



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN  
ACTING DIRECTOR

August 9, 2023

Scott Brown  
Synod Residential Services  
P.O. Box 980465  
Ypsilanti, MI 48197

RE: License #: AS630084857  
Investigation #: 2023A0611027  
Prosperity House

Dear Mr. Brown:

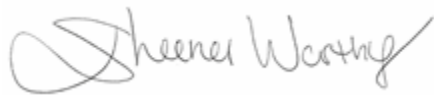
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 (248) 975-5053.

Sincerely,

A handwritten signature in grey ink that reads "Sheena Worthy". The signature is fluid and cursive, with a large loop at the beginning of the first name.

Sheena Worthy, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place  
3026 W. Grand Blvd, Suite 9-100  
Detroit, MI 48202

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS630084857
<b>Investigation #:</b>	2023A0611027
<b>Complaint Receipt Date:</b>	07/20/2023
<b>Investigation Initiation Date:</b>	07/25/2023
<b>Report Due Date:</b>	09/18/2023
<b>Licensee Name:</b>	Synod Residential Services
<b>Licensee Address:</b>	P.O. Box 980465 Ypsilanti, MI 48198-0465
<b>Licensee Telephone #:</b>	(734) 340-5840
<b>Administrator:</b>	Scott Brown
<b>Licensee Designee:</b>	Scott Brown
<b>Name of Facility:</b>	Prosperity House
<b>Facility Address:</b>	273 S Coats Rd Oxford, MI 48371
<b>Facility Telephone #:</b>	(248) 969-1553
<b>Original Issuance Date:</b>	04/29/1999
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	12/23/2021
<b>Expiration Date:</b>	12/22/2023
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

**II. ALLEGATION(S)**

	<b>Violation Established?</b>
Resident S's guardian told Brooke that there is only one staff at the house with six residents. The guardian also said that Resident S missed a shower recently due to the lack of staffing (one staff per shift).	Yes

**III. METHODOLOGY**

07/20/2023	Special Investigation Intake 2023A0611027
07/25/2023	Special Investigation Initiated - Telephone I left a voice message for recipient rights specialist, Rishon Kimble requesting a call back.
07/27/2023	Inspection Completed On-site I made an unannounced onsite. I interviewed staff member, Jim Pelak. I received a copy of Resident S assessment plan. I also took pictures of the front page of the other resident's assessment plans regarding supervision.
07/28/2023	Contact - Telephone call received I received a return phone call from recipient rights specialist, Rishon Kimble. The allegations were discussed. Ms. Kimble provided a copy of Resident S IPOS.
08/01/2023	Contact - Telephone call made I left a message for the home manager, Ozie Kirby requesting a call back.
08/01/2023	Contact - Telephone call received I received a return phone call from the home manager, Ozie Kirby. The allegations were discussed.
08/01/2023	Contact - Telephone call made I attempted to contact Resident S case manager Brooke Deel from TTI however; she was not available. The receptionist would not provide an email for Ms. Deel.
08/01/2023	Contact - Telephone call made I made a telephone call to Resident S guardian. The allegations were discussed.

08/01/2023	Contact - Telephone call made I made a telephone call to the AFC group home. I interviewed Resident S.
08/01/2023	Exit Conference I completed an exit conference with the licensee designee, Scott Brown via email as he was not available over the phone.

**ALLEGATION:**

**Resident S’s guardian told Brooke Deel that there is only one staff at the house with six residents. The guardian also said that Resident S missed a shower recently due to the lack of staffing (one staff per shift).**

**INVESTIGATION:**

On 07/20/23, a complaint was received and assigned for investigation alleging that ORR received an incident report from Brooke Deel at TTI stating that Resident S’s guardian said there is only one staff at the house with 6 residents. The guardian also said that Resident S missed a shower recently due to the lack of staffing; which is one staff per shift.

On 07/27/23, I completed an unannounced onsite. I interviewed staff member, Jim Pelak. I received a copy of Resident S assessment plan. I also took pictures of the front page of all the other resident’s assessment plans pertaining to supervision.

On 07/27/23, I interviewed staff member, Jim Pelak. Regarding the allegations, Mr. Pelak stated Resident S was currently on a leave of absence with his guardian. Resident S left the home on 07/25/23 and he is expected to return by 07/29/23. Mr. Pelak stated there are six residents in the home and they are all independent for the most part. Resident S is capable of taking a shower by himself however; due to his Scoliosis he will ask staff to assist him with washing his back. Mr. Pelak stated when Resident S is taking a shower, he will call for staff when he is ready for them to wash his back.

Mr. Pelak stated the home does not use a shower chart. Mr. Pelak stated the staff will document in a log or in Resident S progress notes when he takes a shower. Resident S chooses to take a shower 2-3 times a week. Resident S usually takes a shower in the afternoon without being prompted by a staff member. Mr. Pelak stated he will make a suggestion to Resident S to take a shower before his scheduled leave of absence.

Mr. Pelak reviewed Resident S progress notes and the log book. Mr. Pelak stated for the month of July, it was documented that Resident S took a shower on 07/01/23 and 07/08/23. Resident S was on a leave of absence from 07/02/23 to 07/06/23 and again

on 07/18/23 to 07/20/23. Mr. Pelak stated he cannot prove the other times Resident S took a shower during the month of July because it was not documented.

Mr. Pelak stated none of the residents require 1:1 staffing. I reviewed Resident S assessment plan, and it indicates that he can move independently in the community. Resident S assessment plan also indicates that he needs assistance with bathing. Resident S assessment plan was signed by his guardian on 10/21/22 and signed by the licensee designee on 10/27/22. According to the assessment plans pertaining to supervision for the other residents, all of the residents are capable of moving independently in the community. Resident M and Resident E's assessment plan specifically state they have no restrictions in their treatment plan.

On 07/28/23, I received a return phone call from recipient rights specialist, Rishon Kimble. Ms. Kimble stated she is aware that licensing rules only requires one staff member for six residents. However, Ms. Kimble stated Resident S individualized plan of service (IPOS) requires the home to provide 3:1 staffing.

Ms. Kimble provided a copy of Resident S IPOS. According to Resident S IPOS, the AFC group home will provide 3:1 staffing ratio during waking hours and 6:1 staffing during sleeping hours. The staff will remain within earshot while in the home and within arms-length while in the community. Resident S does not require staff supervision in the community while he is with family. Resident S IPOS has an effective date of 11/11/22 and an amendment date of 05/12/23.

On 08/01/23, I received a return phone call from the home manager, Ozie Kirby. Regarding the allegations, Ms. Kirby stated she thinks the allegations are referring to a day in July where Resident S did not take a shower however; he had taken a shower the day before. Ms. Kirby could not recall exact dates. Ms. Kirby stated initially when Resident S was admitted into the AFC group home, he was capable of bathing himself. It was later brought to Ms. Kirby's attention that Resident S informed his guardian of an instance where he slipped in the shower. Ms. Kirby stated she does not know if Resident S actually fell or hurt himself in the shower because he never informed a staff member about him slipping in the shower. As a result, Ms. Kirby required a staff member to sit in the bathroom with Resident S and observe him while he takes a shower. The staff are not permitted to allow Resident S to take a shower when there is only one staff present in the home. The AFC group home does not use a shower chart however; Ms. Kirby stated she will implement a shower chart for staff to use. Resident S is not scheduled to take showers on a specific day but, he is supposed to take three showers a week. Resident S will sometimes take a shower during the midnight shift at 6:00am while there are two staff members present. Resident S will also take a shower in the afternoon before he leaves for an appointment.

Ms. Kirby stated she is aware of the 3:1 staffing ratio requirement in Resident S IPOS. Ms. Kirby stated in the last couple months she had three employees quit. The AFC group home is currently short staff. Ms. Kirby stated she works 7:00am to 5:00pm. Ms. Kirby will schedule a staff member to work 11:00am to 7:00pm or 12:00pm to 8:00pm in

order to assist the afternoon staff member that starts at 3:00pm. Ms. Kirby stated she recently hired three employees but none of them showed up to work. Ms. Kirby stated she will contact her supervisor and advise that the home cannot meet the 3:1 staffing ratio for Resident S and; recommend a 30-day notice if the staffing ratio cannot be reduced in Resident S IPOS. Ms. Kirby stated the reason Mr. Pelak was working alone during my onsite on 07/27/23 is because she was on vacation, and she did not have another staff available to work.

On 08/01/23, I made a telephone call to Resident S's guardian. Regarding the allegations, the guardian stated she does not keep track of when Resident S takes a shower at the AFC group home. Resident S does need assistance with taking showers. The guardian is concerned about the lack of staff at the AFC group home. The AFC group home has been understaffed for about a month. Due to lack of staffing, Resident S cannot take a shower if there is only one staff member working. The guardian stated she does not know if Resident S will continue to live at the AFC group home because he is not getting the direct assistance he needs. The guardian described an instance when Resident S roommate helped him get dressed. Resident S informed the guardian that his roommate wanted to assist him with getting dress. The guardian believes only the staff should be assisting him.

On 08/01/23, I made a telephone call to the AFC group home. I interviewed Resident S. It was hard to understand Resident S throughout the interview. Regarding the allegations, Resident S stated he does not like living at the AFC group home because he wants to move to a home closer to Detroit as he does not like living in Oxford. Resident S stated he wants to live in a nursing home. Resident S stated he likes the staff at the AFC group home, but he wants to leave. Resident S stated the staff are sometimes busy but, they do help him take showers. Resident S stated he took a shower last night and today and; received assistance from staff.

On 08/01/23, I completed an exit conference via email with the licensee designee, Scott Brown via email as he was not available over the phone. Mr. Brown was informed which allegation will be substantiated and that a corrective action plan will be required.

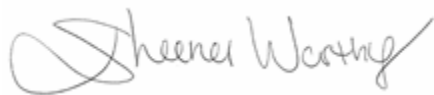
<b>APPLICABLE RULE</b>	
<b>R 400.14303</b>	<b>Resident care; licensee responsibilities.</b>
	<b>(2) A licensee shall provide supervision, protection, and personal care as defined in the act and as specified in the resident's written assessment plan.</b>
<b>ANALYSIS:</b>	According to Resident S's individualize plan of service (IPOS), the AFC group home is required to provide 3:1 staffing ratio during waking hours and 6:1 staffing during sleeping hours. The home manager, Ozie Kirby admitted to the AFC group home being understaffed as three employees quit within the last couple months. Ms. Kirby recently hired three more employees

	however; they never showed up to work. Ms. Kirby admitted that the AFC group home cannot meet the 3:1 requirement staffing ratio for Resident S.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

<b>APPLICABLE RULE</b>	
<b>R 400.14314</b>	<b>Resident hygiene.</b>
	<b>(1) A licensee shall afford a resident the opportunity, and instructions when necessary, for daily bathing and oral and personal hygiene. A licensee shall ensure that a resident bathes at least weekly and more often if necessary.</b>
<b>ANALYSIS:</b>	Based on the information gathered, there is not sufficient evidence to support that Resident S is not being bathed at least once a week. Ms. Kirby stated Resident S is expected to take three showers a week. Resident S's guardian is unaware of how many showers Resident S takes each week and she did not dispute whether or not he is bathed at least once a week. Resident S stated he took a shower the night before and on 08/01/23.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**IV. RECOMMENDATION**

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



Sheena Worthy  
Licensing Consultant

08/02/23

Date

Approved By:



08/09/2023

Denise Y. Nunn  
Area Manager

Date