GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 27, 2023

Betty Mackie
Bowers Adult Foster Care Inc
PO Box 19286
Detroit, MI 48219

RE: License #: AS820303643
Investigation #: 2023A0121029
Bowers AFC on East Grand

Dear Ms. Mackie:

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 (313) 456-0380.

Sincerely,

K. Robinson, LMSW, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 919-0574

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS820303643
Investigation #:	2023A0121029
Complaint Receipt Date:	05/17/2023
Investigation Initiation Date:	05/18/2023
Report Due Date:	07/16/2023
Licensee Name:	Bowers Adult Foster Care Inc
Licensee Address:	1929 Chalmers Drive West Rochester Hills, MI 48309
Licensee Telephone #:	(248) 608-8591
Administrator:	Shelia Hawkins, Administrator
Licensee Designee:	Betty Mackie, Designee
Name of Facility:	Bowers AFC on East Grand
Facility Address:	142 East Grand Highland Park, MI 48203
Facility Telephone #:	(313) 363-7018
Original Issuance Date:	09/19/2011
License **Status:**	REGULAR
Effective Date:	03/19/2022
Expiration Date:	03/18/2024
Capacity:	4
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. ALLEGATION(S)

	Violation Established?
On 4/28/23 and 4/29/23, Katrisha King left Resident A in soiled diapers. Additionally, Katrisha King smokes marijuana in her vehicle while on duty.	No
Direct care worker, Katrisha King was observed grabbing Resident A forcibly; Katrisha proceeded to pour water on Resident A as punishment for the resident knocking the water bottle on the floor.	Yes

III. METHODOLOGY

05/17/2023	Special Investigation Intake 2023A0121029
05/17/2023	Contact - Telephone call made Left message for guardian, Aliah Sansusi; no response.
05/17/2023	APS Referral Notified by Rights
05/17/2023	Referral - Recipient Rights Matt Schneider assigned to investigate.
05/18/2023	Special Investigation Initiated - Telephone Call to Sheila Hawkins, Administrator
05/18/2023	Contact - Document Received Return call from Mrs. Hawkins
05/19/2023	Contact - Telephone call made Left message for Rights Investigator, Matt Schneider
05/19/2023	Contact - Telephone call made Tiona Lindsey, direct care worker
05/23/2023	Contact - Document Received Staff schedule, staff contacts, and Resident A's assessment plan.
05/25/2023	Inspection Completed On-site Interviewed Resident B-D; observed Resident A.

05/25/2023	Contact - Telephone call made Robert Hawkins
05/31/2023	Contact - Telephone call received Return call from Matt Schneider
05/31/2023	Contact - Telephone call made Katrisha King, Direct care worker
05/31/2023	Contact - Telephone call made Left message for guardian, Aliah Sanusi; no response.
05/31/2023	Contact - Telephone call made Staff 2
06/02/2023	Contact - Telephone call made Return call from Ms. King
06/20/2023	Contact - Telephone call made Gwen Wright with Neighborhood Service Organization (NSO)
06/20/2023	Contact - Telephone call made Staff 3
06/21/2023	Exit Conference Betty Mackie, licensee

ALLEGATION: On 4/28/23 and 4/29/23, Katrisha King left Resident A in soiled diapers. Additionally, Katrisha King smokes marijuana in her vehicle while on duty.

INVESTIGATION: Mrs. Hawkins reported Resident A has a 1:1 staffing assignment 24 hours per day, 7 days a week. Due to Resident A's behavior and low cognition, she requires constant supervision. Per Mrs. Hawkins, Resident A was placed at the home on 5/15/14. Staff 1, 2, and 3 reported Ms. King is usually assigned to provide 1:1 staffing to Resident A, while the other staff on duty provides care to Resident B-D.

Tiona Lindsey, direct care worker, reported seeing Resident A in soiled diapers on 4/28/23 and 4/29/23 while under the care of Katrisha King. Staff 3 reported Ms. King is known amongst the other staff to be "lazy and a big liar." Although there is insufficient evidence to prove Ms. King is not properly assisting Resident A with toileting as outlined in the resident's assessment plan, Staff 3 does suspect Ms. King

has allowed Resident A to soil her clothes. Staff 3 based these suspicions on the fact that Resident A may have 2-3 pair of dirty pants at the start of shift change. Resident A wears adult diapers. According to Staff 3, Resident A will let you know when she needs to use the bathroom if you monitor her closely. Otherwise, Staff 3 stated Resident A will toilet easily with prompts and reminders. Staff 3 reasoned resident laundry is completed nightly, so Resident A should routinely have clean clothes.

Ms. Lindsey reported she's also seen Ms. King go to the van to "smoke weed" while on duty. No one corroborated Ms. Lindsey's observation, but Staff 3 indicated she wouldn't be surprised if the allegation was true. Staff 3 indicated she has smelled marijuana in the air upon Ms. King opening the car door. However, Staff 3 emphasized, she cannot say with certainty that Ms. King smoked marijuana at work or otherwise.

On 6/21/23, I completed an exit conference with Ms. Mackie. Ms. Mackie knows Ms. King personally. Ms. Mackie stated to her knowledge Ms. King doesn't even smoke cigarettes, nonetheless, marijuana. Ms. Mackie does not believe the allegations are true. Ms. Mackie expressed a desire to install cameras at the home, but cameras are not permitted by the contract agency.

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:	• There are no witnesses to corroborate the allegation. • Therefore, the department finds there is insufficient evidence to support the allegation(s).
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION: Direct care worker, Katrisha King was observed grabbing Resident A forcibly; Katrisha proceeded to pour water on Resident A as punishment for the resident knocking the water bottle on the floor.

INVESTIGATION: I interviewed Ms. Lindsey who said she observed Ms. King pour water on Resident A as punishment for knocking the water bottle on the floor. Ms. Lindsey explained Resident A wanted some water, but Ms. King instructed her not to give the resident any water. Ms. Lindsey further explained Resident A got upset when she didn't get any water, so she pushed the table causing the water to fall.

Reportedly, Ms. King became angry at Resident A's behavior, so she poured the water inside of the bottle onto Resident A's head. According to Ms. Lindsey, Ms. King then threatened to "mess her up" (referring to Resident A).

Resident A is non-verbal. I completed an onsite inspection at the facility on 5/25/23. Resident B reported Ms. King is nice to her, but she does yell and curse at residents saying things like, "Get your [expletive] out of here", whenever they come in the living room while Ms. King is trying to relax. Resident B said she's never observed Ms. King hit Resident A. Resident C also stated Ms. King is nice to her, but she has seen her thump Resident A in the mouth when Resident A tried to "steal her snacks and food" (referring to Ms. King's items). Resident C said the incident happened in the living room when Ms. King was eating. Resident D reported Ms. King is mean to her; she said Ms. King yells at her and Resident A. Resident D appeared to be limited in her communication as she could not clearly articulate her thoughts.

Staff 1 stated she has covered shifts with Ms. King and that normally, Ms. King is Resident A's 1:1 staffing assignment. Staff 1 seemed surprised by the abuse allegation stating she's never observed Ms. King act inappropriate with Resident A. However, Staff 1 indicated Ms. Lindsey first reported the abuse to her, so she instructed Ms. Lindsey to notify Robert Hawkins (the Administrator's husband). Ms. Lindsey told me that she was afraid to write an incident report to document the abuse out of fear "Mr. Hawkins would tear it up."

On 5/25/23, I interviewed Mr. Hawkins by phone. Mr. Hawkins acknowledged Ms. Lindsey reported the abuse allegation to him. Mr. Hawkins said he responded by attempting to schedule a "meeting" with Ms. Lindsey and Ms. King. It should be noted Mr. Hawkins and Ms. King are siblings. Mr. Hawkins explained Ms. Lindsey refused to meet. No further action was taken. Ms. King was only removed from the staff schedule pursuant to this complaint investigation. Ms. King's last day worked is 5/4/23 per Mrs. Hawkins.

Mrs. Hawkins stated she does not believe the allegations are true; she said, "I can't see her hurting her." Mrs. Hawkins indicated she believes Ms. Lindsey falsified the allegations over a labor dispute. According to Mrs. Hawkins, Ms. Lindsey's attendance was a problem, and that Mr. Hawkins' role was to address it. Mrs. Hawkins indicated this is when Ms. Lindsey made the allegations. It is Mrs. Hawkins belief that Ms. Lindsey fabricated the story to get Ms. King in trouble especially considering the two didn't have the best working relationship. However, Ms. Lindsey stated she was taken off the schedule after reporting the abuse. Per Ms. Lindsey, Ms. King would brag to others that she can "do whatever she wants" because her brother owns the company.

I made several attempts to reach Resident A's guardian to no avail. To date, Mrs. Aliah Price-Sanusi has not returned my calls. On 6/20/23, I spoke with Resident A's Supports Coordinator, Gwen Wright with Neighborhood Service Organization (NSO). Ms. Wright stated she has no concerns with the placement. In fact, Ms. Wright said

when she's at the home, Resident A responds well to Ms. King. Ms. Wright reported she goes to the home to visit Resident A and 2 others at least 1-2 times monthly. Ms. Wright stated she went to the home upon learning of the abuse allegations; Resident A had no physical signs of injury.

Staff 2 reported Ms. King can "sometimes get a little loud", but Staff 2 denied Ms. King is aggressive with residents. Staff 3 was very hesitant to participate in an interview. I assured Staff 3 that the identity of all witnesses shall be protected, Staff 3 disclosed Ms. King does yell and curse at residents. Staff 3 described Ms. King as reckless with her words, unprofessional, and harsh. Staff 3 indicated Ms. King conducts herself in an inappropriate manner with all residents. Staff 3 reported hearing Ms. King say things to the residents like, "Didn't I tell your [expletive] I'm coming" when residents need assistance.

On 6/21/23, I completed an exit conference with licensee designee, Betty Mackie. Ms. Mackie stated she believes the complaint was initiated due to personal conflict between Ms. Lindsey and Ms. King. Ms. Mackie reported she's observed Ms. King "work extremely well with us and this particular client" (referring to Resident A). Ms. Mackie reasoned Resident A is constantly busy and that not everyone can handle her. I agree having personally observed Resident A. Staff had to redirect Resident A multiple times (at least 5-6) during the onsite inspection because the resident made many attempts to reach me. I later discovered from Recipient Rights Investigator, Matthew Schneider that I unknowingly sat in Resident A's seat. Mr. Schneider verified he notified Adult Protective Services, so an additional referral from LARA was not filed.

APPLICABLE RULE	
R 400.14308	**Resident behavior interventions prohibitions.**
	(1) A licensee shall not mistreat a resident and shall not permit the administrator, direct care staff, employees, volunteers who are under the direction of the licensee, visitors, or other occupants of the home to mistreat a resident. Mistreatment includes any intentional action or omission which exposes a resident to a serious risk or physical or emotional harm or the deliberate infliction of pain by any means.

ANALYSIS:	• Immediately following the abuse, Ms. Lindsey notified others, including Staff 1 and Mr. Hawkins. • No action was taken against the alleged perpetrator, Ms. King until the department recommended that she be removed from the schedule pending investigation. • Ms. Lindsey observed Ms. King act in a malicious manner towards Resident A by pouring water on the resident. • Resident B, C, D reported Ms. King yells at residents. • Resident C reported having recently observed Ms. King purposely thump Resident A in the mouth. • Staff 3 reported Ms. King is harsh, unprofessional, and reckless with residents. • Therefore, based on Ms. King's aggressive history with residents, it is more likely than not, Ms. King mistreated Resident A as reported.
CONCLUSION:	**VIOLATION ESTABLISHED**

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, I recommend the status of this license remain unchanged.

6/22/23

Kara Robinson Date
Licensing Consultant

Approved By:

6/27/23

Ardra Hunter Date
Area Manager