She stated therefore, when she is incontinent, Ms. Halder states Resident A must take her laundry to the laundromat and wash it herself. She stated she does not have

extra money to wash her clothes at the laundromat and she believes she pays for Ms. Halder to do her laundry, so she does not feel that is fair. She stated she does not want to cause problems in this home or for Ms. Halder to be mad she said these things to me and requested I not come to the home if possible because she is fearful of how Ms. Halder will respond. I discussed the need for on-site investigation and to speak to other residents about their experiences as well. She expressed understanding.

On 1/5/23, I completed an unannounced on-site investigation at the home. Interviews were completed with licensee Shikha Halder, Resident's A, B, C, D, and E. Interviews with residents were completed in their rooms.

Ms. Halder denied the allegations. She stated she will at times bring resident laundry to the laundromat if it is very soiled, but she does not require residents to do their own laundry or pay to do their own laundry. She stated she has taken Resident A's urine soiled laundry to the laundromat before and "[Resident A] paid a little for it." Later in the interview she said, "No, I paid for it. [Resident A] did not pay" when discussing Resident A going to the laundromat. She stated Resident C will request to do her own laundry at the laundromat to be independent, but she does not require that Resident C does her own laundry and Resident C is not incontinent. She stated residents are not required to finish their meals or remain at the table until their plate is clear. She stated residents are allowed to throw their unfinished meals away. She stated she has had to encourage residents to eat more when they arrive at her home and are in poor health, but she does not force them to eat and once residents regain their strength after being in her home, she does not monitor their eating. Ms. Halder was increasingly irate during interviewing, asking who reported these allegations. When I advised her that I could not disclose the reporting source, she became verbally aggressive with me and then fixated that it was Resident B and that a medication change has made Resident B more disruptive in the home which was why she was reporting these untrue allegations.

Resident A was interviewed privately. She was upset and reported Ms. Halder blatantly lied to me, as Resident A had sat in the living room in direct sight of Ms. Halder and I as I interviewed Ms. Halder. She stated Ms. Halder is lying and she fears that she or Resident B will be punished because I came to the home. She stated Ms. Halder has already been treating Resident B "awfully" and now she is afraid that Ms. Halder will mistreat Resident B more because she blames Resident B for why licensing came to the home. Resident A stated although she does not like being mistreated by Ms. Halder either, she will "stand up to her" but Resident B will not, which worries her. I provided my contact information and requested she call me immediately if Ms. Halder threatens, punishes, or mistreats her or Resident B moving forward. Resident A stated she wanted to add to her concerns that she does not like that Ms. Halder will tell "her business" to other residents. She stated Ms. Halder talks about her behaviors and appointments with other residents. She stated if she is upset with Ms. Halder or Ms. Halder is upset with her, Ms. Halder tells the other residents in the home, which she does not feel is appropriate.

Resident B initially stated she did not want to speak to me because she does not want to be punished by Ms. Halder as Ms. Halder is already upset with her. She stated Ms. Halder “has a terrible, controlling spirit.” She requested Resident A remain in the room where she sat in silence as I spoke with Resident A. She requested Resident A tell me what recently happened between Resident B and Ms. Halder. Resident A told me that Ms. Halder told Resident B she would not take her to her doctor’s appointment because Resident B did not have transportation. She stated Ms. Halder told Resident B if Resident B did not attend this appointment, “she would end up in a nursing home, she would be put on hospice, and she would die.” Resident B added that she has an appointment for her heart, an echocardiogram, scheduled for 1/12/23 and Ms. Halder said she will not take her. She stated she changed insurance and cannot get transportation assistance until 2/1/23 so she cannot use that resource. She stated her caseworker said she cannot provide transportation either. She stated she does not know how to take the bus to the appointment and does not have any money for the bus. She stated Ms. Halder has taken her to previous appointments but has said she will not take her to this one. She stated Ms. Halder told her that if she does not go to this appointment, “[she] will end up in a nursing home, be put on hospice, and then [she] will die.” She became tearful stating she just wants to make sure someone will take her to her appointment and Ms. Halder should not say things like that to her.

Resident B also stated she previously had a rash on her arm because she has an eczema-like skin condition. She stated she showed this to Ms. Halder and Ms. Halder told her that she was going to tell the other residents, her family, and caseworker that Resident B has bed bugs and brought bed bugs into the home. She stated Ms. Halder threatened to do this to embarrass her and so other residents, her family, and her caseworker would think she is dirty or brought bed bugs into the home. She became upset stating she has never had bed bugs and what Ms. Halder was threatening to say was not true.

Resident B stated she also is required to clear her plate of food, even when she is not hungry, or Ms. Halder makes her sit silently at the table. She stated Ms. Halder has threatened to tell her family that she is not eating if she does not finish every meal, and that Ms. Halder is going to discharge her from the home for not eating, so her family will have to find her a new placement. Resident B stated she does not want to be homeless, but she does not want to live at this home anymore. She stated she has expressed these concerns to her caseworker and believes her caseworker is trying to find her a new home. She became tearful stating she believes that Ms. Halder is going to call her family or caseworker and state that she is being a problem because she spoke to me today. I provided my contact information and requested she call me immediately if Ms. Halder threatens her, punishes her, or any other way mistreats her moving forward. Resident B expressed concern that Ms. Halder discusses her behaviors and appointments and problems she has with other residents, and other residents treat her differently because of

what Ms. Halder tells them. She expressed concern that it is not appropriate and requested I make her stop.

Resident C stated she finishes all her meals, so she does not have concerns about being forced to remain at the table, silently, for not finishing her meals. She stated Resident B regularly had to sit at the table, in silence, until she cleared her plate, and it made Resident B very upset. She stated she believes it has been “a few months” since this last happened. She stated she chooses to do her own laundry because Ms. Halder has misplaced her clothing before, so she’d rather do it herself. She stated Resident A has had to go with her to the laundromat before. She stated she assisted Resident A with washing her own laundry. She stated she is not certain who paid for Resident A to do her laundry, it was either Resident A or Ms. Halder. She stated Resident A was very upset about having to do her own laundry and Resident A told her that Ms. Halder would not do her laundry because Resident A “had accidents” of incontinence. Resident C stated she is not mistreated but whispered, “Do I have to clean the home?” I inquired if she was being required to clean the home. She stated she has obsessive compulsive disorder (OCD) and Ms. Halder does not clean the home well enough to make her comfortable. She stated she vacuums and cleans the bathroom regularly so now Ms. Halder does not clean the home anymore, she does. We discussed the requirements of cleanliness in the home and how Resident C is not required to clean the home if she does not want to. Safety planning to acknowledge her OCD, while also not being required to be the only person cleaning the home was reviewed and she agreed she would bring concerns for the home’s cleanliness up to Ms. Halder before cleaning herself. She again whispered asking if she had to clean other residents’ rooms. I asked if she was required to clean other residents’ rooms. She stated on one occasion, Ms. Halder made her help Resident E clean Resident E’s room. She stated she got a rash after cleaning Resident E’s room and feels that she should not have to clean other residents’ rooms because of that. She was advised she does not have to clean other residents’ rooms. She expressed concern about telling Ms. Halder she would not be cleaning the home or other residents’ rooms anymore. I provided my contact information and requested she call me immediately if Ms. Halder threatens her, punishes her, or otherwise mistreats her moving forward. Resident C stated Ms. Halder does discuss other residents’ behaviors and appointments with her. She denied that this bothers her.

I spoke to Resident C in her room while her roommate, Resident D, was asleep. At one point in the interview, Resident D rolled over and looked at Resident C and I as we were speaking. She confirmed Resident C is required to clean the entire home and Ms. Halder no longer cleans the home. She then rolled over and went back to sleep.

Resident E requested to speak to me. She stated all residents are required to clear their plates of food prior to leaving the table or they must sit in silence until their food is gone. She stated it makes Resident B very upset. She stated she does not care because when Ms. Halder goes to her living quarters, Resident E and other

residents go to the trash and bury their food, pretending to have eaten it. She denied ever having to do chores around the home or laundry. She stated while she was unpacking her bags when she moved into the home, Ms. Halder told her that she is “stupid” which bothered her. She stated Ms. Halder does discuss other residents with her which she does not feel is appropriate.

Prior to me leaving the home, I discussed Resident B’s claims that Ms. Halder would not take her to her EKG appointment and then told her that she would eventually die. Ms. Halder reported she does provide transportation to doctor’s appointments, but she currently only has availability to provide transportation in the morning because she must arrange for someone else to stay with the other residents. She stated Resident B would have transportation to her appointments, but she prefers to regularly change her insurance coverage, so she does not have transportation coverage through her insurance right now. She stated she requested Resident B allow her to assist her with scheduling the appointment for a time when Ms. Halder could bring her there, but Resident B scheduled the appointment for 2:00 p.m. on 1/12/23, giving her very little notice. Ms. Halder said she never threatened Resident B. I suggested her working with Resident B to reschedule the appointment, but Ms. Halder said it was not a problem now, she would provide transportation to the appointment on 1/12/23 at 2:00 p.m.

I also advised Ms. Halder I had concerns for her interactions with residents as reported to me by multiple residents. I informed her I had given residents my contact information and they were advised to contact me if Ms. Halder threatened them, raised her voice at them, or any other way mistreated them due to them speaking to me. Ms. Halder denied any allegations of mistreatment or forcing Resident C to clean the home. She stated no residents feared her and that is not true. She then turned to Resident C and demanded Resident C answer if she feared her, to which Resident C sighed and stated, “No.” During this interaction, Ms. Halder’s demeanor reflected her being irate and verbally aggressive.

Ms. Halder told me she has never done anything wrong in this home. She stated I have a problem with her and have cited her in the past. She stated her previous consultant in 2021 had not cited her but I had, and that was because I had a problem with her even though she never does anything wrong. She stated she does not understand why I cite her when she does nothing wrong, and it is just because I have a problem with her, “but that is okay.” She appeared unwilling to be truthful or take responsibility for her actions.

While on-site, I reviewed the *Assessment Plan for AFC Residents* for Resident A, Resident B, and Resident C. Regarding “participates in household chores”, the box noting “Yes” was selected for each resident. The section to specifying and describing the chores residents would complete was left blank. It was documented that each resident did not need assistance with eating or feeding.

I also reviewed resident weight records for Resident A, Resident B, and Resident C. Each were noted as being a healthy weight with their weights increasing as they resided in the home.

I reviewed Resident B's *Resident Care Agreement* which confirmed Ms. Halder does provide transportation for residents to medical appointments.

On 1/9/23, I reviewed the home's licensing file. Special Investigation Report (SIR) # 2022A0583001 was completed by a previously assigned consultant during October 2021. The investigation found sufficient evidence that a resident was mistreated when he was medically cleared to return to the home from the emergency department (ED), brought to the home from the ED, and Ms. Halder refused to allow him to return into the home. An appropriate corrective action plan was received on 10/22/21.

<b>APPLICABLE RULE</b>	
<b>R 400.1412</b>	<b>Resident behavior management; prohibitions.</b>
	<b>(1) A licensee shall not mistreat or permit the mistreatment of a resident by responsible persons or other occupants of the home. Mistreatment includes any intentional action or omission which exposes a resident to a serious risk of physical or emotional harm.</b>
<b>ANALYSIS:</b>	<p>Resident A and Resident C confirmed Resident A was made to wash her own laundry at the laundromat due to Resident A's incontinence and Ms. Halder refusing to do Resident A's laundry. This was not specified in Resident A's assessment plan that was observed onsite.</p> <p>Resident C stated she is made to clean the home, including another resident's rooms by Ms. Halder. Resident D confirmed this. This was not specified in Resident C's assessment plan which was observed onsite.</p> <p>Resident A, Resident B, Resident C, and Resident E confirmed all residents must clear their plates at mealtime. Residents must sit silently until their plate is cleared, even if they are not hungry.</p> <p>Resident B reported Ms. Halder stated she would not take Resident B to her medical appointment and that she would "end up in a nursing home, be put on hospice, and die" if she did not attend the appointment. Resident B presented as tearful when discussing this and anxious about missing her appointment. Resident A confirmed this occurred.</p>



	<p>Resident B reported Ms. Halder has threatened to falsely tell other residents, her family, and caseworker that she brought bed bugs into the home when she had an eczema like rash present on her arm in order to embarrass her.</p> <p>Resident A and Resident B expressed being fearful of Ms. Halder. Resident C spoke in a whisper voice when asking about her cleaning the home and expressed concern for telling Ms. Halder she would not be cleaning the home any longer. I had to provide my contact information to assure residents I would support them if they reported any mistreatment by Ms. Halder to me following this onsite.</p> <p>Resident A, Resident B, Resident C, and Resident E expressed that Ms. Halder discusses residents, including their appointments, behaviors, and any conflict she has with them, with other residents in the home. Resident A, Resident B, and Resident C expressed this is inappropriate. Resident B said residents treat her differently based on what Ms. Halder tells them.</p> <p>Resident E stated Ms. Halder has called her “stupid.”</p> <p>I witnessed as situation in which she put Resident C in an uncomfortable position of providing attestation of her treatment of residents in front of herself, myself, and others.</p> <p>The home’s licensing file contained SIR # 2022A0583001 where it was documented Ms. Halder had been cited for mistreating a resident.</p> <p>Based on the interviews completed and my personal observations made of Ms. Halder’s verbal aggressiveness, there is sufficient evidence to support that Ms. Halder has mistreated residents through intentional action or omission, exposing residents to serious risk of emotional harm.</p>
<b>CONCLUSION:</b>	<p><b>REPEAT VIOLATION ESTABLISHED.</b>  Special investigation report (SIR) # 2022A0583001 dated 10/20/21, corrective action plan (CAP) dated 10/22/22.</p>

<b>APPLICABLE RULE</b>	
<b>R 400.1409</b>	<b>Resident rights; licensee responsibilities.</b>

	<p><b>(1) Upon a resident's admission to the home, the licensee shall inform and explain to the resident or the resident's designated representative all of the following resident rights:</b></p> <p><b>(o) The right to be treated with consideration and respect, with due recognition of personal dignity, individuality, and the need for privacy.</b></p>
<p><b>ANALYSIS:</b></p>	<p>Resident A and Resident C confirmed Resident A was made to wash her own laundry at the laundromat due to Resident A's incontinence.</p> <p>Resident C stated she is made to clean the home, including another resident's rooms by Ms. Halder. Resident D confirmed this.</p> <p>Resident A, Resident B, Resident C, and Resident E confirmed all residents must clear their plates at mealtime. Residents must sit silently until their plate is cleared, even if they are not hungry.</p> <p>Resident B reported Ms. Halder stated she would not take her to her medical appointment and therefore Resident B would "end up in a nursing home, be put on hospice, and die" if she did not attend the appointment. Resident A was tearful and anxious discussing this.</p> <p>Resident B reported Ms. Halder has threatened to falsely tell other residents, her family, and caseworker that she brought bed bugs into the home when she had an eczema like rash present on her arm to embarrass her.</p> <p>Resident A and Resident B expressed being fearful of Ms. Halder. Resident C spoke in a whisper voice when asking about her cleaning the home and expressed concern for telling Ms. Halder she would not be cleaning the home any longer. I had to provide my contact information to assure residents I would support them if they reported any mistreatment by Ms. Halder to me following this onsite.</p> <p>Resident A, Resident B, Resident C, and Resident E expressed that Ms. Halder discusses residents, including their appointments, behaviors, and any conflict she has with them, with other residents in the home. Resident A, Resident</p>

	<p>B, and Resident C expressed this is inappropriate. Resident B said residents treat her differently based on what Ms. Halder tells them.</p> <p>Based on the interviews completed and observations made, there is sufficient evidence to support that Ms. Halder has violated residents right to be treated with consideration and respect, with due recognition of personal dignity, individuality, and the need for privacy.</p>
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

<b>APPLICABLE RULE</b>	
<b>R 400.1408 (1)</b>	<b>Resident care; licensee responsibilities.</b>
	<b>(1) A licensee shall provide basic self-care and habilitation training in accordance with the resident's written assessment plan.</b>
<b>ANALYSIS:</b>	<p>Resident A and Resident C confirmed Resident A was made to wash her own laundry at the laundromat due to Resident A's incontinence and Ms. Halder refusing to do Resident A's laundry. This was not specified in Resident A's assessment plan that was observed onsite.</p> <p>Resident C stated she is made to clean the home, including another resident's rooms by Ms. Halder. Resident D confirmed this. This was not specified in Resident C's assessment plan which was observed onsite.</p> <p>Based on the interviews completed and review of documentation, there is sufficient evidence to support allegations that basic self-care and habilitation training, including cleaning the home and laundering soiled linens which was performed by Resident C and Resident A, was not in accordance with their written assessment plan.</p>
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

<b>APPLICABLE RULE</b>	
<b>R 400.1404</b>	<b>Licensee, responsible person, and member of the household; qualifications.</b>

	<p><b>(3) A licensee or responsible person shall possess all of the following qualifications:</b></p> <p><b>(b) Be suitable to meet the physical, emotional, social, and intellectual needs of each resident.</b></p>
<p><b>ANALYSIS:</b></p>	<p>Resident A and Resident C confirmed Ms. Halder required Resident A to wash her own laundry at the laundromat due to Resident A's incontinence and refused to wash it in the home herself.</p> <p>Resident C stated she is made to clean the home, including another resident's rooms by Ms. Halder. Resident D confirmed this.</p> <p>Resident A, Resident B, Resident C, and Resident E confirmed Ms. Halder makes all residents sit in silence until they clear their plates at mealtime, even if they are not hungry.</p> <p>Resident B reported Ms. Halder stated she would not take her to her medical appointment and therefore Resident B would "end up in a nursing home, be put on hospice, and die" if she did not attend the appointment.</p> <p>Resident B reported Ms. Halder has threatened to falsely tell other residents, her family, and caseworker that she brought bed bugs into the home when she had an eczema like rash present on her arm to embarrass her.</p> <p>Resident A and Resident B expressed being fearful of Ms. Halder. Resident C spoke in a whisper voice when asking about her cleaning the home and expressed concern for telling Ms. Halder she would not be cleaning the home any longer. I had to provide my contact information to assure residents I would support them if they reported any mistreatment by Ms. Halder to me following this onsite.</p> <p>Resident A, Resident B, Resident C, and Resident E expressed that Ms. Halder discusses residents, including their appointments, behaviors, and any conflict she has with them, with other residents in the home. Resident A, Resident B, and Resident C expressed this is inappropriate. Resident</p>

	<p>B said residents treat her differently based on what Ms. Halder tells them.</p> <p>Resident E stated Ms. Halder has called her “stupid.”</p> <p>Ms. Halder became irate during our interview, at one point inappropriately putting Resident C on the spot in front of me and Resident E about whether Resident C was fearful of her.</p> <p>Ms. Halder became verbally aggressive with me when I advised her that I could not confirm who the reporting source of this referral is. This continued when I advised her of my concern for her mistreating residents and how that behavior needed to stop. This behavior directed toward me, led me to believe this consistent with her treatment of residents and that their reports of her inappropriate behavior are true.</p> <p>Based on the interviews completed and observations made, there is sufficient evidence to support that Ms. Halder engages in behaviors that are not suitable for a licensee and intentionally, negatively impacts residents’ emotional wellbeing</p>
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

Exit conference...

**IV. RECOMMENDATION**

Contingent upon receipt of an acceptable plan of corrective action, I recommend the issuance of a provisional license.

*Cassandra Duursma*

2/9/23

Cassandra Duursma  
Licensing Consultant

Date

Approved By:

*Russell Misiak*

2/9/23

Russell B. Misiak  
Area Manager

Date