



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 21, 2023

Gregory Cheff
Harmony Manor LLC
PO Box 235
Atlas, MI 48411

RE: License #:	AL250281678
Investigation #:	2023A0123039
	Harmony Manor

Dear Mr. Cheff:

Attached is the Special Investigation Report for the above referenced facility. Due to the severity of the violations, disciplinary action against your license is recommended. You will be notified in writing of the department's action and your options for resolution of this matter.

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 #:	AL250281678
Investigation #:	2023A0123039
Complaint Receipt Date:	05/03/2023
Investigation Initiation Date:	05/03/2023
Report Due Date:	07/02/2023
Licensee Name:	Harmony Manor LLC
Licensee Address:	PO Box 235 Atlas, MI 48411
Licensee Telephone #:	(248) 568-1422
Administrator:	Gregory Cheff
Licensee Designee:	Gregory Cheff
Name of Facility:	Harmony Manor
Facility Address:	903 E Court Street Flint, MI 48503
Facility Telephone #:	(810) 762-0988
Original Issuance Date:	04/22/2008
License Status:	1ST PROVISIONAL
Effective Date:	03/24/2023
Expiration Date:	09/23/2023
Capacity:	15
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. ALLEGATION(S)

	Violation Established?
On 05/02/2023, law enforcement was dispatched to the facility due to lights and flashing. A resident let law enforcement into the home. There was heavy smoke coming from the kitchen. Law enforcement yelled and screamed for the workers, and no one came. The smoke was coming from the pot that was on the stove. The fire department came and found that was the source. The home was evacuated. Several residents were inhaling the smoke in the home and could not shut it off as it was behind a locked door. Approximately 20 minutes later a worker showed up. The worker reported leaving the home as staff Sherry Joy was supposed to be there. The worker reported she left to use the bathroom. There is no reason that the worker should have left the home as there is a bathroom there for staff.	Yes
On 6/16/23, this home received a Bureau of Fire Services Disapproval.	Yes
Additional Findings	Yes

III. METHODOLOGY

05/03/2023	Special Investigation Intake 2023A0123039
05/03/2023	Special Investigation Initiated - Telephone I spoke with adult protective services investigator Daniel Spalthoff via phone.
05/03/2023	APS Referral Information received regarding APS referral.
05/03/2023	Contact - Document Received A copy of the fire department report was received.
05/03/2023	Contact - Document Sent I sent a request for a copy of the police report to the Genesee County Sheriff's Office.
05/03/2023	Contact - Document Received I received a copy of the police report.

05/03/2023	Inspection Completed On-site I conducted an unannounced on-site visit with APS worker Daniel Spalthoff to interview staff and residents.
05/12/2023	Contact - Document Received I received a copy of the incident report.
05/17/2023	Inspection Completed On-site I conducted a follow-up on site visit.
05/25/2023	Contact - Document Received I received requested documentation of fire drills.
06/12/2023	Contact- Telephone call received I spoke with Bureau of Fire Services inspector Dan Stasa via phone.
06/16/2023	Contact- Document I received a copy of the Bureau of Fire Services inspection report.
06/21/2023	Exit Conference I spoke licensee designee Gregg Cheff via phone.

ALLEGATION: On 05/02/2023, law enforcement was dispatched to the facility due to lights and flashing. A resident let law enforcement into the home. There was heavy smoke coming from the kitchen. Law enforcement yelled and screamed for the workers, and no one came. The smoke was coming from the pot that was on the stove. The fire department came and found that was the source. The home was evacuated. Several residents were inhaling the smoke in the home and could not shut it off as it was behind a locked door. Approximately 20 minutes later a worker showed up. The worker reported leaving the home as staff Sherry Joy was supposed to be there. The worker reported she left to use the bathroom. There is no reason that the worker should have left the home as there is a bathroom there for staff.

INVESTIGATION: On 05/03/2023, I spoke with adult protective services investigator Dan Spalthoff via phone. He stated that he just called the fire department to request a copy of the report, and that the incident occurred last night. The police responded to the home due to the alarms going off. There was smoke from a pot on the stove in the kitchen. Residents were inhaling smoke. The first responders could not get to the pot from behind a locked door. Staff Sherry Joy and staff Mya Windom were the two staff involved.

On 05/03/2023, I received a copy of the Flint Fire Department report dated 05/02/2023 from APS worker Dan Spalthoff. The report notes that the "E-11" was dispatched to the home for an alarm going off. They were informed that law

enforcement was on scene. There was no visible fire, but the fire alarm was going off. The police reported to the fire department on scene that there was light smoke in the building, but they were unable to find any fire. The fire department found there was a light haze inside the building, and a pot of food on the stove top which appeared burnt. "S-1" was requested to the scene to aid with ventilation. The report notes that "E-11" had to force a door into the kitchen which was locked from the inside, and there was no staff on location to unlock the door. The report concludes by stating once the home was ventilated, the alarm system was restored, and no other immediate hazards were identified, the scene was turned over to the Sheriff's Department.

On 05/03/2023, I sent a request to the Genesee County Sheriff's Office for a copy of the police report. On 05/03/2023, I obtained a copy of the report. The *File Class/Offense* is listed as *Vulnerable Adult Abuse*. Staff Mya Windom and Staff Sherry Joy are listed as suspects. The narrative of the report is as follows:

"On Tuesday, 05-02-2023 at 7:15 pm., Deputy Pearson of the Genesee County Sheriff Office was dispatched to 903 Avon St., in the City of Flint, for a fire alarm. As Deputy Pearson approached, he could hear the audible alarm from inside of his cruiser. Deputy Pearson arrived on scene minutes later to find Sgt. D. Smith and Deputy Lakey inside of the AFC home (Harmony Manor) helping residences exit the smoke filled home. Deputy Pearson met with Flint Fire Department, who cleared the home of any possible open flames. FFD determined the smoke was caused by food that was left unattended on top of the stove while on. A woman then entered the rear of the home near the kitchen, identifying herself as Myra Windom (Caregiver). Windom stated to PD she went next door to 823 Avon Ave., to use the bathroom and check on her residence. Windom stated she could not hear the fire alarm from next door. Windom also stated she was watching her residence at 823 Avon Ave., and Sherry Joy's residence at 903 Avon Ave., while Joy went out to run errands."

Black and white photos were attached with a copy of the Genesee County Sheriff's Office report as well. The first photo shows what appears to be a piece of burnt meat on a plate sitting on a kitchen countertop. The second photo appears to be the broken kitchen door. The third photo appears to be of the facility's stove with a pot on top of the stove, with a lid on top of the pot. The next two photos are two other angles of the broken kitchen door. The last photo is the top of a pot that appears to have liquid in it.

On page 10 and 11 of the report, there is another narrative that is written as follows:

"On 05/02/2023 Sergeant Deon Smith II from the Office of Genesee County Sheriff was dispatched to the area of Court St and Avon St. in reference to a audible alarm seen in the area. Dispatch further advised there had been a number of 911 calls who advised they could see a flashing light in the area as well. Upon arrival on scene, Sergeant Smith observed flashing lights and could hear an audible alarm coming from 902 E. Court St. at the Harmony Manor AFC Home. Sergeant Smith was

greeted by a white female at a door on the north side of the residence. Sergeant Smith entered the home and noted heavy smoke. The white female resident pointed to the kitchen as the source of the smoke. Sergeant Smith who is familiar with this home, asked the white female if there was someone at the residence watching the occupants. The white female said no and she did not know where any of the home workers had gone. Sergeant Smith also observed a half door which separated the kitchen from the living quarters. This door was locked and secured by a lock and latch. Sergeant Smith lifted himself up and over the door and entered into the kitchen. While inside the kitchen, Sergeant Smith observed a lit flame on the stove which was covered by a pot. The pot had an unknown source of food inside, still cooking. Sergeant Smith with assistance from Deputy Lakey informed all the residents inside, to exit the home. Sergeant Smith and Deputy Lakey searched the home for additional occupants and found no other occupants. Flint Fire was toned to the home to assist with the heavy smoke. The residents inside the home did not complain of any trouble breathing. After entering the home, evacuating the residents, after searching the home for additional residence, and after the arrival of the Flint Fire Department, Windom entered the home. Windom said she was next door at another AFC home while unattended food was being cooked on the stove. Sergeant Smith and Deputy Lakey evacuated 9 residents inside the home.”

On 05/03/2023, I conducted an unannounced on-site inspection at the facility with adult protective services investigator Dan Spalthoff. Mr. Spalthoff and I interviewed staff and residents. The interviews are as follows:

Staff Mya Windom was interviewed. She stated that she works daily and is a live in staff person who mainly works at the facility next door. She stated that she came over to this facility to relieve staff Sherry Joy so Staff Joy could run an errand. She stated that she covered for Staff Joy for about an hour. Staff Windom stated that she took two trips to the facility next door, and the second trip took a little too long. She stated that there was a pan with a pork loin in the oven, and a pot on the stove that did not have a flame under it. She stated that the pan was smoking and getting throughout the home but did not catch fire. She stated that the home's sprinkler system did not turn on. Staff Windom stated that the police and fire department “*beat her to the kitchen.*” She stated that it was roughly ten to twelve residents in the facility at the time, when she left and went next door. Staff Windom stated that the kitchen door is a half door that was locked at the time, so the police used a chair to step over the door. Then they busted the door down. She denied that any residents were injured, no ambulance responded, and the home was aired out. Staff Windom stated that she went to the facility next door to grab seasonings and cooking utensils. She stated that staff sometimes cook at the same home together, and she brings food back next door to Harmony Manor/Avon. She stated that she did the tell police that she had to also use the bathroom while she was next door in the middle of gathering the items she needed. She stated that she had to cook something else after the incident, so she grabbed food from Harmony Manor and took it next door to the Harmony Manor/Avon residents. She stated that the idea to cook together was spur of the moment, but staff at both facilities mainly cook separately.

Resident A was interviewed. Resident A stated that she was the resident who let the Sheriff's Department into the home. Resident A stated that the smoke was bad and coming from a pan. She stated that the alarms were going off for about 30 minutes, and it was because of the stove. Resident A stated that they all had to go outside and stand on the porch for about 15 minutes. Resident A denied having any knowledge of where the staff were at the time of the incident. She stated that the police jumped over the kitchen door. When asked how often the facility conducts fire drills, Resident A stated that she has "never done a fire drill until this time." Resident A stated that she has resided in the facility for about five years.

Resident B was interviewed. Resident B stated that the Fire Marshall busted through the kitchen door. Staff Sherry Joy was not in the home at the time. Resident B stated that he thinks she may have gone grocery shopping or something. Resident B stated that a staff person from next door had come over. He stated that it took Staff Windom about a half hour to come back over from next door. Resident B stated that when Staff Windom came back over, she spoke to the Fire Marshall and the police. Resident B stated that Staff Joy arrived back to the home about 25 minutes after the police left. Resident B denied having ever participated in a fire drill. He stated that the alarms were going off for about 15 minutes. When asked if they evacuated, he stated that they evacuated to the porch.

Mr. Spalthoff and I attempted to interview Resident C. Resident C was observed laying down in his bed. Resident C replied "ain't nothing to tell" when asked if he could tell us about the incident regarding the police and fire department responding to the home.

Resident D was interviewed. He stated that at the time of the incident he was in bed. He denied that anyone came upstairs to tell him to evacuate. He stated that he saw Staff Joy when she arrived back to the home, and that he did not see any other staff at the home covering for her. Resident D stated that they got out of the home and evacuated to the porch. Resident D stated that he has lived at the facility for about three years. When asked if they participate in fire drills, he stated that they do not.

Resident E was interviewed. Resident E stated that he did not hear anything but did go downstairs after the Sheriff came up and told him to. Resident E stated that he went out the front door. When asked where the meet up spot is that they go to during a fire drill, Resident E stated, "in the basement." He stated that the last fire drill was a long time ago, and that they do not do fire drills.

Resident F was interviewed. Resident F stated that he was not present in the home during the incident but heard about it when he returned to the facility.

Resident G was interviewed. Resident G stated that he was sitting on the couch at the time of the incident. He denied seeing any staff around when the fire alarm was going off. Resident G stated that Resident A let the police into the home. They saw

smoke in the kitchen, so the police tried to get in the kitchen door, and the fire department went downstairs to turn off the fire alarm. Resident G stated that he thinks the cause was a pan or a pot that was on the stove. He stated that after the fire department and police left, Staff Joy came back. He stated that Staff Joy called for dinner later. He denied seeing Staff Windom in the facility at any point. Resident G also denied participating in fire drills.

Resident H was interviewed. Resident H stated that the alarm went off. They were escorted outside by a man from the fire department. She stated that a police officer tried to break the kitchen door down. Resident H stated that she was in her room watching television before the alarm went off. Resident H denied knowing how long the alarms were going off and denied seeing any staff in the home during that time. Resident H stated that she did see Staff Windom earlier coming from the back room. Resident H denied seeing Staff Joy. Resident H stated that they have never had a fire drill.

Staff Sherry Joy was interviewed. She stated that she has been working in the facility for about three years and is a live-in staff person. Staff Joy stated that she left the facility on 05/02/2023 around 5:48 pm to 6:15 pm. She stated that she left to handle personal business. She stated that she was gone for about two hours, and it was about 8:30 pm when she returned. She stated that she was driving, when she received a call from a relative who was passing by the facility and saw that the fire department and police were at the facility. She stated that she then called staff Mya Windom. She stated that the fire department had already left when she returned to the home. She stated that she had Staff Windom come over to cover her in her absence. She stated that there was no smoke in the home when she returned. Staff Joy stated that they do not do fire drills, and that she has "*never been taught to do that.*" Staff Joy was asked if she was aware of the AFC large group home rule book, and she stated she has knowledge of the rule book. She stated that Staff Windom told her that she went next door to get her computer, cords, etc. and that Staff Windom only took one trip next door. She stated that Staff Windom told the police that she didn't think it would be that long that she was gone.

On 05/12/2023, I received an *AFC Licensing Division-Incident/Accident* dated for 05/02/2023 at 6:30 pm. The incident report was completed and signed by staff Mya Windom. The attached page includes Staff Windom's typed account of what occurred on the day of the incident. In summary, the incident report states the following:

She stated that Staff Joy had asked her to watch the home for her while Staff Joy left to do errands. Staff Windom was instructed to also watch food that was cooking in the oven and add water to it. Staff Windom was at the facility for a while, then went back to her facility next door to grab some things. She received a call from Staff Joy that the fire and police department had responded to the facility. Staff Windom then rushed over to the back door of the facility. Staff Windom stated that once inside the facility, she heard the smoke alarm, observed the kitchen door was kicked down,

and the pot was now on top of the stove. There was some smoke in the kitchen, but not throughout the home. The responding officers and fire department questioned her, and Staff Joy who had called Staff Windom back via phone. Staff Windom wrote that she was bombarded with questions. She stated that she was told that there was no fire, and that the bottom of the pork loin was burned. Staff Windom noted that none of the residents were hurt, harmed, or injured, and no one was escorted to the hospital. She stated that the residents told her they were not evacuated, and that they did not know there was smoke until the police questioned them about it. Staff Windom noted that Staff Joy arrived back to the home and was also questioned by the police. She noted that this was just an accident and was the first and only time it has occurred. She noted that she should have turned the oven off, and that she will never leave the kitchen while cooking again.

On 05/17/2023, I conducted a follow-up on-site to at the facility to interview Resident C regarding a subsequent investigation (SIR#2023A0123043). I interviewed him regarding the incident that occurred on 05/02/2023 as well. Resident C stated that he was downstairs at the time. The police and fire truck came up to the home and came inside. The police and fire responders put them (residents) out on the porch for a while. He stated that he does not remember seeing any staff during the incident. When asked if he has participated in any fire drills, he stated that on 05/02/2023 it was his first time doing so. He denied participating in fire drills. He stated that he did not see or smell anything coming from the kitchen.

On 05/25/2023, I received requested documentation regarding fire drills. Fire drills are noted to have been conducted by licensee designee Greg Cheff and staff Sherry Joy on the following dates and times since January 2023: 1/16/23 at 2:00 am (13 residents, three and a half minutes evacuation time), 2/28/23 at 6:00 pm (10 residents, three minute evacuation time), 3/9/23 at 9:00 am (11 residents, three minute evacuation time), 4/7/23 at 9:30 pm (13 residents, three minute evacuation time), and 5/7/23 at 4:00 pm (nine residents, three minute evacuation time). Staff Joy's name is only noted for the 5/7/203 fire drill.

On 06/07/2023, I made a call to Bureau of Fire Services (BFS) inspector Dan Stasa. He stated that he was not informed that there was an incident at this facility on 05/05/2023, and that BFS is supposed to be notified within 24 hours of any fire-related incident.

On 06/12/2023, I spoke with Bureau of Fire Services inspector Dan Stasa via phone. Mr. Stasa reported that he conducted an annual inspection at the facility today. He stated that he ran an unannounced fire drill by setting the smoke alarm off. He stated that he observed all of the residents sitting and staring at one another and watching the strobe light going off, while the staff person kept cooking/preparing food. He stated that he had to yell out twice that it was a drill before everyone got up and started moving. He stated that they all went out to the porch, and not the designated spot noted in the facility's emergency evacuation plan. He stated that he observed ashes on a stairway landing on the back of the home, and a resident told him that

they had to put a fire out three weeks ago in the same spot (stairway landing) using three cups of water. Mr. Stasa asked Staff Joy if the resident's story was true, and Staff Joy told him yes. Mr. Stasa stated that he will forward his annual inspection report upon completion.

On 05/17/2023, during my follow-up on-site visit, I took a photo of the facility's *Fire Emergency Procedures* which are prominently posted in the dining room area of the home. The plan states the following:

“NOTE: THE FOLLOWING STEPS ARE NORMAL PROCEDURES IN AN EMERGENCY. THE ORDER MAY CHANGE DEPENDING ON THE CIRCUMSTANCES.

EVACUATE RESIDENTS IN THE IMMEDIATE AREA OF THE FIRE AND SOUND THE ALARM BY FIRE ALARM OR VOCALLY. ISOLATE THE FIRE BY CLOSING.

EVACUATE THE BUILDING—OR—NOTIFY FIRE DEPARTMENT (IF PRACTICAL)

NOTIFY FIRE DEPARTMENT IF NOT PREVIOUSLY DONE.

TAKE A HEAD COUNT OUTSIDE THE BUILDING. DO NOT LET RESIDENTS RE-ENTER THE BUILDING UNTIL THE BUILDING IS DECLARED SAFE BY A FIRE OFFICIAL.

GO TO FRONT YARD FOR CENSUS.”

The first-floor evacuation route and exit map is also prominently posted. Written on this documentation it states, *“All to go across driveway to house next door and meet on porch for head count.”*

It should be noted that during interviews conducted on 05/03/2023 during my unannounced on-site visit at the facility, staff Sherry Joy, as well as Resident A, Resident B, Resident C, Resident D, Resident E, Resident G, and Resident H all reported that the facility does not participate in fire drills. The action that the residents took on 06/12/2023 after Mr. Stasa conducted an unannounced fire drill at the facility, appear to be similar to the actions that were taken during the incident that occurred on 05/02/2023. The residents did not immediately evacuate the home when the alarms sounded during either instance. Also, when prompted to evacuate both times, they evacuated to the porch. The documentation received on 05/25/2023, showing the fire drills conducted since January 2023, do not coincide with the statements made by staff and residents, as well as their documented and/or observed behaviors as noted by the police department, and BFS inspector Dan Stasa. It should also be noted that the home did not follow their posted emergency evacuation plan.

APPLICABLE RULE	
R 400.15206	Staffing requirements.
	(2) A licensee shall have sufficient direct care staff on duty at all times for the supervision, personal care, and protection of residents and to provide the services specified in the resident's resident care agreement and assessment plan.
ANALYSIS:	<p>On 05/03/2023, I obtained a Genesee County Sheriff's Office police report dated for 05/02/2023. The police report notes that the Sheriff's Office and the Flint Fire Department (FFD) were dispatched to the home due to a fire alarm. The report notes that at the time of their arrival, the home was smoke-filled. The FFD determined that the smoke came from food that was cooking and left unattended by staff Mya Windom who had also left the facility and the residents unattended. The police report notes that Sergeant Smith climbed over the kitchen door (half-door secured by a latch), observed there was a lit flame on the stove which was covered by a pot. He and Deputy Lakey had to evacuate the home, search the home for additional occupants, and the Flint Fire Department had to assist with the heavy smoke.</p> <p>Staff Mya Windom was interviewed and stated that she left the home and the residents unattended. She also wrote a written statement on an <i>AFC Licensing Division-Incident/Accident Report</i> detailing that she left the home unattended.</p> <p>Resident A denied having any knowledge of where staff was at the time of the incident. Resident B stated that it took Staff Windom about 30 minutes to come back to the facility. Resident C, Resident G, and Resident H denied seeing any staff in the home as the fire alarm was going off.</p> <p>Staff Sherry Joy was interviewed and reported that Staff Windom was covering for her, and that Staff Windom told her that she left the facility and was next door during this incident.</p> <p>There is a preponderance of evidence to substantiate a rule violation in regard to the facility not having sufficient direct care staff on duty at all times for the supervision and protection of residents. On 05/02/2023, staff Mya Windom left the home unattended while cooking. Per a Sheriff's Office and Fire Department report, both agencies responded to the home</p>

	due to the fire alarm. The agencies had to evacuate the residents in the home as a result of no staff being present.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION: On 6/16/23, this home received a Bureau of Fire Services Disapproval.

INVESTIGATION: On 06/07/2023, I made a call to Bureau of Fire Services (BFS) inspector Dan Stasa. He stated that he was not informed that there was an incident at this facility on 05/05/2023, and that BFS is supposed to be notified within 24 hours of any fire-related incident.

On 06/12/2023, I spoke with Bureau of Fire Safety inspector Dan Stasa via phone. Mr. Stasa reported that he conducted an annual inspection at the facility today. He stated that he ran an unannounced fire drill by setting the smoke alarm off. He stated that he observed all of the residents sitting and staring at one another and watching the strobe light going off, while the staff person kept cooking/preparing food. He stated that he had to yell out twice that it was a drill before everyone got up and started moving. He stated that they all went out to the porch, and not the designated spot noted in the facility's emergency evacuation plan. He stated that he observed ashes on a stairway landing on the back of the home, and a resident told him that they had to put a fire out three weeks ago in the same spot (stairway landing) using three cups of water. Mr. Stasa asked Staff Joy if the resident's story was true, and Staff Joy told him yes. Mr. Stasa stated that he will forward his annual inspection report upon completion.

On 06/16/2023, I received a copy of Mr. Stasa's *Bureau of Fire Services Inspection Report* dated 06/12/2023. The facility received a disapproved rating. In summary, Mr. Stasa's report states the following:

- *“At the time of inspection, the basement door failed to self-close and positively latch when tested.”*
- *“At the time of inspection, there was no documentation present showing that the Smoke Detector Sensitivity Testing, required every two years had been conducted.”*
- *“At the time of inspection, there was no written documentation (report) available for review in regard to the annual inspection, testing, and maintenance of the fire alarm system. The system was tagged that the annual inspection, testing, and maintenance was conducted on 04/11/2023.”*
- *“At the time of inspection, there was no written documentation (report) available for review in regard to the annual inspection, testing and maintenance of the dry*

sprinkler system. The system was tagged that the annual inspection, testing and maintenance was conducted on 3/31/23.

- *“At the time of inspection, there was a wire wrapped around the sprinkler pipe in front of the door leading to the exterior in the basement.”*
- *“At the time of inspection, there was storage on top of the sprinkler pipe in the basement.”*
- *“At the time of inspection, the plan (written copies of a plan for protecting all persons in the event of fire and for evacuating persons from the building to the designated point of safety) did not include provisions to protect residents who are either permanently or temporarily incapable of self-preservation.”*
- *“At the time of inspection, the plan did not contain provisions for the Isolation of fire or Closure of doors upon exiting.”*
- *“A review of the facility's fire drill records showed that no drill was performed for the 1st shift of the 2nd Quarter of 2022-23.”*
- *“A review of the facility's fire drill records showed that no drill was performed for the 3rd shift of the 3rd Quarter of 2022.”*
- *“A review of the facility's fire drill records showed that no drill was performed for the 3rd shift of the 4th Quarter of 2022.”*
- *“A review of the fire drill records showed that the times that the drills were performed for the 1st and 2nd shifts need to vary. Observed 1st shift drill times were 9:00 AM; 7:30 AM; and 8:00 AM. Observed 2nd shift drill times were 6:00 PM; 9:30 PM; 6:00 PM; and 9:00 PM.”*
- *“A fire drill was conducted by this Inspector as a part of the inspection. A smoke detector was activated using canned test smoke. Upon activation of the fire alarm, there was no response by the residents or the staff to the alarm. Response only occurred after this Inspector shouted, "this is a drill, what are you supposed to do." Residents then evacuated outside onto the front porch. This is not where their plan states that they should gather. The plan states that the gathering place is at the end of the driveway by the street. Staff was preparing a snack for the residents in the kitchen when the alarm activated and they kept on doing this, not reacting to the fire alarm. One staff member was on the computer playing a video game and just kept playing, not responding. It was this Inspector's conclusion that little to no training has been provided in regard to fire alarms and how to correctly respond to them.”*
- *“At the time of this inspection, ashes were observed and photographed on the landing of the fire escape stairway.”*

- “Staff shall be on duty an in the facility at all times when residents are present. Rule 401; 33.7.6.
 - *On May 2, 2023 at approximately 7:15 PM the Genesee County Sheriff's department responded to this facility for a report of smoke inside the structure and the fire alarm going off. Upon arrival, they found the facility occupied by 9 residents with no Staff present. This is in direct violation of the Rule outlined above.”*
- “Rule 109. After the occurrence of a fire, the adult foster care licensee shall immediately notify the local fire department and the bureau of fire services with all details of the fire.
 - *On Wednesday, June 7, 2023 this Inspector was contacted by Shamidah Wyden, Adult Foster Care Consultant from the Michigan Department of Licensing and Regulatory Affairs regarding an incident of smoke inside the facility that occurred on May 2, 2023 at approximately 7:15 PM. This incident was responded to by the Genesee County Sheriff's Department and the Flint Fire Department. This incident was not reported to the Bureau of Fire Services as outlined above.*
 - *On Monday, June 12, 2023, at approximately 3:00 PM, while conducting an Annual Inspection at this facility, this Inspector was approached by a resident that stated that there had been a fire on the fire escape stairway landing approximately 3 weeks earlier. The resident further stated that he put the fire out by dumping 3 glasses of water on it. Staff confirmed this incident occurred when questioned about it. This incident was not reported as required by Rule 109 outlined above.”*

On 05/03/2023, and on 05/17/2023, I conducted unannounced on-site visits at the facility. I noted that the eaves troughs and downspouts on the west side of the home appeared to not be in good repair. They appeared to be in the same condition as they were prior to the conclusion of Special Investigation Report #2022A0123006. There also appears to be exterior roof damage on the front of the home, as well as damage to the wooden porch overhang in front of the home. Photos were taken during these on-sites.

On 01/06/2022, I concluded in Special Investigation Report #2022A0123006 that R400.15403(1) had been violated due to first floor room with a private bathroom's shower being inoperable due to a leak, the upstairs bathroom leaking into the first-floor main bathroom ceiling, and the eaves troughs and down spouts on the west side of the home not being in good repair. The corrective action plan dated for 03/24/2023 (initially dated 01/24/2022), notes that gutters and downspouts would be fixed by Mr. Gregg Cheff by April 1, 2022.

APPLICABLE RULE	
R 400.15403	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:	<p>On 06/07/2023, I made a call to the inspector Dan Stasa of the Bureau of Fire Services and informed him of the incident of smoke inside the facility that occurred at the home on 05/02/2023.</p> <p>On 06/12/2023, Mr. Stasa reported that he conducted an annual on-site inspection, and that he would provide a copy of his findings.</p> <p>On 06/16/2023, I obtained a copy of the Bureau of Fire Safety disapproved report. The report outlines multiple fire safety violations including missing required documentation and physical plant issues related to fire safety.</p> <p>On 05/03/2023, and on 05/17/2023, I conducted unannounced on-site visits at the facility. I noted that the eaves troughs and downspouts on the west side of the home appeared to not be in good repair, as well as the exterior roof and porch overhang in disrepair.</p> <p>There is a preponderance of evidence to substantiate a rule violation. There is a repeat violation in regard to the physical plant deficiencies noted during the 05/03/2023 and 05/17/2023 on-site visits.</p>
CONCLUSION:	REPEAT VIOLATION ESTABLISHED SIR #2022A0123006, dated January 6, 2022

ADDITIONAL FINDINGS:

INVESTIGATION: On 05/03/2023, and on 05/17/2023, I conducted unannounced on-site visits at the facility with adult protective services worker Dan Spalthoff. On 05/03/2023, I conducted a walk-thru of the facility. I took photos of the physical plant.

On 05/03/2023, adult protective services worker Dan Spalthoff and I observed that the bedroom situated at the far end of the upstairs hallway on the right, has flooring that appeared to be uneven/warped due to what appears to be a water leak from the ceiling. A large plastic storage tote was observed situated on the floor below the

damaged ceiling. The door to the bedroom appeared very unclean both above and below the doorknob. The ceiling appeared to be sagging and cracked with peeling paint. The room directly across the hall also had flooring that appeared warped as well. The hallway flooring that was supposed to be repaired per the corrective action plan dated 03/24/2023, only appeared to be painted over.

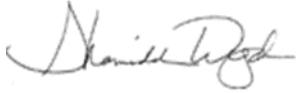
On 01/06/2022, I concluded in Special Investigation Report #2022A0123006 that R400.15403(5) had been violated due to multiple rooms being observed to have ceilings and floors that required maintenance/cleaning. The corrective action plan dated for 03/24/2023 (initially dated 01/24/2022), stating that the second-floor walls have been painted, and that the floors and ceilings on the second floor would be redone by Mr. Gregory Cheff by 04/16/2022.

APPLICABLE RULE	
R 400.15403	Maintenance of premises.
	(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.
ANALYSIS:	<p>On 05/03/2023, and 05/17/2023, I conducted unannounced on-site visits at the facility. Photos were taken of the physical plant.</p> <p>Multiple rooms were observed to have ceiling and floors that require maintenance and/or cleaning.</p> <p>There is a preponderance of evidence to substantiate a rule violation.</p>
CONCLUSION:	REPEAT VIOLATION ESTABLISHED SIR #2022A0123006, dated January 6, 2022

On 06/21/2023, I conducted an exit conference with licensee designee Gregory Cheff. I informed him of the findings and conclusions of this investigation.

IV. RECOMMENDATION

I recommend revocation of the license.



06/21/2023

Shamidah Wyden
Licensing Consultant

Date

Approved By:



06/21/2023

Mary E. Holton
Area Manager

Date