GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 7, 2023

Michael Maurice
Sugarbush Living, Inc.
15125 Northline Rd.
Southgate, MI 48195

RE: License #:	AS250338095
Investigation #:	2023A0123018
	Sugarbush Living-Beecher Circle House

Dear Mr. Maurice:

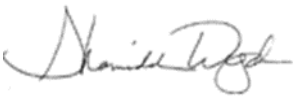
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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. In the event that I am not available, and you need to speak to someone immediately, please contact the local office at (517) 643-7960.

Sincerely,



Shamidah Wyden, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48607
989-395-6853

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS250338095
Investigation #:	2023A0123018
Complaint Receipt Date:	01/11/2023
Investigation Initiation Date:	01/13/2023
Report Due Date:	03/12/2023
Licensee Name:	Sugarbush Living, Inc.
Licensee Address:	15125 Northline Rd. Southgate, MI 48195
Licensee Telephone #:	(810) 496-0002
Administrator:	Michael Maurice
Licensee Designee:	Michael Maurice
Name of Facility:	Sugarbush Living-Beecher Circle House
Facility Address:	4226 Beecher Rd Flint, MI 48532
Facility Telephone #:	(810) 496-0002
Original Issuance Date:	02/22/2013
License Status:	REGULAR
Effective Date:	02/13/2022
Expiration Date:	02/12/2024
Capacity:	6
Program Type:	AGED

II. ALLEGATION(S)

	Violation Established?
Staff are not changing Resident A's bed linens regularly. Resident A was observed with soiled linens on his bed that had not been changed in days.	Yes
There is folded clothing in Resident A's dresser drawers that smell like mildew as if they were placed in the drawer wet.	No
Additional Findings	Yes

III. METHODOLOGY

01/11/2023	Special Investigation Intake 2023A0123018
01/11/2023	APS Referral APS referral received.
01/13/2023	Special Investigation Initiated - On Site I conducted an unannounced on-site at the facility.
01/17/2023	Contact - Telephone call made I spoke with Complainant 1 via phone.
01/17/2023	Contact - Telephone call made I left a message requesting a return call from Complainant 2.
02/03/2023	Contact - Document Sent I sent an email to the licensee designee requesting information.
02/08/2023	Contact- Telephone call made I spoke with Witness 1 via phone.
02/08/2023	Contact- Telephone call made I left a voicemail requesting a return call from staff Rasheedah Pennywell.
02/08/2023	Contact-Telephone call made I spoke with staff Samantha Bradley via phone.
02/10/2023	Inspection Completed On-Site I conducted a follow up unannounced on-site visit.

02/23/2023	Contact- Document Sent I sent an email to Mr. Maurice requesting documentation.
02/28/2023	Contact- Document Received Requested documentation received via email.
03/06/2023	Exit Conference I spoke with licensee designee Michael Maurice via phone.

ALLEGATION: Staff are not changing Resident A's bed linens regularly. Resident A was observed with soiled linens on his bed that had not been changed in days.

INVESTIGATION: On 01/13/2023, I conducted an unannounced on-site visit at the facility. I interviewed home manager Heather Jones. She stated that Resident A's laundry does get done, and that he has incontinence issues. She stated that staff checks with him every two hours to encourage him to use the toilet, but Resident A chooses to sit in his urine. She stated that Resident A will urinate in his seat or in bed. She stated that Resident A has his own recliner chair because of his incontinence issues.

On 01/13/2023, I interviewed Resident A in the living room of the home. He stated that he does not have a guardian and is his own person. Resident A appeared to be clean and appropriately dressed. Prior to this interview, he was meeting with a hospice worker. He stated that he does have incontinence issues. He stated that his bed linens are laundered as needed. Resident A stated that his linens are laundered timely and denied going days without his bed linens being changed. He stated that he has enough briefs and pads for his bed.

During my on-site, a copy of Resident A's Assessment Plan for AFC Residents dated 09/08/2021 was obtained. The assessment plan indicates that Resident A needs assistance with toileting, bathing, and personal hygiene.

On 01/13/2023, during my walk-thru of the facility, I observed Resident A's bedding to be clean, although the room had a urine smell to it. There was urine observed in the toilet, that had not been flushed, but Resident A's bathroom appeared clean as well.

I observed Resident B's room to smell of urine. Licensee Designee Michael Maurice stated that Resident B is "slightly incontinent." Resident B was observed during this on-site sitting in the living room. She appeared to be clean and appropriately dressed.

Resident C's bedroom appeared clean with no odor. Resident C was observed sitting in her room, in her wheelchair dressed appropriately.

Resident D’s bedroom was observed to be clean with no odor, as well as two other vacant bedrooms.

During this on-site, I observed the basement of the home to have both a washer and dryer.

On 01/17/2023, I spoke with Complainant 1 via phone. Complainant 1 stated that Witness 1 reported to them that the allegations were observed. Complainant 1 stated that when Resident A is seen in person, he looks okay. Complainant 1 stated that they were informed that Resident A’s bedroom was observed to have dirty linens.

On 02/18/2023, I spoke with Witness 1 via phone. Witness 1 stated that there are times where Resident A’s bed sheets are soaking wet with urine. Resident A has briefs and chux (incontinence pads), and it is normal for Resident A’s bedding to be urine stained. Witness 1 stated that staff will make Resident A’s bed up, but will not change and wash his dirty linens, and that you have to pull the sheets back to check to see if the sheets are clean. Witness 1 stated that Resident A has said he's complained about it a couple of times. Witness 1 stated that Resident A’s bedroom routinely smells of urine.

On 02/08/2023, I interviewed staff Samantha Bradley via phone. Staff Bradley stated that Resident A is a heavy wetter, and he messes his bed frequently. She stated that staff have gone from checking Resident A every two hours to every hour.

On 02/10/2023, I conducted an unannounced follow-up visit at the facility. I observed Resident A asleep in his living room recliner chair. He appeared clean and appropriately dressed, wearing a hoodie and sweatpants. His clothing did not appear soiled. I observed his bedroom during this visit. Pulling the covers back, it was observed that Resident A’s bedding appeared to be to have a urine soiled chux pad under laying on top of his fitted sheet. There was also a load of soiled laundry in his room, and his room smelled of urine.

On 02/14/2023, I interviewed staff Rasheeda Pennywell via phone. She stated that Resident A requires some person care assistance. She stated that she just started working in the facility last month, and that Resident A also has a personal care aide from hospice. She stated that Resident A tells her that he does not need assistance, and that she has only seen Resident A have wet pants on the floor, and she takes the pants to downstairs to be washed.

APPLICABLE RULE	
R 400.14411	**Linens.**
	(1) A licensee shall provide clean bedding that is in good condition. The bedding shall include 2 sheets, a pillowcase, a minimum of 1 blanket, and a bedspread for

	each bed. Bed linens shall be changed and laundered at least once a week or more often if soiled.
ANALYSIS:	Resident A stated that his linens are laundered timely and denied going days without his bed linens being changed. He stated that he has enough briefs and pads for his bed. On 01/13/2023, during my walk-thru of the facility, I observed Resident A's bedding to be clean, although the room had a urine smell to it. I observed Resident B's room to smell of urine. On 02/18/2023, I spoke with Witness 1 via phone. Witness 1 stated that there are times where Resident A's bed sheets are soaking wet with urine. Resident A has briefs and chux (incontinence pads), and it is normal for Resident A's bedding to be urine stained. Witness 1 stated that Resident A's bedroom routinely smells of urine. On 02/10/2023, it was observed that Resident A's bedding appeared to be to have a urine soiled chux pad laying between his fitting sheet and top sheet. There was also a load of soiled laundry in his room, and his room smelled of urine. There is a preponderance of evidence to substantiate a rule violation.
CONCLUSION:	**VIOLATION ESTABLISHED**

ALLEGATION: There is folded clothing in Resident A's dresser drawers that smell like mildew as if they were placed in the drawer wet.

INVESTIGATION: On 01/13/2023, I conducted an unannounced on-site visit at the facility. I interviewed home manager Heather Jones. Staff Jones stated that Resident A's clothing were damp one day, and she thinks one of the staff persons folded Resident A's clothing up while it was damp. She stated that this issue was brought to management's attention and was addressed.

During this on-site, I observed the basement of the home to have both a washer and dryer. In Resident A's room his clothing was observed folded up in a wardrobe. I did not observe any wet or smelly clothing.

On 01/13/2023, I interviewed Resident A in the living room of the home. He stated that he does not have a guardian and is his own person. Resident A appeared to be clean and appropriately dressed. He stated that his laundry is dried completely. Resident A stated that his clothing is washed daily.

On 01/17/2023, I spoke with Complainant 1 via phone. Complainant 1 stated that it was reported that Resident A had wet mildewed clothing that looked like it was taken straight out of the washer, folded, and put in his drawer.

On 02/08/2023, I spoke with Witness 1 via phone. Witness 1 stated that they do not know who folded Resident A's wet clothing, but they were informed it was a third shift staff. Witness 1 stated that they heard that there were some problems with the dryer, but it was fixed, and there have been no issues with Resident A's clothing since.

On 02/08/2023, I interviewed staff Samantha Bradley via phone. Staff Bradley stated that she does laundry on her shift, and the clothing is dried. She stated that there was a meeting with management about the wet clothing, and Mr. Maurice addressed the issue. She stated that the staff person who she thinks folded the wet clothing no longer works there, and that the meeting was held a couple of months ago.

On 02/10/2023, I conducted an unannounced on-site visit at the facility. I observed his clothing folded up in a wardrobe, and they did not appear to be wet.

On 02/14/2023, I interviewed staff Rasheeda Pennywell. Staff Pennywell stated that she has not seen any wet clothing folded up since she has been working in the home.

APPLICABLE RULE	
R 400.14404	**Laundry.**
	A home shall make adequate provision for the laundering of a resident's personal laundry.
ANALYSIS:	Witness 1 stated that on a date unknown that Resident A's clothing was folded up wet. Witness 1 stated that they were told there was an issue with the dryer, but it has since been fixed, and there have been no issues with Resident A's clothing since. Staff Jones was interviewed and stated that this issue was addressed with staff. On 01/13/2023, and 02/10/2023, I observed Resident A's clothing in his wardrobe. No issues were noted. Resident A was interviewed and reported that his clothing is dried completely and washed daily. Staff Bradley was interviewed and reported that the issue with Resident A's clothing was addressed.

	Staff Pennywell denied seeing any wet clothing folded up since she has worked at the facility. There is no preponderance of evidence to substantiate a rule violation.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ADDITIONAL FINDINGS:

INVESTIGATION: On 01/13/2023, I conducted an unannounced on-site visit at the facility. I requested a copy of Resident A's *Assessment Plan for AFC Residents* from Mr. Maurice. I obtained a copy at the on-site. The assessment plan was reviewed. It is dated 09/08/2021.

On 02/10/2023, during my follow-up on site-visit. I reviewed Resident A's file to see if he had an updated *Assessment Plan for AFC Residents*. There was no updated assessment plan on record.

APPLICABLE RULE	
R 400.14301	**Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**
	(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.
ANALYSIS:	On 01/13/2023, I obtained an outdated copy of Resident A's *Assessment Plan for AFC Residents* dated 09/08/2021. During a follow-up on-site conducted on 02/10/2023, I observed the same assessment plan in Resident A's file. There is a preponderance of evidence to substantiate a rule violation.
CONCLUSION:	**VIOLATION ESTABLISHED**

INVESTIGATION: On 02/10/2023, during my follow-up on site-visit. I reviewed Resident A's file to see if he had an updated *Assessment Plan for AFC Residents*. Looking through the file, I observed that his weight records were not up to date. I took a photo of Resident A's weight records, which only had weights recorded for 08/01/2022 and 10/01/2022. I inquired with staff on shift at the time, Staff Heather Jones who reported that the facility does not currently have a weight scale.

On 02/14/2023, I interviewed staff Rasheeda Pennywell via phone. She stated that she has not done any resident weights.

APPLICABLE RULE	
R 400.14310	**Resident health care.**
	(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.
ANALYSIS:	On 02/10/2023, I observed incomplete weight records in Resident A's file and was informed by Staff Jones that the facility does not have a weight scale. There is a preponderance of evidence to substantiate a rule violation.
CONCLUSION:	**VIOLATION ESTABLISHED**

INVESTIGATION: On 01/13/2023, I conducted an unannounced on-site visit to the home. In Resident A's bedroom, I observed a significant quantity of marijuana on his nightstand sitting in a tray. Some of it was out on the tray, and the rest was in Ziplock bag. I inquired with staff Heather Jones who reported that Resident A keeps his marijuana in his room.

On 01/13/2023, I interviewed Resident A regarding his marijuana and Resident A reported that the marijuana is prescribed to him through his doctor for pain.

On 01/13/2023, I spoke with licensee designee Michael Maurice regarding the marijuana and discussed that marijuana should be kept locked as a medication. He stated that he did not know if it was recreational or medicinal.

On 02/08/2023, I spoke with Witness 1 via phone. Witness 1 stated that Resident A's marijuana sits out in his room on a regular basis, and that she has seen it recently (since my last visit on 01/13/2023).

On 02/08/2023, I interviewed staff Samantha Bradley via phone. Staff Bradley stated that Resident A keeps his marijuana in a black box, and he had been keeping it out in the open in his room. She stated that Resident A smokes cigarettes and marijuana.

On 02/10/2023, I conducted a follow-up unannounced visit to the facility. I did not observe any marijuana in Resident A's room. I was informed by Staff Jones that Resident A no longer has a supply.

On 02/14/2023, I interviewed staff Rasheeda Pennywell via phone. She stated that Resident A keeps his marijuana in a can, and it used to be out on his table. She stated that she did not see it yesterday.

On 02/23/2023, I emailed licensee designee Mike Maurice requesting a copy of Resident A's medication administration records for January 2023, as well as confirmation on whether or not Resident A's marijuana was prescribed by a physician. On 02/28/2023, I received a copy of Resident A's January 2023 medication administration records via email from licensee designee Mike Maurice. Marijuana was not noted on the medication administration records. In his email he stated that he would have to speak with Resident A on whether the marijuana was prescribed or not.

APPLICABLE RULE	
R 400.14312	**Resident medications.**
	(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being {333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.
ANALYSIS:	On 01/13/2023, I conducted an unannounced on-site visit to the home. In Resident A's bedroom, I observed a significant quantity of marijuana on his nightstand sitting in a tray. I inquired with staff Heather Jones who reported that Resident A keeps his marijuana in his room. Resident A reported that the marijuana is prescribed to him through his doctor for pain. Witness 1 stated that Resident A's marijuana sits out in his room on a regular basis, and that they have seen it recently (since my last visit on 01/13/2023). Staff Bradley stated that Resident A keeps his marijuana in a black box, and he had been keeping it out in the open in his room. Staff Rasheeda Pennywell stated that Resident A keeps his marijuana in a can, and it used to be out on his table.

	There is a preponderance of evidence to substantiate a rule violation in regard to Resident A's marijuana is not safeguarded and locked in a cabinet or drawer.
CONCLUSION:	**VIOLATION ESTABLISHED**

INVESTIGATION: On 01/13/2023, I conducted an unannounced on-site visit at the facility. Upon arrival to the facility, I walked to the front porch door to knock. I observed an abundance of discarded cigarette butts on the porch, porch steps, and in the grassy area directly in front of the home. There was also a small waste can (old Folger's coffee container) with cigarette butts in it and what appeared to be an old wine bottle on the porch that was full of cigarette butts. There was litter on the ground around the bushes and landscaping in front of the home, what appeared to be old orange peelings left on the porch, an empty discarded cigarette package laying on the porch, and a restaurant cup left on the porch railing, that had what appeared to still have liquid (dark colored pop) in it. I took photos of the discarded cigarette butts and yard litter.

During this on-site, I asked staff Heather Jones about the cigarette butts outside the facility. She stated that they are Resident A's.

Also, during this on-site, I observed the basement of the home to confirm the facility had a working washer and dryer. In the basement, I found that standing water on the floor that appeared to be leaking from where the furnace/hot water heater was situated. I also observed that there was a hole in the basement ceiling with a large blue storage tote sitting under it, and a lot of cobwebs throughout the basement.

On 02/08/2023, I interviewed staff Samantha Bradley via phone. She stated that she is aware of the cigarette butts. She stated that there was a can for them, but Resident A kept throwing them on the ground. She stated that she informed Mr. Maurice about the issue.

On 02/10/2023, I conducted an unannounced follow-up visit to the facility. I observed the front yard and porch area again. The cigarette butts on the porch and in the grassy area were still present in abundance. There was litter also in the front yard. There was an empty Rally's restaurant cup laying on the porch. A trash bag full of trash was left sitting outside near the side second front entrance of the home, and another trash bag on the side of the home near the fenced in area. There appeared to be a broken, old, discarded screen door laying on the side of the house, and other litter.

I observed the basement again during this onsite. The basement was observed again during this visit. Cobwebs were still in abundance, and the blue tote that was

noted during the first onsite was filled with dirty water, that appeared to have leaked from the basement ceiling. There was also water present on a different area of the floor (closer to the side of the washer and dryer.) Photos were taken during this on-site visit as well.

On 02/14/2023, I interviewed staff Rasheeda Pennywell via phone. She stated that the cigarette butts laying outside the facility are from Resident A.

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:	On 01/13/2023, and 02/10/2023, I observed the facility to have an abundance of litter and discarded cigarette butts in the yard, cobwebs in the basement, water on the basement floor, and on 02/10/2023, standing water in large tote container in the basement. There is a preponderance of evidence to substantiate a rule violation.
CONCLUSION:	**VIOLATION ESTABLISHED**

INVESTIGATION: On 02/10/2023, I conducted an unannounced follow-up visit to the facility. I observed a large dark stain on Resident A's bedroom floor, and on his recliner chair. The recliner chair and carpet appeared dirty, and the floor not vacuumed. I inquired about the stains and was informed by Staff Heather Jones that it was blood from Resident A. She stated that they have tried several methods to get the stains out of the carpet. There were also several very visible carpet stains in the front living room area as well. Photos were taken of the carpet.

On 02/14/2023, I interviewed staff Rasheeda Pennywell via phone. She stated that she does not know what the stains are in the living room, but in Resident A's room the stains are blood stains. She stated that other staff have been vacuuming and using carpet cleaner.

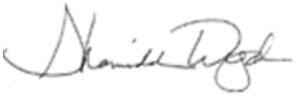
APPLICABLE RULE	
R 400.14403	**Maintenance of premises.**
	(2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.
ANALYSIS:	During an unannounced on-site visit on 02/10/2023, I observed multiple blood stains in the carpet between Resident A's bedroom and the living room area of the home, and the

	carpet appeared dirty and not vacuumed in Resident A's room. Resident A's recliner chair was observed to be dirty as well. Staff Jones reported that they have tried multiple methods to get the blood stains out of the carpet. There is a preponderance of evidence to substantiate a rule violation.
CONCLUSION:	**VIOLATION ESTABLISHED**

On 03/06/2023, I conducted an exit conference with licensee designee Michael Maurice via phone. I informed him of the conclusions.

IV. RECOMMENDATION

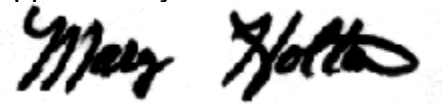
Contingent upon the receipt of an acceptable corrective action plan, I recommend continuation of the AFC small group home license (capacity 6).



03/07/2023

Shamidah Wyden Date
Licensing Consultant

Approved By:



03/07/2023

Mary E. Holton Date
Area Manager