



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 3, 2023

Laketa Brodnex
D.E.B. AFC Inc.
P.O Box 136
Bridgeport, MI 48722

RE: License #: AS730305099
Investigation #: 2023A0576016
D.E.B. AFC Inc. #3

Dear Mrs. Brodnex:

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. 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. If 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 "C. Garza".

Christina Garza, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(810) 240-2478

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS730305099
Investigation #:	2023A0576016
Complaint Receipt Date:	01/05/2023
Investigation Initiation Date:	01/10/2023
Report Due Date:	03/06/2023
Licensee Name:	D.E.B. AFC Inc.
Licensee Address:	P.O Box 136, Bridgeport, MI 48722
Licensee Telephone #:	(989) 714-0793
Administrator:	Laketa Brodnex
Licensee Designee:	Laketa Brodnex
Name of Facility:	D.E.B. AFC Inc. #3
Facility Address:	3040 S. Towerline Rd., Bridgeport, MI 48722
Facility Telephone #:	(989) 777-2454
Original Issuance Date:	04/02/2010
License Status:	REGULAR
Effective Date:	10/13/2022
Expiration Date:	10/12/2024
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL, AGED, ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
Staff, Hattie Tillman yells at the residents. The residents are not taken care of properly and their hygiene is lacking.	No
The floor dividers and carpet are loose.	Yes

III. METHODOLOGY

01/05/2023	Special Investigation Intake 2023A0576016
01/05/2023	APS Referral
01/10/2023	Special Investigation Initiated - On Site Interviewed Staff, Hattie Tillman, and Resident A
03/02/2023	Contact - Telephone call made Interviewed Liaqat Ali, Valley Hospice Care
03/02/2023	Contact - Telephone call made Interviewed Jessica Harris, CNA Valley Hospice Care
03/02/2023	Contact - Telephone call made Interviewed Guardian BDE
03/03/2023	Exit Conference Exit Conference conducted with Licensee Designee, Laketa Brodnex

ALLEGATION:

Staff, Hattie Tillman yells at the residents. The residents are not taken care of properly and their hygiene is lacking.

INVESTIGATION:

On January 10, 2023, I completed an unannounced on-site inspection at D.E.B. AFC Inc. #3 and interviewed Home Manager, Hattie Tillman, and Resident A. Ms. Tillman reported there are currently 5 residents who reside at the home. Ms. Tillman denied the allegations and stated she does not yell or mistreat the residents. Ms. Tillman reported

some of the residents are elderly and hard of hearing, so she does have to speak loudly at times. Ms. Tillman reported the residents of the home do not smell and shower regularly. According to Ms. Tillman, Valley Hospice Staff comes to the home 3 times per week to assist with showering residents. The residents get sponge baths the remaining days and additionally if needed.

On January 10, 2023, I interviewed Resident A who reported she has lived at the home since May 2022. Resident A reported Ms. Tillman is nice and respectful. Resident A likes her home however Resident A would like to live in her own apartment. Resident A is not scared of anyone at her home and feels safe. The home provides Resident A good food and Resident A can shower whenever she wants for as long as she wants. Resident A denied that the other residents at the home are lacking in hygiene. Resident A denied any current concerns.

On January 10, 2023, I viewed Resident B, Resident C, Resident D, and Resident E at their home. All the residents were neatly dressed in clean clothing and wore slippers. The residents appeared to be comfortable and were sitting in the living room of the home. There were no discernable odors noted with the home or residents. The residents were not interviewed due to their limited verbal abilities. During my time at the home, Home Manager, Hattie Tillman assisted Resident C and Resident D with using the restroom. As Ms. Tillman was speaking with Resident D, she spoke close to Resident D's ear and in a louder voice. Ms. Tillman displayed a calm and caring demeanor toward the residents.

On January 10, 2023, I reviewed resident documents including AFC assessment plans, health care appraisals, and individual plans of service.

On March 2, 2023, I interviewed Liaqat Ali, Owner of Valley Hospice Care. Mr. Ali reported that Jessica Harris, Certified Nurse Assistant (CAN) goes to D.E.B. AFC #3 three times per week to shower Resident B, Resident C, and Resident D. According to Mr. Ali, Ms. Harris has never reported anything concerning regarding the home, staff, or residents.

On March 2, 2023, I interviewed Jessica Harris, Valley Hospice Care CNA who reported she has been providing services to 4 residents at D.E.B. AFC #3 since summer 2022. Ms. Harris goes to D.E.B. AFC #3 on Monday, Wednesday, and Friday and she showers Resident B, Resident C, and Resident D. On the remaining days, Ms. Tillman provides these residents sponge baths. Ms. Harris denied the residents of the home are odorous. The residents are clean and wear clean clothing. Ms. Harris has never witnessed Ms. Tillman yell or mistreat the residents of the home. When Ms. Harris arrives to the home, she prepares the residents for showering while Ms. Tillman prepares their breakfast. According to Ms. Harris, Resident B, Resident C, and Resident D receive hospice services and Resident E receives home care services however will be discharged soon. Ms. Harris denied any concerns regarding D.E.B. AFC #3 or staff.

On March 2, 2023, I interviewed the guardian for Resident B, Resident D, and Resident E, Guardian BDE who reported the 3 residents have limited verbal abilities and Resident D is deaf. Guardian BDE denied having concerns with the resident's hygiene. The 3 residents are incontinent however they do have odors or rashes that would suggest any issue with their cleanliness. Guardian BDE visited the home yesterday and observed Resident B, Resident D, and Resident E. The residents appeared clean and had on clean clothing. The residents were in the living room watching television and there were no odors or issues with the home. According to the guardian, Resident D has lived at the home for 6 months and since that time, her hygiene and activity level has improved. Ms. Tillman assisted in getting Resident D a hearing aid and Guardian BDE believes Ms. Tillman goes out of her way to provide the residents good care. Guardian BDE denied being aware of Ms. Tillman yelling or mistreating residents. Guardian BDE denied any concerns regarding the home or staff.

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>It was alleged that Staff, Hattie Tillman yells at the residents and that the residents are not being properly taken care as their hygiene is poor. Upon completion of an unannounced on-site inspection and investigative interviews, there is not a preponderance of evidence to conclude a rule violation.</p> <p>An unannounced on-site inspection to the home revealed the residents were neat, clean, and under no distress. The residents nor home were odorous and there were no concerns noted regarding the care of the residents. Resident A was interviewed and denied any concerns regarding her home. Jessica Harris, CNA from Valley Hospice care was interviewed and advised she is at the home 3 times per week. Ms. Harris bathes the residents 3 times per week, and they receive sponge baths on days she is not there. Ms. Harris denied any concerns regarding the residents of the home or how they are treated by Ms. Tillman. The guardian for Resident B, Resident D, and Resident E was interviewed and denied any concerns regarding the home or the care they are receiving.</p>

	There is not a preponderance of evidence to conclude the residents are not treated with dignity and their personal needs, including safety and protection is not adhered to at all times.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

The floor dividers and carpet are loose.

INVESTIGATION:

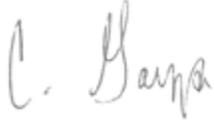
On January 10, 2023, I completed an unannounced on-site inspection at D.E.B. AFC #3. I viewed the flooring and carpet throughout the home. There is a metal floor divider leading out of the kitchen that is loose as it is missing a nail/screw. The divider is detached from the flooring and slightly raised. Additionally, there is thin carpeting in a hallway leading out of the kitchen. The carpeting is not secure and slightly raised at the edges posing a tripping hazard to residents.

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:	It was alleged that floor dividers and carpeting is loose at the facility. Upon completion of an unannounced on-site inspection, there is a preponderance of evidence to conclude a rule violation. An unannounced inspection of the home revealed a metal floor divider that was missing a nail/screw causing the divider to be loose. Additionally, carpeting in a hallway leading out of the kitchen was loose and slightly raised at the edges. Both these issues present tripping hazards for the residents.
CONCLUSION:	VIOLATION ESTABLISHED

On March 3, 2023, I completed an Exit Conference with Licensee Designee, Laketa Brodnex. I advised Ms. Brodnex I would be requesting a corrective action plan regarding the cited rule violation.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, no change in the license status is recommended.

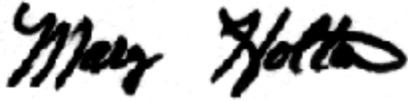


3/3/2023

Christina Garza
Licensing Consultant

Date

Approved By:



3/3/2023

Mary E. Holton
Area Manager

Date