



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

July 18, 2023

Mickey Bauchan  
Michigan Community Services, Inc.  
PO Box 317  
Swartz Creek, MI 48473

RE: License #: AS250010706  
Investigation #: 2023A0779049  
River Road

Dear Mickey Bauchan:

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) 643-7960.

Sincerely,

A handwritten signature in cursive script that reads "Christopher A. Holvey".

Christopher Holvey, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(517) 899-5659

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS250010706
<b>Investigation #:</b>	2023A0779049
<b>Complaint Receipt Date:</b>	06/05/2023
<b>Investigation Initiation Date:</b>	06/07/2023
<b>Report Due Date:</b>	08/04/2023
<b>Licensee Name:</b>	Michigan Community Services, Inc.
<b>Licensee Address:</b>	5239 Morrish Rd. Swartz Creek, MI 48473
<b>Licensee Telephone #:</b>	(810) 635-4407
<b>Administrator:</b>	Sarah Burns
<b>Licensee Designee:</b>	Mickey Bauchan
<b>Name of Facility:</b>	River Road
<b>Facility Address:</b>	6290 River Road Flushing, MI 48433
<b>Facility Telephone #:</b>	(810) 733-2599
<b>Original Issuance Date:</b>	05/24/1983
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	02/12/2022
<b>Expiration Date:</b>	02/11/2024
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED

## II. ALLEGATION(S)

	<b>Violation Established?</b>
There are normally 2 staff present caring for the 5 residents but on 6/5/23 there was only one staff member present caring for all 5 residents.	Yes

## III. METHODOLOGY

06/05/2023	Special Investigation Intake 2023A0779049
06/05/2023	APS Referral Complaint was referred to AFC licensing by APS centralized intake.
06/07/2023	Special Investigation Initiated - Telephone Spoke to administrator, Sarah Burns.
06/08/2023	Inspection Completed On-site
06/09/2023	Contact - Telephone call made Spoke to complainant.
06/09/2023	Contact - Telephone call made Voicemail left for staff person, Makiyah Lenior.
07/17/2023	Exit Conference Held with administrator, Sarah Burns.

### **ALLEGATION:**

There are normally 2 staff present caring for the 5 residents but on 6/5/23 there was only one staff member present caring for all 5 residents.

### **INVESTIGATION:**

On 6/7/23, a phone conversation took place with administrator, Sarah Burns, who confirmed there was only one staff working at this home for a short period of time on 6/5/23. Administrator Burns stated that there were two staff working but one staff had to leave her shift early. Administrator Burns reported that the staff tried to contact the

assistant manager but left before getting a return call. Administrator Burns stated that the one staff that was working is very experienced and had no issues until another staff could arrive at the home.

On 6/8/23, an on-site inspection was conducted, and all five residents were observed to clean and well-groomed and appeared to be receiving adequate care and supervision. Due to their cognitive deficiencies, none of the residents were able to be interviewed.

On 6/8/23, staff person, Tiara Redmond, confirmed that she was the one staff that had to work alone on 6/5/23. Staff Redmond stated that staff person, Makiyah Lenoir, told her that she was calling the assistant manager all morning with no response but decided to leave at 8:00am anyway. Staff Redmond reported that she called home manager, Lurenda Shelby, and she said she would come in to work. Staff Redmond stated that when staff Lenoir left, all the residents had already been up and fed and were back in their rooms/beds, which is the typical routine, and that they stayed in the beds until manager Shelby arrived. Staff Redmond stated that this was the first time she has ever had to work alone and that she had no problem caring for the residents by herself for a few hours.

On 6/8/23, home manager, Lurenda Shelby, confirmed that staff Redmond called her on 6/5/23 to report that staff Lenoir had left during her shift and that she was at the home working alone. Manager Shelby stated that staff Redmond said that she was doing fine and that all the residents had been washed and fed and were in their beds for a nap. Manager Shelby stated that she did not arrive to the home until approximately 11:00am. Manager Shelby reported that there are always two staff scheduled per shift, but that one staff person can handle caring for all the residents for short periods of time.

During the on-site inspection on 6/8/23, all five residents *Assessment Plan for AFC Residents* were reviewed. The plans stated that Resident A, Resident B, Resident C, and Resident D all utilize wheelchairs and that of those four, three require total assistance with all activities of daily living (ADL's), including Resident A that requires a mechanical lift for all transfers. Resident B can ambulate in the wheelchair without assistant, but still requires assistance for all transfers and to complete all ADL's. The plans stated that Resident C and Resident D have history of some form of self-injurious behavior.

On 6/9/23, a phone conversation took place with Complainant, who is not aware of any abuse or neglect taking place during the time of only one staff working on 6/5/23. Complainant stated that the only concern was for the potential of something happening and if one staff person could handle an emergency situation.

On 6/9/23 and 7/17/23, attempts were made to by phone to contact staff person, Makiyah Lenoir, and messages were left. As of the date of this report, no return call has been received.

<b>APPLICABLE RULE</b>	
<b>R 400.14206</b>	<b>Staffing requirements.</b>
	<b>(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.</b>
<b>ANALYSIS:</b>	It was confirmed that on 6/5/23, staff Makiyah Lenoir, left her shift at 8:00am, leaving only staff person, Tiara Redmond, alone until another staff could arrive at approximately 11:00am. This left only one staff person to care for five residents for approximately three hours. This home has four residents that utilize wheelchairs and require total assistance to complete all their activities of daily living, including transfers in and out of their wheelchairs. One of the residents require a mechanical lift for all transfers. Two residents have a history of self-injurious behavior. Due to the total amount of care and supervision needed in this home, it was found that one staff is not sufficient to provide adequate supervision, personal care, and protection for all five residents.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

On 7/17/23, an exit conference was held with administrator, Sarah Burns. She was informed of the outcome of this investigation and that a written corrective action plan is required.

**IV. RECOMMENDATION**

Upon receipt of an approved written corrective action plan, it is recommended that the status of this home's license remain unchanged.

*Christopher A. Holvey*

7/18/2023

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Christopher Holvey  
Licensing Consultant

Date

Approved By:

*Mary Holton*

7/18/2023

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Mary E. Holton  
Area Manager

Date