



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

April 21, 2023

Neiman Byerly
Byerly Enterprises, LLC
4759 Owasco Ct.
Clarkston, MI 48348

RE: License #: AM630397532
Investigation #: 2023A0990004
Hidden Acres Manor

Dear Mr. Byerly:

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.

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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "L. Reed".

LaShonda Reed, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place, Ste 9-100
Detroit, MI 48202
(586) 676-2877

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM630397532
Investigation #:	2023A0990004
Complaint Receipt Date:	02/01/2023
Investigation Initiation Date:	02/02/2023
Report Due Date:	03/03/2023
Licensee Name:	Byerly Enterprises, LLC
Licensee Address:	4759 Owasco Ct. Clarkston, MI 48348
Licensee Telephone #:	(810) 691-6400
Administrator:	Neiman Byerly
Licensee Designee:	Neiman Byerly
Name of Facility:	Hidden Acres Manor
Facility Address:	8616 Hidden Acre Court Clarkston, MI 48348
Facility Telephone #:	(248) 241-6507
Original Issuance Date:	08/07/2019
License Status:	REGULAR
Effective Date:	02/07/2022
Expiration Date:	02/06/2024
Capacity:	12
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. ALLEGATION(S)

	Violation Established?
Resident A reported constant abuse in the group home by another resident in the home.	Yes

III. METHODOLOGY

02/01/2023	Special Investigation Intake 2023A0990004
02/02/2023	APS Referral Adult Protective Services (APS) investigation denied at intake.
02/02/2023	Special Investigation Initiated – Telephone I conducted a phone interview with the Reporting Person (RP).
02/03/2023	Contact - Face to Face I interviewed Resident A at St. Joseph Oakland Hospital.
02/03/2023	Contact - Face to Face I conducted an unannounced onsite investigation. I interviewed Jennifer Stancroff, Home Manager (HM) and Simone Lewis, direct care staff. I attempted to interview Resident B and Resident D.
02/13/2023	Contact - Telephone call made I conducted a phone interview with Sarah Rousseau, recipient rights officer.
02/13/2023	Contact - Document Sent I emailed Neiman Byerly, licensee designee (LD) regarding the requested documents needed from the resident records.
03/23/2023	Contact - Telephone call made I emailed the RP. I left a detailed message requesting the email address for to send the status report letter. No response to date.
04/04/2023	Contact - Document Received I reviewed the resident record for documents requested at a prior date for Resident A, Resident B and Resident C.

04/05/2023	Contact - Telephone call made I conducted a phone interview with Joseph Rivets, Case Manager (CM) for Resident A.
04/05/2023	Contact - Document Sent I emailed the LD to request an exit conference.
04/05/2023	Contact - Document Sent I emailed the LD to inquire if medical care was sought after Resident A was attacked on 07/21/2021.
04/07/2023	Exit conference. I conducted an exit conference with the HM per the LD's request.

ALLEGATION:

Resident A reported constant abuse in the group home by another resident in the home.

INVESTIGATION:

On 02/02/2023, I received the complaint via email. In addition to the above allegation, it was reported that Resident A is currently at St. Joseph Oakland Hospital for dehydration. Resident A reported on 01/31/2023 while in the emergency department that he is being abused by another resident in the group home that he resides. Resident A is his own guardian. Resident A did not want to share if the abuse was physical, sexual, or verbal.

On 02/02/2023, I conducted a phone interview with the Reporting Person (RP). The RP said that Resident A did not specify who and what type of abuse is occurring in the group home. Resident A was admitted into the hospital due to dehydration because of his eating disorder. Resident A may be discharged tomorrow. Resident A is diagnosed with obsessive compulsive disorder (OCD) and germaphobia. Resident A may not want to be interviewed due to his OCD.

On 02/03/2023, I interviewed Resident A at St. Joseph Oakland Hospital. The nurses at the desk where Resident A is a patient, had to ask Resident A if he wanted to be interviewed. Resident A reluctantly agreed to be interviewed. Resident A said that he is hospitalized because he refuses to eat because he has an eating disorder.

Resident A said that he lives with several "mentally challenged" adult men. Resident A said that there are only two residents in the home that can communicate at a basic level however, most of the residents are non-verbal or cognitively impaired. Resident A said that this is first group home, and he has resided there since February 2020. Prior to living in the group home, he lived in northern Michigan independently. Resident A is his own guardian, but his father has medical guardianship. However, he

no longer speaks to his father because he placed him into a group home. Resident A verbalized who the home manager was, named several residents by first and last name. Resident A described the staffing patterns as a “high turnover” with many “millennials” working. Resident A mentioned talking to the assigned licensing consultant in the past. Resident A called the owner of the home Carl a “slumlord” but did not specify why. Resident A talked about his medical conditions in full detail. Resident A said that he receives Social Security Disability income.

Resident A said that he has concerns with a resident in the home that lives on the lower level of the group home. Resident A initially refused to provide the names of the residents of concern but eventually said that Resident B has attacked him and other residents in the home at various times. Resident A said that last year July, Resident B slammed him on his head onto the floor. Resident A said that Resident B did this to him for unknown reasons, but Resident B has a history of attacking residents and staff. Resident A said that Resident B is nonverbal and only parrots. Resident A said that staff witnessed Resident B slam him onto the floor and an incident report was written.

Resident A said that there is another resident of concern which is, Resident C. Resident C constantly throws chairs and breaks objects. Resident A said that two weeks ago Resident C threw chairs and broke them but denied that anyone was hit by the chairs. There is another resident who he refused to provide a name for that is also violent and recently went to jail for giving another resident in the home a black eye.

Note: Resident B (the victim) was observed with a black eye. This was recently investigated in special investigation report #2023A0605006 dated January 11, 2023.

Resident A denied ever speaking to an Adult Protective Services Worker or law enforcement about the assault by Resident B. Resident A said that he had no injuries because of the altercation and did not want to receive medical treatment. Resident A has a case manager but does not want to divulge this information to the case manager because he would like his case manager to focus on moving him to a different home as he has requested.

Resident A said that there are only two residents in the home that can communicate a little to be interviewed however, most of the residents are non-verbal or cognitively impaired. Resident A named the following residents that could be interviewed as Resident D, Resident E (may not participate because he stays in his bedroom most of the time), Resident F and Resident G (has been hospitalized for some time). Resident A said that he mostly stays inside of his bedroom and does not have visitors. Resident A said that at discharge he feels safe to return to the home.

On 02/03/2023, I conducted an unannounced onsite investigation. I interviewed Jennifer Stancroff, Home Manager (HM) and Simone Lewis, direct care staff. I attempted to interview Resident B and Resident C. Resident B is non-verbal.

Ms. Stancroff stated that she has been employed at the home since October 2022 and was not present when Resident A was assaulted by Resident B. Ms. Stancroff said that there is one staff present that was employed at the time Resident A alleged he was assaulted. Ms. Stancroff said that Resident B has a history of assaulting residents and staff, and it is part of his diagnosis. Resident C does have a history of throwing chairs. Resident C can say some words but may not be able to recall an event that occurred over a year ago. Ms. Stancroff said that Resident E, Resident F and Resident G are hospitalized. Resident D is new resident and was not present last year when Resident A was assaulted. Ms. Stancroff said that Resident H is non-verbal.

Ms. Stancroff said that Resident A is very high functioning and is the highest functioning resident in the home. Ms. Stancroff said that the home is divided into two levels. The upper level has the higher functioning residents, and the lower level has the lower function residents, but the residents can move throughout the home with each other.

I interviewed Ms. Lewis. Ms. Lewis said that she is the only staff person that was employed at the time of the incident that occurred between Resident A and Resident B on July 21, 2021. The incident occurred almost two years ago. Ms. Lewis said that Resident B is very physically aggressive and there have been multiple incidents where he has assaulted staff and residents. This is Resident B's first placement and there have been multiple medication changes to address his physical aggression. Ms. Lewis said that there would be a book full of incident reports regarding Resident B's crisis episodes. Resident B is diagnosed with intermittent explosive disorder (IED) and is triggered easily. Ms. Lewis said that when Resident B is triggered, he attacks whoever is in his path. On the day of the incident, Resident B was having a crisis on the lower level of the home where he lives. Ms. Lewis said that Resident B was yelling and had attacked her, and she was trying to deescalate him when Resident A came to observe what was occurring. When Resident A approached the area, although Resident A was told to not come into the area, Resident B went directly after him tackling him to the floor. Ms. Lewis said that the police arrived at the home because she had already called 911. Resident A refused medical treatment and Resident B was transported to the hospital for psychiatric evaluation. Ms. Lewis said that on this day Resident B had already attacked Resident H (non-verbal resident) and two staff persons who are no longer employed. No one was injured. Ms. Lewis said that Resident E is not present and is hospitalized and Resident F was not living in the home when the incident occurred.

Ms. Lewis said most of the residents in the home are not as high functioning as Resident A. Ms. Lewis said that at times, Resident A provokes the other residents because he is high functioning. Ms. Lewis said that Resident A was assaulted during the crisis episode with Resident B because he likes to be included and likes to know what happening. Ms. Lewis said that Resident A sometimes comes across as if he is staff person rather than a resident.

I attempted to interview Resident C. Resident C did not verbalize any information regarding Resident A or Resident B's assault and babbled about another resident being in the hospital for banging their head on the walls.

I requested to review the resident files for Residents A, B and C. I requested copies of their IPOS's and crisis prevention and safeguard plans. I requested a copy of the incident report for July 21, 2021. There was no medical documentation on file for the incident.

On 02/13/2023, I conducted a phone interview with Sarah Rousseau, recipient rights officer. Ms. Rousseau said she works for Newaygo County which is in the upper peninsula of Michigan (U.P.) and she is 10 hours away from Clarkston, Michigan. Ms. Rousseau said that Resident A, Resident B, Resident E, and Resident H are all Newaygo County recipients. Ms. Rousseau said that the residents are placed down state because they have limited resources in the U.P. for the needs of these residents. Ms. Rousseau said that Resident A's health care needs are why he is placed in this area. They placed all of them in the same home because their case manager who must see them all face to face at least once a year can see them in one home versus different homes. Ms. Rousseau said that Resident A is high functioning. There are eleven residents in the home. Four residents are hospitalized. Over half of the residents are nonverbal or cognitively impaired.

Ms. Rousseau was aware of the assault between Resident A and Resident B. Ms. Rousseau said that Resident B also assaulted Resident E and Resident G the same day. Ms. Rousseau was told that the staff were trying to redirect and deescalate Resident B, but he was still being aggressive. Ms. Rousseau said that Resident B has high behavioral needs, and they are on the waiting list for specialty assessment for him and possibly a new placement.

On 04/04/2023, I reviewed the resident record for documents requested for Resident A, Resident B and Resident C. Resident A's crisis prevention and safeguard plan lists his diagnosis as Peptic disease, Bulimia Nervosa, Autism Spectrum Disorder, Chronic pain, OCD and Crohn's Colitis. Resident A has OCD and has germophobic tendencies and intentionally vomits food to avoid having bowel movements. His typical behaviors are slamming doors and yelling profanities. Resident A's IPOS documents that he has a degree in electrical engineering. Resident lived in his own apartment for years. Resident A IPOS documents that he wants to transition to independent living. Resident A is 44 years old. Resident A worked 30 hours a week at Taco Bell while living at the group home. Resident A's IPOS documents that he would like to again work in his field as an electrical engineer.

Resident B crisis prevention and safeguard plan lists his diagnosis as Intermittent Explosive Disorder, Intellectual Disability, Autism Spectrum disorder, Psychotic Disorder due to another condition with delusions, OCD and Attention Deficit Disorder. His typical behaviors are biting of the lip, pulling on the ear, combative and aggressive, sad singing

and pointing fingers. Resident B can be very aggressive and unpredictable during a crisis. Resident B has self-harm tendencies and tendencies to harm others. Resident B's physical aggression includes pinching, hitting, shoving, slapping, throwing objects, head butting and/or property damage. Resident B's IPOS documents that when Resident B is in crisis, the staff are to remove broken items that can be used as weapons.

Resident C crisis prevention and safeguard plan lists his diagnosis as Autism, Anxiety, and intellectual disability. Resident C's typical behaviors while in crisis are that he becomes anxious, with his voice volume and throws objects usually chairs. In review of Resident B and Resident C's IPOS both are diagnosed with intellectual disabilities.

I reviewed the incident report dated July 21, 2021. There were three incident reports written on the same date, two were documented at 2PM and one at 2:10PM. Resident B was pacing in the upper living room floor while direct care staff Simone Lewis was attempting to deescalate Resident B. Resident B pushed staff to the floor. Staff attempted to assist Resident B to his bedroom downstairs, and he head-butted staff and went after Resident H who was not harmed. The other staff present (LD) called 911 and was gathering the other residents to evacuate them as Resident B was in full crisis. Resident A approached the area in which, Resident B was having an episode and Resident B tackled him and slammed Resident A to the ground. The staff intervened. Resident B was transported to the hospital for a psychiatric evaluation. No physical injuries were reported.

On 04/05/2023, I conducted a phone interview with Joseph Rivets, Case Manager (CM) for Resident A. Mr. Rivets is aware of the incident that occurred between Resident A and Resident B on July 21, 2021. Mr. Rivets did not offer much information about the incident and said that Resident A has not expressed that he wanted to move to a different placement however, he refuses to accept his calls. Mr. Rivets last spoke to Resident A about three months ago very briefly. Mr. Rivets said that he did receive the incident report for the assault inflicted by Resident B towards Resident A. Mr. Rivets said that Resident A did not seek medical treatment. I discussed with Mr. Rivets compatibility with the other residents in the home. Mr. Rivets agreed that Resident A is very high functioning and very intelligent. The concern is that Resident A cannot keep himself healthy because of his eating disorder. Mr. Rivets said that Resident A refuses to speak to him and he has not talked to him in several months although, attempts have been made. Resident A will not accept his phone calls.

On 04/07/2023, I conducted an exit conference with the HM per the LD's request. Ms. Stancroff was informed of the tentative findings prior to supervisory approval. Ms. Stancroff said that Resident A is no longer employed at Taco Bell. Ms. Stancroff said that Resident A is currently not prescribed any medications. Ms. Stancroff said that Resident is the high functioning resident however, there are other residents that are high functioning on the upper level. Ms. Stancroff did not specify which residents were compatible intellectually with Resident A. Ms. Stancroff confirmed that there is no medical documentation on file regarding the assault for Resident A or Resident B.

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>Based on the investigation, through observation of records and interviews, it is determined that Resident A is not free from threat to his physical health as well as other residents due to Resident B's multiple physical aggressive episodes. According to Resident B's crisis prevention and safeguard plan, he can be very aggressive and unpredictable during a crisis episode. Resident B is very aggressive and have tendencies to harm others. Resident B's physical aggression includes pinching, hitting, shoving, slapping, throwing objects, head butting and/or property damage.</p> <p>On July 21, 2021, per the incident report and interviews with Resident A and direct care staff Simone Lewis, Resident B attacked Resident A. Resident B slammed Resident A on his head onto the floor. Ms. Lewis said that Resident B is very physically aggressive and there have been multiple incidents where he has assaulted staff and residents. Ms. Lewis said that Resident B is diagnosed with intermittent explosive disorder (IED) and is triggered easily.</p> <p>The home manger, Ms. Stancroff said that Resident B has a history of assaulting residents and staff, and it is part of his diagnosis. According to recipient rights advisor Ms. Rousseau, Resident B also assaulted Resident E and Resident G on July 21, 2021. Ms. Rousseau said that Resident B is on the waiting list for specialty assessment and a possibly a new placement.</p>
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.14301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

	<p>(2) A licensee shall not accept or retain a resident for care unless and until the licensee has completed a written assessment of the resident and determined that the resident is suitable pursuant to all of the following provisions:</p> <p>(c) The resident appears to be compatible with other residents and members of the household.</p>
<p>ANALYSIS:</p>	<p>Based on the interview conducted with Resident A and the document review of his IPOS, he does not appear to be compatible with the overall cognitive status of the other residents in the home as evidenced by the review of Resident B and Resident C's IPOS's and the observation of the other residents in the home on 02/03/2023.</p> <p>Resident A requires 24/7 personal care and supervision due to his medical needs. However, a smaller setting may be more suitable for his OCD and germaphobia as well as being more socially compatible with higher functioning residents. Resident A lived in his own apartment for years until his health declined. Resident A's IPOS documents that he wants to transition to independent living. Resident A was employed recently as well as having a degree in electrical engineering.</p> <p>The HM, Ms. Stancroff said that Resident A is very high functioning and is the highest functioning resident in the home. According to direct care staff Ms. Lewis, most of the residents in the home are not as high functioning as Resident A. Ms. Lewis said that Resident A sometimes comes across as if he is a staff person rather than a resident.</p> <p>Mr. Rivet, Resident A's case manager said that he is highly intelligent and high functioning.</p>
<p>CONCLUSION:</p>	<p>VIOLATION ESTABLISHED</p>

IV. RECOMMENDATION

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

L. Reed

04/07/2023

LaShonda Reed
Licensing Consultant

Date

Approved By:

Denise Y. Nunn

04/21/2023

Denise Y. Nunn
Area Manager

Date