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GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

July 25, 2023

Deana Fisher
St. Louis Center for Exceptional Children & Adults
16195 Old US-12
Chelsea, MI 48118

RE: License #: AL810007460
Investigation #: 2023A0122032
Saint Joseph Hall

Dear Ms. Fisher:

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) 284-9720.

Sincerely,

A handwritten signature in dark ink, reading "Vanita Bouldin". The script is cursive and fluid, with the first name "Vanita" and last name "Bouldin" clearly distinguishable.

Vanita C. Bouldin, Licensing Consultant
Bureau of Community and Health Systems
22 Center Street
Ypsilanti, MI 48198
(734) 395-4037

Enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL810007460
Investigation #:	2023A0122032
Complaint Receipt Date:	06/26/2023
Investigation Initiation Date:	06/26/2023
Report Due Date:	08/25/2023
Licensee Name:	St. Louis Center for Exceptional Children & Adults
Licensee Address:	16195 Old US-12 Chelsea, MI 48118
Licensee Telephone #:	(734) 495-8430
Administrator:	Deana Fisher
Licensee Designee:	Deana Fisher
Name of Facility:	Saint Joseph Hall
Facility Address:	16195 Old US-12 Chelsea, MI 48118
Facility Telephone #:	(734) 475-8430
Original Issuance Date:	05/18/1984
License Status:	REGULAR
Effective Date:	04/05/2022
Expiration Date:	04/04/2024
Capacity:	20
Program Type:	DEVELOPMENTALLY DISABLED

II. ALLEGATION(S)

	Violation Established?
On 06/20/2023, staff member Tommy Lewis hit Resident A in the face.	Yes

III. METHODOLOGY

06/26/2023	Special Investigation Intake 2023A0122032
06/26/2023	Special Investigation Initiated - Letter Received an email from Deana Fisher, Licensee Designee, reporting that Resident A reported that staff member hit him in the face.
06/26/2023	APS Referral Email sent to Laveda Hoskins-Smith, APS Worker.
06/26/2023	Contact – Telephone call made. Guardian A – unavailable, left voice message. Staff member, Tommy Lewis – unavailable, left voice message.
06/26/2023	Onsite Inspection Completed interview with Deana Fisher, Licensee Designee.
06/27/2023	Contact – Telephone call made. Recipient Rights referral made.
06/27/2023	Contact – Telephone call made. Completed interview with Laveda Hoskins-Smith, APS Worker.
06/27/2023	Contact – Document sent. Requested identifying information for Resident A and B.
07/05/2023	Contact – Telephone call made. Completed interview with Carolyn Fillman, Supports Coordinator with Washtenaw County Community Mental Health. Recipient Rights Referral made. Completed interview with Tommy Lewis, Staff member.
07/06/2023	Contact – Face to Face

	Completed interviews with Resident A and Resident B.
07/07/2023	Exit Conference Discussed findings with Deana Fisher, Licensee Designee.

ALLEGATION: On 06/20/2023, staff member Tommy Lewis hit Resident A in the face.

INVESTIGATION: On 06/21/2023, Deana Fisher, Licensee Designee reported that on 06/20/2023 Resident A stated staff member Tommy Lewis hit him in the face. Ms. Fisher stated that an Adult Protective Services Referral had been made. Ms. Fisher submitted two incident reports dated 06/20/23 and 06/21/2023 respectively.

On 06/26/2023, I reviewed two incident reports dated 06/20/23 and 06/21/23. Both reports document that on 06/20/2023 Resident A got into a verbal argument with another resident. Staff member Tommy Lewis attempted to de-escalate the interaction using verbal redirection. Mr. Lewis stated that as he turned around to speak to Resident A about the incident the back of his hand accidentally contacted Resident A's face lightly. Resident A also reported that Mr. Lewis had threatened to "slap them around," them meaning the other residents in the past.

On 06/26/2023, I completed an onsite inspection. Both Resident A and Resident B were unable to be interviewed as they were not present but away at camp in Fowlerville, MI. I interviewed Deana Fisher. Ms. Fisher reported that she had been informed of the incident and has removed Tommy Lewis from providing care to residents at the facility. He currently works in another facility where there is always a co-worker present.

On 06/27/2023, I completed an interview with Laveda Hoskins-Smith. Ms. Smith reported that she interviewed both Resident A and B on 06//2023. Ms. Smith stated Resident A reported the following: he and Tommy Lewis were arguing in the facility kitchen. Per Resident A, Mr. Lewis approached him, slapped him the face, and pushed him into his bedroom. Ms. Smith stated Resident B observed the incident and reported the same.

Ms. Smith further stated that she interviewed both residents independently and it is her professional opinion that both were truthful in what was reported. Ms. Smith stated she made referrals to local law enforcement and the office of recipient rights on 06/26/2023.

On 07/05/2023, I completed an interview with Carolyn Fillman, Supports Coordinator for both Resident A and B. Ms. Fillman stated she had been informed about the incident involving Resident A and staff member, Tommy Lewis by Ms. Smith. Ms. Fillman reported that both Resident A and Resident B can accurately report an

incident that they are involved in. Ms. Fillman reported that excluding this incident she has no concerns with the care both residents are receiving from staff members of Saint Joseph Hall adult foster care facility.

On 07/05/2023, I completed an interview with Tommy Lewis, staff member. Mr. Lewis confirmed that he was involved in an incident with Resident A on 06/20/2023. Mr. Lewis stated that he accidentally hit Resident A in the face as he was trying to verbally redirect an argument between Resident A and another resident. Mr. Lewis denied hitting Resident A in the face intentionally.

On 07/06/2023, I completed interviews with both Resident A and Resident B. Resident A stated that staff member, Tommy Lewis, slapped him and pushed him into his bedroom. Resident B reported that he observed Mr. Lewis punch Resident A in the arm and neck. Resident B also stated that Mr. Lewis was yelling profanity. Both stated that Mr. Lewis' physical aggression was intentional, not accidental.

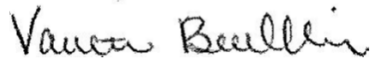
On 07/07/2023, I completed an exit conference with Deana Fisher. I discussed my findings with Ms. Fisher, she responded by stating she would submit a corrective action plan to address the rule violation found.

APPLICABLE RULE	
R 400.15308	Resident behavior interventions prohibitions.
	(2) A licensee, direct care staff, the administrator, members of the household, volunteers who are under the direction of the licensee, employees, or any person who lives in the home shall not do any of the following: (b) Use any form of physical force other than physical restraint as defined in these rules.

ANALYSIS:	<p>Two incident reports dated 06/20/23 and 06/21/23 document that staff member, Tommy Lewis accidentally hit Resident A on his face with his hand.</p> <p>On 06/27/2023, Laveda Hoskins-Smith, Adult Protective Services Worker stated Resident A reported that Mr. Lewis approached him, slapped him the face, and pushed him into his bedroom. Ms. Smith stated Resident B observed the incident and reported the same.</p> <p>On 07/05/2023, Carolyn Fillman, Supports Coordinator for both Resident A and B. Ms. Fillman confirmed that she had been made aware of the incident involving Resident A and Tommy Lewis. Ms. Fillman reported that both Resident A and Resident B can accurately report an incident that they are involved in.</p> <p>On 07/05/2023, Tommy Lewis stated he accidentally hit Resident A in the face on 06/20/2023.</p> <p>On 07/06/2023, both Resident A and Resident B reported that Tommy Lewis hit Resident A. Resident A stated Mr. Lewis slapped him in the face and pushed him into his bedroom. Resident B stated that Mr. Lewis punched Resident A in his arm and neck.</p> <p>Based upon my investigation I find staff member, Tommy Lewis used physical force with Resident A on 06/2023.</p>
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Contingent upon receipt and approval of a corrective action plan I recommend no change in the status of the license.



Vanita C. Bouldin
Licensing Consultant

Date: 7/07/2023

Approved By:



Ardra Hunter
Area Manager

Date: 7/25/2023