



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

August 17, 2023

Ira Combs, Jr.
Christ Centered Homes, Inc.
327 West Monroe Street
Jackson, MI 49202

RE: License #: AS380016315
Investigation #: 2023A0007024
Brown Street Home

Dear Ira Combs, Jr.:

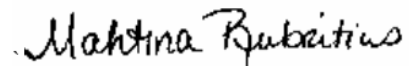
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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,



Mahtina Rubritius, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 W. Grand Blvd., Ste. #9-100
Detroit, MI 48202
(517) 262-8604

Enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS380016315
Investigation #:	2023A0007024
Complaint Receipt Date:	06/29/2023
Investigation Initiation Date:	06/29/2023
Report Due Date:	08/28/2023
Licensee Name:	Christ Centered Homes, Inc.
Licensee Address:	327 West Monroe Street Jackson, MI 49202
Licensee Telephone #:	(517) 499-6404
Administrator:	Ira Combs, Jr.
Licensee Designee:	Ira Combs, Jr.
Name of Facility:	Brown Street Home
Facility Address:	1203 Brown Street Jackson, MI 49203-2732
Facility Telephone #:	(517) 250-7930
Original Issuance Date:	03/24/1995
License Status:	REGULAR
Effective Date:	05/24/2022
Expiration Date:	05/23/2024
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

II. ALLEGATION(S)

	Violation Established?
There is a shortage of food in the AFC home. Their emergency food stash has outdated food from 2019.	No
Residents are not getting their spending money and staff are not turning in actual receipts for what is being spent.	No
Additional Findings	Yes

III. METHODOLOGY

06/29/2023	Special Investigation Intake - 2023A0007024
06/29/2023	Special Investigation Initiated – Letter - ORR Referral made.
06/29/2023	Inspection Completed On-site -Unannounced - Face to face contact with ORR Worker #1, Home Manager #1, Employee #1, Resident A, Resident B, Resident C, and Resident D.
06/29/2023	APS Referral - Received.
08/08/2023	Contact - Document Sent - Email to APS #1. Status update requested. The allegations were not assigned for an investigation.
08/08/2023	Contact - Document Sent - Email to ORR Worker #1. Status update requested.
08/08/2023	Contact - Document Received -Copy of ORR Investigative Report.
08/09/2023	Contact - Face to Face with Cheryl Howard and Connie Wilson, Administrative Staff.
08/09/2023	Inspection Completed On-site - Unannounced - Face to face contact with Employee #2, Resident A, Resident B, Resident C, Resident D, and Resident E.
08/10/2023	Contact - Document Sent -Email to Ira Combs, Licensee Designee. I requested a phone call to conduct the exit conference.
08/14/2023	Exit Conference – Conducted with Ira Combs, Licensee Designee.

ALLEGATIONS:

There is a shortage of food in the AFC home. Their emergency food stash has outdated food from 2019.

INVESTIGATION:

On June 29, 2023, an unannounced on-site investigation was conducted, and I made face to face contact with ORR Worker #1, Home Manager #1, Employee #1, Resident A, Resident B, Resident C, and Resident D. Upon arrival to the facility, HM #1 was very cooperative with the investigation. HM #1 reported to grocery shop weekly for the home. She showed us around the kitchen, refrigerator, freezers, and extra food storage areas. There was plenty of food observed in the home. There was no expired food observed in the home.

HM #1 stated that Dr. #1 is the visiting doctor, he was at the home on June 8, 2023, and he has not voiced any concerns regarding the resident weights. I reviewed the weight records for the residents. It was noted that Resident D had only been weighed one time. Resident D utilizes a wheelchair. HM #1 stated that Resident D leans to the side and it's difficult to weigh him. His mother has also had difficulty weighing him. I informed HM #1 that Resident D must be weighed each month, and they may have to utilize outside resources to weigh him monthly.

While at the facility, I interviewed Resident A. She reported to get enough food to eat, and that she has not been given spoiled or rotten food.

ORR Worker #1 interviewed Resident B. Resident B reported to her (ORR Worker #1) that she gets enough food to eat.

As a part of this investigation, I reviewed the investigative report completed by ORR Worker #1 and the following was noted.

As a part of the investigation, ORR Worker #1 reviewed the receipts for food purchased for the home. During the time frame of April 14, 2023, to May 25, 2023, the facility staff spent \$1,066.00 on food.

An onsite inspection was conducted on June 29, 2023, and ORR Worker #1 noted that she observed "plenty of food in the home such as rice, hamburger helper, soups, canned vegetables, canned fruits, corn beef hash, noodles, crackers, pop tarts, cheese puffs, milk, cheese, bread, eggs, yogurt, water, lunch meat, pizza rolls, fries, hamburger, chicken, pancake mix, frozen vegetables, and cereals. None of the food was outdated."

ORR Worker #1 interviewed [Recipient A] who reported to get enough food to eat and never having food that was spoiled or rotten. [Recipient B] reported that she was getting enough food, and she eats what she wants. Recipient B reported that she had not eaten bad food.

Home Manager #1 was also interviewed, and she reported to shop for the home each week, and that there was not expired food in the home.

ORR Worker “did not interview Recipient C, Recipient D, or Recipient E due to them being non-verbal.”

APPLICABLE RULE	
R 400.14313	Resident nutrition.
	(1) A licensee shall provide a minimum of 3 regular, nutritious meals daily. Meals shall be of proper form, consistency, and temperature. Not more than 14 hours shall elapse between the evening and morning meal.
ANALYSIS:	<p>During the time frame of April 14, 2023, to May 25, 2023, the facility staff spent \$1,066.00 on food.</p> <p>Resident A and Resident B reported to get enough food to eat. In addition, that they have not eating spoiled or rotten food.</p> <p>During the on-site investigation, there was plenty of food observed in the home. None of the food was found to be outdated or expired.</p> <p>Based on the information gathered during this investigation and provided above, it's concluded that there is not a preponderance of the evidence to support the allegations that the there is a food shortage and the residents are not provided with nutritious meals.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATIONS:

Residents are not getting their spending money and staff are not turning in actual receipts for what is being spent.

INVESTIGATION:

On August 9, 2023, I made face to face contact with Cheryl Howard and Connie Wilson, Administrative Staff. Cheryl Howard stated she did not have an issue with staff not returning the receipts, as she will not give additional money until they do so. She reported to be strict about transactions related to resident funds. Cheryl Howard reported that they had to fight a long time to get things set up correctly, so that Resident A could have a payee. There was an issue with family members taking her money prior to things being set up correctly. Resident C likes to shop, and he makes lots of purchases.

I reviewed the Resident Funds Part II forms for Resident A, Resident B, and Resident C. Resident D and Resident E’s funds are maintained by their guardians.

The records reviewed reflected that there were receipts documenting purchases for the residents. It was also noted that the licensee accepted more than \$200.00 for safe keeping for Resident A and Resident B.

On August 9, 2023, I conducted an unannounced on-site investigation and made face to face contact with Employee #2, Resident A, Resident B, Resident C, Resident D, and Resident E. Resident B was resting at the time of the on-site investigation. I attempted to interview Resident C; however, he did not provide any information to confirm or refute the allegations.

I interviewed Resident A, she appeared to be in good spirits. She smiled as we chatted. She confirmed that she has a payee now. She reported things were going okay, and that she receives her money and spends it. She reported that she likes to spend money on cakes and sweet treats. She did not have any concerns regarding her money.

APPLICABLE RULE	
R 400.14315	Handling of resident funds and valuables.
	(7) A resident shall have access to and use of personal funds that belong to him or her in reasonable amounts, including immediate access to not less than \$20.00 of his or her personal funds. A resident shall receive up to his or her full amount of personal funds at a time designated by the resident, but not more than 5 days after the request for the funds. Exceptions to this requirement shall be subject to the provisions of the resident's assessment plan and the plan of services.

ANALYSIS:	<p>Cheryl Howard stated she did not have an issue with staff not returning the receipts, as she will not give additional money until they do so. She reported to be strict about transactions related to resident funds.</p> <p>I reviewed the Resident Funds Part II forms for Resident A, Resident B, and Resident C. Resident D and Resident E's funds are maintained by their guardians.</p> <p>The records reviewed reflected that there were receipts documenting purchases for the residents.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION:

On June 29, 2023, I reviewed the weight records for the residents. It was noted that Resident D had only been weighed one time. Resident D utilizes a wheelchair.

HM #1 stated that Resident D leans to the side and it's difficult to weigh him. In addition, that his mother has had difficulty weighing him. I informed HM #1 that Resident D must be weighed each month, and they may have to utilize outside resources to weigh him monthly.

APPLICABLE RULE	
R 400.14310	Resident health care.
	(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.
ANALYSIS:	Resident D was not weighed each month as required.
CONCLUSION:	VIOLATION ESTABLISHED

INVESTIGATION:

On August 9, 2023, I reviewed the Resident Funds Part II forms for Resident A, Resident B.

The records reviewed reflected that the licensee accepted more than \$200.00 for safe keeping for Resident A and Resident B.

On 7/03/23, the licensee accepted \$550.00 for safe keeping for Resident A.

On 06/23/23, the licensee accepted \$700.00 for safe keeping for Resident B.

Cheryl Howard reported to ask that CCH main office not send more than \$200.00 at a time; however, the money continues to be sent. She stated she will talk with them again, as in the past, they would only send \$200.00. Cheryl Howard stated that once the money was received, they worked to spend down the funds. This information was consistent with what Cheryl Howard reported, as the transactions were documented on the Resident Funds Part II forms.

On August 14, 2023, Ira Combs, Licensee Designee, returned my phone call and I conducted the exit conference. We discussed the investigation and my recommendations. He stated that he would address the issues with his staff, and he agreed to submit a written corrective action plan to address the established violations.

APPLICABLE RULE	
R 400.14315	Handling of resident funds and valuables.
	(6) Except for bank accounts, a licensee shall not accept resident funds of more than \$200.00 for any resident of the home after receiving payment of charges owed.
ANALYSIS:	<p>On 7/03/23, the licensee accepted \$550.00 for safe keeping for Resident A.</p> <p>On 06/23/23, the licensee accepted \$700.00 for safe keeping for Resident B.</p> <p>The licensee accepted over \$200.00 for safe keeping for Resident A and Resident B.</p>
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Contingent upon receipt of an acceptable written corrective action plan, it's recommended that the status of the license remains unchanged.

Mahtina Rubritius

8/10/2023

Mahtina Rubritius
Licensing Consultant

Date

Approved By:

A. Hunter

8/17/2023

Ardra Hunter
Area Manager

Date