



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 5, 2023

Melissa Doss
CMHB Of CEI Counties
Suite 115
812 E Jolly Road
Lansing, MI 48910

RE: License #: AM230249434
Investigation #: 2023A0466039
Arch Road Home

Dear Ms. Doss:

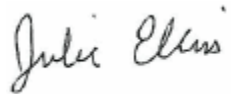
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the responsible party and a date.

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) 284-9727.

Sincerely,

A handwritten signature in cursive script that reads "Julie Elkins".

Julie Elkins, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM230249434
Investigation #:	2023A0466039
Complaint Receipt Date:	04/10/2023
Investigation Initiation Date:	04/11/2023
Report Due Date:	06/09/2023
Licensee Name:	CMHB Of CEI Counties
Licensee Address:	Suite 115 812 E Jolly Road Lansing, MI 48910
Licensee Telephone #:	(517) 346-8200
Administrator:	Melissa Doss
Licensee Designee:	Melissa Doss
Name of Facility:	Arch Road Home
Facility Address:	1081 Arch Road Eaton Rapids, MI 48827
Facility Telephone #:	(517) 663-2401
Original Issuance Date:	11/14/2002
License Status:	REGULAR
Effective Date:	05/01/2022
Expiration Date:	04/30/2024
Capacity:	12
Program Type:	MENTALLY ILL

II. ALLEGATION:

	Violation Established?
The facility received a disapproved fire safety report.	Yes

III. METHODOLOGY

04/10/2023	Special Investigation Intake-2023A0466039.
04/11/2023	Special Investigation Initiated – Telephone call to assigned licensing consultant Jana Lipps.
04/11/2023	Contact - Document Received from BFS Fire Inspector Mauricio Barrera.
04/11/2023	Contact - Document Sent to BFS Fire Marshall Mauricio Barrera.
04/14/2023	Inspection Completed On-site.
04/17/2023	Contact - Document Sent, email to Fire Marshall Mauricio Barrera.
04/17/2023	Contact - Telephone call made to LD/Admin Melissa Doss interviewed with Dawn Timm, Area Manager.
04/17/2023	Contact - Document Sent, email to Melissa Doss.
04/21/2023	Inspection Completed On-site with BFS Mauricio Barrera and Raymond Stover.
04/24/2023	Contact - Document Received, BFS report from Raymond Stover.
06/02/2023	APS referral.
06/02/2023	Exit conference with Melissa Doss.

ALLEGATION: Facility has a disapproved fire safety report.

INVESTIGATION:

On 4/10/2023, the Bureau of Fire Services (BFS) provided the Department of Licensing and Regulatory Affairs (LARA) with an annual *Inspection Report* that documented Arch Road Home had a disapproved, substantial noncompliance fire safety report. I reviewed the *Inspection Report* completed by BFS Fire Marshal

Mauricio Barrera who conducted the inspection on 04/07/2023 where the following deficiencies were noted under inspector comments:

1. "Oxygen tank found in office area. Oxygen storage must be in a rated room. Remove tank for office area and store in an approved storage area.
2. Smoking regulations shall include the following:
 - (a) Smoking shall be prohibited in any room, compartment, or area where flammable or combustible liquids, combustible gasses, or oxygen is used or stored or in any other hazardous location and the following shall also apply.
 - (b) Signs shall be posted with signs that read NO SMOKING or bear the international symbol for no smoking. Sign letters shall be not less than 2 inches high and ¼ inch wide stroke.
 - (c) In residential board and care facilities where smoking is totally prohibited and signs so indicating are placed at all major entrances; secondary signs with language that prohibits smoking are not required.
 - (d) Smoking by residents classified as not responsible with regard to their ability to safely use and dispose of smoking materials shall be prohibited, unless the resident is under direct supervision by staff or by a person approved by the administration. In such a case, smoking may be permitted.
3. Smoking materials shall not be provided to residents nor maintained by residents without the approval of the administration.
4. Areas where smoking is permitted shall be clearly identified.
5. Ashtrays of noncombustible materials shall be provided and required to be used in all areas where smoking is permitted.
6. Self-closing cover devices into which ashtrays may be emptied shall be made available to all areas where smoking is permitted and shall be required to be used.
7. Smoking materials were found in multiple bedrooms with evidence that smoking has been occurring inside the facility living areas.
8. Smoking materials are not being disposed of properly in the designated smoking area. 100+ cigarettes' butts found on the ground.
9. Resident in room 8 found smoking inside her room during our site inspection.
10. Resident room #1 found to have evidence of numerous small fires inside the room on the furniture.
11. Smoking materials found throughout the room.
12. Emergency light testing not be done.
13. Facility manager Paul Ruggerio stated to myself and Inspector Ray Stover that the resident in room #1 had started a fire that had set off the alarm. Facility manager Paul Ruggerio did not report the fire to myself or anyone at the Bureau of Fire Services. Facility has a serious fire safety issue concerning smoking inside the facility that must be addressed. Remove all smoking materials from inside the facility. Smoking may only be done outside at the designated facility smoking area."

The *Inspection Report* documented the facility's safety certification was disapproved and found to be in substantial non-compliance with fire safety rules.

On 04/14/2023, I conducted an unannounced investigation and I interviewed Resident A who reported that he smokes cigarettes in his bedroom and that he puts the cigarettes out by smothering the cigarette with his mattress, chair and/or his hand. I observed Resident A's mattress to have burn marks on it and about 15% of the top of the mattress was visibly burned. I observed Resident A's room had cigarette butts on the bedroom floor and a pair of sweatpants with numerous cigarette hole burns on them. Resident A reported he has lived at the facility for a while and that he had always smoked in his room and used his chair, his mattress and/or his hand to put the cigarette out. Resident A reported that recently he did start a fire in his mattress while using the mattress to try to extinguish a cigarette.

I interviewed home manager and DCW Paul Ruggiero who reported that Resident A was admitted to the facility on 08/03/2018 and him along with other DCWs have struggle with Resident A smoking in the building for the duration of his placement. DCW Ruggiero reported that although they struggle with Resident A smoking in the facility, Resident B and Resident C have also been smoking in the facility. DCW Ruggiero reported Resident A does not have a behavioral plan that addresses his smoking in the facility. DCW Ruggiero was aware that Resident A was putting his cigarettes out using his mattress, but DCW Ruggiero reported that he did not know that Resident A was using his chair as Resident A covers up those burn marks with clothing or other items. DCW Ruggiero reported that Resident A did catch his mattress on fire, but he could not recall the date. DCW Ruggiero reported that he reported the incident to Resident A's community mental health case manager but reported that he did not know that he should have reported that incident to licensing (LARA) and BFS since the fire alarm did not go off. DCW Ruggiero agreed to replace Resident A's mattress and chair due to the burns on them. DCW Ruggiero reported that he and the other DCWs would keep working with Resident A and encouraging him to smoke outside and not in the building. DCW Ruggiero denied there were any oxygen tanks in the building as none of the residents require oxygen. DCW Ruggiero did admit that when BFS Fire Marshal Mauricio Barrera was at the facility on 04/07/2023 that there was an old oxygen tank in his office but that has since been disposed of. I did not see any evidence that an oxygen tank was in DCW Ruggiero's office.

I interviewed DCW Angela Bell who reported that she has worked at the facility for four years and for the duration of that time, Resident A has smoked in the building but reported that this issue has gotten progressively worse. DCW Bell reported when Resident A is smoking in the facility, other residents think it is okay to smoke in the facility/their bedrooms also. DCW Bell reported Resident A is easily redirected when confronted about not smoking in his room but then he continues to do what he wants and smokes in his room. DCW Bell reported Resident A's mattress has caught fire several times since he uses it to extinguish his cigarettes. DCW Bell reported DCWs make contact checks with each resident every hour however if they see the resident

in the common area then they do not go to the resident's bedroom. DCW Bell reported all residents are responsible for their own laundry and cleaning their room so if the resident is making contact with the DCWs, it could be several weeks/months before a DCW is in a resident's bedroom.

I reviewed Resident A's record which contained a written *Assessment Plan for Adult Foster Care (AFC) Residents* which was dated 04/12/2022. In the "smokes" section of the report it documented, "[Resident A] has a history of smoking in the house. Staff will give feedback and redirect [Resident A] when he smokes in the house."

On 04/17/2023, area manager Dawn Timm and I had a phone conference with licensee designee Melissa Doss who understood that we had great concern about Resident A smoking in his bedroom. Mrs. Timm and I addressed with licensee designee Doss that although BFS Fire Marshal Mauricio Barrera was at the facility on 04/07/2023, on 4/14/2023 when I was at the facility there was still evidence Resident A was smoking cigarettes in his room as his bedroom as the floor contained several smoked cigarette butts and his mattress was about 15% burned at the top. Mrs. Timm and I informed licensee designee Doss that Resident A admitted to putting out cigarettes in his room using his mattress and/or chair and then his hand to smother the cigarette and this was not a new behavior. Ms. Doss agreed that both Resident A's chair and mattress needed to be replaced as soon as possible. Ms. Doss agreed to provide Resident A with 1:1 supervision 24 hours a day, seven days a week and this includes staff to be with Resident A in his bedroom during both hangout and sleeping hours as that is when the smoking concerns are the greatest. Ms. Doss reported that Resident A's smoking materials have been locked up however Resident A did have numerous cigarette butts on his bedroom floor and a pair of sweatpants with numerous cigarette hole burns on them on 4/14/2023. Licensee designee Doss was informed that the designated smoking area for the facility is not 25 feet from the facility and therefore is in violation of the Public Health Law.

On 04/21/2023, I conducted an unannounced investigation and BFS Fire Marshal Mauricio Barrera and BFS Fire Marshal Raymond Stover and I interviewed DCW Michael Palmer who reported that since Wednesday, 04/19/2023 all of the residents' smoking materials have been collected and are now locked up. DCW Palmer reported residents are provided with their smoking materials anytime they ask for them. DCW Palmer reported that Resident A is being provided 1:1 supervision 24 hours a day seven days a week. DCW Palmer reported that the facility's designated smoking area has not changed. DCW Palmer took us into every resident bedroom. Below is what was noted:

- Bedroom #3, cigarettes observed in bedroom in plain sight.
- Bedroom #5 a bag of nicotine and used cigarette butts on the floor.
- Bedroom #6 used cigarette butts on the floor.
- Bedroom #8, lighter in bedroom and cigarette butts on the floor.
- Bedroom #10 lighter in bedroom.
- Bedroom #11, several packages of empty cigarette boxes.
- Bedroom #12, smelled like marijuana, cigarette butts on the floor.

BFS Fire Marshal Mauricio Barrera and BFS Fire Marshal Raymond Stover and I interviewed Resident D and Resident E who both reported that they smoke in their bedrooms at the facility.

BFS Fire Marshal Mauricio Barrera and BFS Fire Marshal Raymond Stover and I observed in the designed smoking area that there were cigarette butts found outside in the designated smoking area. Cigarette butts were not being disposed of in a non-combustible approved ashtray/container even though one was available.

On 4/24/2023, BFS provided the Department of Licensing and Regulatory Affairs (LARA) with a Re-Check Annual *Inspection Report* that documented Arch Road Home had a disapproved, substantial noncompliance fire safety report. I reviewed the Inspection Report completed by BFS Fire Marshal Raymond Stover who conducted the inspection on 04/21/2023 where the following deficiencies were noted under inspector comments:

1. "Smoking materials still found in resident rooms.
2. Removing all smoking materials from resident rooms to determine if smoking is new or previous smoking. .
3. Clean up all used cigarette butts found outside in the designated smoking area. Cigarette butts must be disposed of in a non-combustible approved ashtray.
4. Add signage to all resident room doors that no smoking is allowed."

The *Inspection Report* documented the facility's safety certification was disapproved and found to be in substantial non-compliance with fire safety rules.

On 5/12/2023, BFS provided the Department of Licensing and Regulatory Affairs (LARA) with a Re-Check Annual *Inspection Report* that documented Arch Road Home had an approved fire safety report. I reviewed the Inspection Report completed by BFS Fire Marshal Raymond Stover who conducted the inspection on 05/05/2023 where the following was noted under inspector comments:

"A fire safety re-inspection was completed on this date. Deficiencies noted in our last inspection have been satisfactorily corrected."

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:

	(a) The amount of personal care, supervision, and protection that is required by the resident is available in the home.
ANALYSIS:	<p>Resident A's written <i>Assessment Plan for Adult Foster Care (AFC) Residents</i> dated 04/12/2022 documented, "[Resident A] has a history of smoking in the house. Staff will give feedback and redirect [Resident A] when he smokes in the house."</p> <p>Although it was well known for several years that Resident A smoked in the facility and uses his mattress, chair and/or his hand to extinguish cigarettes, no steps were taken to provide Resident A with increased supervision or to create a behavior support plan to address this behavior despite this behavior causing his mattress to catch fire on multiple occasions. The licensee did not provide Resident A with the required amount of personal care, supervision, and protection to assure his needs were met. Also by not addressing residents smoking within the facility and by using furniture, a flammable material, to extinguish cigarettes, all the residents' personal care, protection and supervision needs were not met by the licensee.</p>
CONCLUSION:	VIOLATION ESTABLISHED
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:	<p>The licensee received two substantial non-compliance reports from the Bureau of Fire Services after two inspections found multiple violations due to residents smoking in the facility.</p> <p>DCW Ruggerio reported that Resident A, Resident B and Resident C have all be observed smoking in the facility and Resident D and Resident E admitted on 4/12/2023 that they smoke in the facility. Resident A's mattress had multiple burn marks on it as did his chair during the unannounced on-site investigation.</p> <p>The designated smoking area for the facility is not 25 feet from the facility and cigarette butts were thrown all over the patio, dry grass and in the garbage can. The residents are not disposing of cigarette butts in noncombustible containers that shall be provided and required to be used in all areas where smoking is permitted.</p> <p>Based on the information above the home was not constructed adequately for the health safety, and well-being of the residents and therefore a violation has been established.</p>
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

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

Julie Elkins

06/02/2023

Julie Elkins
Licensing Consultant

Date

Approved By:

Dawn Timm

06/05/2023

Dawn N. Timm
Area Manager

Date