



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 8, 2023

Theodore DeVantier
Macomb Residential Opportunities Inc.
Suite #102
14 Belleview
Mt Clemens, MI 48043

RE: License #: AS500242516
Investigation #: 2023A0990006
Darwin

Dear Mr. DeVantier:

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 #:	AS500242516
Investigation #:	2023A0990006
Complaint Receipt Date:	04/24/2023
Investigation Initiation Date:	04/24/2023
Report Due Date:	06/23/2023
Licensee Name:	Macomb Residential Opportunities Inc.
Licensee Address:	Suite #102 - 14 Belleview Mt Clemens, MI 48043
Licensee Telephone #:	(586) 469-4480
Administrator:	Theodore DeVantier
Licensee Designee:	Theodore DeVantier
Name of Facility:	Darwin
Facility Address:	24262 Darwin Macomb Township, MI 48042
Facility Telephone #:	(586) 598-0590
Original Issuance Date:	03/20/2002
License Status:	REGULAR
Effective Date:	04/12/2023
Expiration Date:	04/11/2025
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED

II. ALLEGATION(S)

	Violation Established?
The ambulance services are called frequently to the home to lift Resident A from the floor because the staff cannot lift her.	Yes

III. METHODOLOGY

04/24/2023	Special Investigation Intake 2023A0990006
04/24/2023	APS Referral Adult Protective Services (APS) referral initiated at intake.
04/24/2023	Special Investigation Initiated - Letter I emailed Ted DeVantier, licensee designee (LD).
04/28/2023	Contact - Face to Face I conducted an unannounced onsite special investigation. I interviewed Resident A and direct care staff Christy Harris. I attempted to interview Resident A's roommate. I observed three non-verbal residents.
05/01/2023	Contact - Document Received I received an email from Emily Poley, APS investigator requesting the status of the licensing special investigation.
05/03/2023	Contact - Document Received I reviewed Resident A's resident record.
05/04/2023	Contact - Telephone call received I conducted a phone interview with the home manager Shannon Harkless. Ms. Harkless was verbally responding to an email sent with additional questions.
05/04/2023	Contact - Document Received I received four copies of prescriptions from Ms. Harkless regarding the bedrails via fax.

05/22/2023	Contact - Telephone call made I left detailed messages for direct care staff Rachel Lamphen and Crystal Myers.
05/22/2023	Contact - Telephone call made I conducted a phone interview with Guardian A.
05/22/2023	Contact - Telephone call made I conducted a phone interview with Shawn Taylor, Supports Coordinator for Resident A.
05/26/2023	Contact - Telephone call received I conducted a phone interview with Ms. Harkless.
05/26/2023	Contact - Telephone call made I attempted to conduct a phone interview with Lift Services.
06/01/2023	Contact - Document Received I received an email from Elonda Grubbe Program Manager.
06/05/2023	Exit conference I conducted an exit conference Ted DeVantier, LD and Ms. Grubbe.

ALLEGATION:

The ambulance services are called frequently to the home to lift Resident A from the floor because the staff cannot lift her.

INVESTIGATION:

On 04/24/2023, I received the complaint online. In addition to the allegations above, it was indicated that emergency medical services must pick Resident A up off the floor. On 04/11/2023, Resident A was picked up from the floor by emergency personnel and had a bowel movement on herself. Resident A was getting out of bed to use the bathroom and fell to the floor.

On 04/28/2023, I conducted an unannounced onsite special investigation. I interviewed Resident A. Resident A said that she fell onto the floor. Resident A could not verbalize how many times she has fell to the floor or when she fell to the floor due to her limited cognitive abilities. Resident A said that she falls to the floor getting out of bed to use the bathroom. Resident A said that she has not hurt herself falling to the floor and is not in pain currently. Resident A said that the staff help her get up off the floor. I observed Resident A sitting up in her bed. I observed Resident A get her walker and get out of bed and proceeded to the bathroom in the hallway area of the home.

On 04/28/2023, I attempted to interview Resident A's roommate. The roommate does not verbalize well and due to her limited cognitive abilities, an interview could not be conducted. I observed three non-verbal residents sitting in the living room area of the home.

On 04/28/2023, I interviewed direct care staff Christy Harris. Ms. Harris has worked at the home for 13 years. Ms. Harris said that Resident A does not fall out of bed but slides out of bed onto the floor. When Resident A slides onto the floor, it is impossible to get her up with two other staff persons because she is "deadweight". Ms. Harris said that when she and the staff try to lift her off the floor, Resident A would bear her weight down to stay on the floor and she would bend her knees to prevent the staff from lifting her. Ms. Harris said that it takes four paramedics to lift Resident A from the floor. Ms. Harris said that this behavior occurs only while Resident A is in bed.

On 05/03/2023, I reviewed Resident A's resident record. Resident A was admitted to the home on January 20, 2011. I reviewed Resident A's *Health Care Appraisal* dated 11/07/2022 and she weighed 253 pounds and is 5'1" in height. Resident A is ambulatory. I reviewed Resident A's *Assessment Plan* and it is documented that she uses a walker, needs assistance from staff with stair climbing. I reviewed Resident A's *Resident Weight Record*, and she has been weighed monthly since for the last two years. Resident A's last weight was recorded on 04/02/2023 and she weighed 249 pounds. I reviewed Resident A's *Individual Plan of Service (IPOS)* and *Crisis Prevention & Safeguard Plan*. The IPOS documents that Resident A has been experiencing more difficulty getting in and out of bed. The IPOS documented that Resident A is to receive a new bed to better assist her when she wakes to use the bathroom. Resident A can use the bathroom without assistance. Resident A may need staff reminders to wipe after bowel movements. Resident A has a wheelchair as needed (PRN) for long distance walks due to impaired balance or endurance. Resident A is to have bedrails to assist her getting out of bed.

I observed there was a note written on the IPOS "Doesn't have bedrails". The IPOS documents that the caregivers will make ensure that Resident A uses equipment when walking and transferring. Resident A is diagnosed with intellectual development disorder, severe major depressive disorder, unspecified anxiety disorder, bipolar disorder, anemia, epilepsy, obesity, hyperlipidemia, chronic kidney disease, cerebral pals, chronic obstructive pulmonary disease (COPD) and gastroesophageal reflux disease (GERD). It is documented in the IPOS that Resident A has falls due to unsteadiness on feet. Resident A has been falling out of bed while getting out of bed during the night and in the morning. Resident A needs limited assistance with grooming, hygiene, and toileting. Resident A needs bed rails to assist with getting in and out of bed. For support and mobility, Resident A needs moderate support for short distances but uses a walker as primary method of mobility. Resident A needs moderate physical support to transfer or moving from chair/bed for shifting positions. Resident A's guardian is interested in finding her a nursing home for future care.

I reviewed an Incident Report dated 04/19/2023 that documents at 3:30AM, Resident A was getting out of bed to use the bathroom and slid to the floor. The staff called ambulance lift services to get her off the floor. Resident A was transported to Henry Ford Macomb Hospital and diagnosed with fall from bed and with no injuries. Resident A's weight and height was documented at the emergency room as 5'5" and 250 pounds.

On 05/04/2023, I conducted a phone interview with the home manager Shannon Harkless. Ms. Harkless was verbally responding to an email sent with additional questions about the bed rails needed for Resident A. Ms. Harkless said that Resident A's primary care physician (PCP) wrote two prescriptions for bedrails. Ms. Harkless said that on July 1, 2021, the PCP ordered the bedrails then two weeks later August 8, 2021, the PCP discontinued the bedrails. Ms. Harkless said that the PCP discontinued the bedrails because Resident A kept climbing over them and falling onto the floor. Ms. Harkless is not sure why the IPOS documents that bedrails are used when she has updated Resident A's guardian and attended Resident A's IPOS meetings informing all that the PCP discontinued the bedrails. Ms. Harkless said that Resident A's sliding to the floor is a behavior concern rather than a physical concern. Resident A did have a behavior supports services in the past, but she no longer receives this service. Ms. Harkless reiterated that Resident A slides to the floor and pushes all her weight to the floor when two or more staff are trying to lift her from the floor. Ms. Harkless said that Resident A will just lie on the floor and refuses to get up. Ms. Harkless said that at one point a Hoyer Lift was implemented but Resident A began flinging herself out of it. Ms. Harkless said that interventions have been discussed with the guardian and there is not a solid plan in place.

On 05/04/2023, I received four copies of prescriptions from Ms. Harkless regarding the bedrails via fax. The prescriptions are from Ernest Lao, MD from Henry Ford Family Medicine were as follows:

- Prescription for bedrails for fall on 02/11/2021.
- Prescription for bilateral bedrails for falls for lifetime on 07/01/2021.
- Prescription for occupational therapy evaluation on 07/01/2021 for falls.
- Prescription to discontinue bedrails on 08/08/2021.

On 05/22/2023, I conducted a phone interview with Guardian A. Guardian A said that there is meeting scheduled for 05/23/2023 at the home along with MORC and the staff to discuss Resident A's falls. Guardian A said that Resident A slides from the bed to the floor and she weighs about 260 pounds. The emergency services technicians that arrive, once the staff calls them, said it takes 3-4 men to lift her. Guardian A said that emergency services referred to as LIFT are refusing to assist the home with lifting Resident A at this time. Guardian A said it would take at least four staff to lift Resident A. Guardian A said that it has been discussed ordering a special Hoyer Lift but not finalized. Guardian A said that Resident A was denied behavior support services. Guardian A has investigated nursing homes for Resident A, but she doesn't quite fit nursing home patient services.

On 05/22/2023, I conducted a phone interview with Shawn Taylor, Supports Coordinator for Resident A. Mr. Taylor said that he and his supervisor have been brainstorming ideas on how to address Resident A's falls. Mr. Taylor said that he is Resident A's new Supports Coordinator. Mr. Taylor said that the staff at the home are overwhelmed with the falls and the LIFT services are refusing to come to the home to assist with lifting Resident A from the floor. Mr. Taylor said that he will attend the meeting scheduled.

On 05/26/2023, I conducted a phone interview with Ms. Harkless. Ms. Harkless said that the meeting was conducted and from her understanding her Program Director Elonda Grubb will be having a meeting with LIFT on 5/31/2023 to ask if they can assist with lifting Resident A until a discharge or new placement is found.

On 06/01/2023, I received an email from Elonda Grubbe Program Manager. Ms. Grubbe said that a group meeting was held with Resident A that included MORC/Easter Seals supervisors, Supports Coordinator, Guardian A, Resident A's relative, Ms. Harkless home manager, and administrative team at Macomb Residential Opportunities (MRO). Ms. Grubbe said that several things are in the process for Resident A which includes the following:

- Obtaining an occupational therapy (OT) evaluation and treatment plan. OT evaluation is pending per Macomb County Community Mental Health (MCCMH). A request was sent to Resident A's PCP to update script to reflect county requirements.
- Behavior/Counseling services have been approved and pending an appointment.
- Dietary services-script was obtain from PCP and sent to case worker pending approval from MCCMH.

Ms. Grubbe said that during the meeting it was also discussed placing Resident A on a placement list for a facility to accommodate her needs. Ms. Grubbe said that the MORC supervisor is also looking at obtaining an assessment to see if Resident A meets the requirements for a nursing home/assisted living home placement.

Ms. Grubbe said that the MRO administrative team which included Carrie Driscoll -Area Supervisor along with her Supports Coordinator met with the Macomb Township Fire Chief and some of their support team to discuss about a working relationship during this process. Ms. Grubbe was able to speak with them about the needs of Resident A and they will still provide lift assist when called. Ms. Grubbe said that they are also maintaining contact with the fire department every two weeks via email to update them on any changes that may affect Resident A services and status.

Ms. Grubbe said that to date from last LIFT assist call on 4/13/2023 they have not had to have them out to the home as they have been diligently working with Resident A in redirection, staff engagement and utilization of additional staffing when available to assist off the floor.

On 06/05/2023, I conducted an exit conference with Theodore DeVantier, LD, and Ms. Grubbe. Mr. DeVantier and Ms. Grubbe were advised of the findings and informed that the special investigation report is pending supervisory approval. Mr. DeVantier said that interventions have been attempted in the past for Resident A to prevent the falls such as behavior interventions, purchasing a lowered bed and a Hoyer Lift. Mr. DeVantier said that it's Resident A's choice to lay on the floor. Mr. DeVantier said that there are two staff per shift, and they are not able to lift Resident A. Mr. DeVantier was informed that emergency medical services cannot be the intervention for Resident A's behaviors.

APPLICABLE RULE	
R 400.14303	Resident care; licensee responsibilities.
	(2) A licensee shall provide supervision, protection, and personal care as defined in the act and as specified in the resident's written assessment plan.
ANALYSIS:	<p>Based on the investigation there is information to support that Resident A's protection and supervision are not sufficient due to Resident A having repeated sliding to the floor incidents and the staff not able to lift her from the floor. Resident A has been displaying sliding and/or falling to the floor behaviors since 2021. According to the most recent IPOS, Resident A is to have bedrails however, a prescription from Resident A's PCP discontinued this on August 8, 2021.</p> <p>To date, the staff at the home are not able to lift Resident A without assistance from emergency personnel. On May 23, 2023, a meeting was conducted with Resident A's care team and a tentative plan is in place however, the home will still have to use an outside service for lifting Resident A from the floor.</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.
	(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:

	(b) The kinds of services, skills, and physical accommodations that are required of the home to meet the resident's needs are available in the home.
ANALYSIS:	Based on the investigation there is evidence to support that the services and physical accommodations needed to Resident A's care cannot be met in the home without emergency medical services. The staff at the home cannot lift Resident A due to her resistance and requires the emergency medical services called LIFT to meet the needs of Resident A in the home.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

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

L. Reed

06/05/2023

LaShonda Reed
Licensing Consultant

Date

Approved By:

Denise Y. Nunn

06/08/2023

Denise Y. Nunn
Area Manager

Date