



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

July 17, 2023

Hope Lovell
LoveJoy Special Needs Center Corporation
17101 Dolores St
Livonia, MI 48152

RE: License #: AS780413489
Investigation #: 2023A0584035
Matthew Home

Dear Ms. Lovell:

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.
- Indicate how continuing compliance will be maintained once compliance is achieved.
- Be signed and dated.

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.

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) 284-9727.

Sincerely,

A handwritten signature in cursive script that reads "Candace Coburn". The signature is written in a dark ink and has a fluid, connected style.

Candace Coburn, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS780413489
Investigation #:	2023A0584035
Complaint Receipt Date:	05/24/2023
Investigation Initiation Date:	05/25/2023
Report Due Date:	07/23/2023
Licensee Name:	LoveJoy Special Needs Center Corporation
Licensee Address:	17101 Dolores St Livonia, MI 48152
Licensee Telephone #:	(517) 574-4693
Administrator:	Hope Lovell
Licensee Designee:	Hope Lovell
Name of Facility:	Matthew Home
Facility Address:	1016 Wood Court Owosso, MI 48867
Facility Telephone #:	(517) 574-4693
Original Issuance Date:	10/01/2022
License Status:	REGULAR
Effective Date:	03/31/2023
Expiration Date:	03/30/2025
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

II. ALLEGATION(S)

	Violation Established?
On 5/19/2023, it was discovered facility staff members implemented a restriction on Resident A that was not approved and documented in his Community Mental Health Personal Care Plan.	Yes

III. METHODOLOGY

05/24/2023	Special Investigation Intake - 2023A0584035
05/25/2023	Special Investigation Initiated – email to the complainant.
05/25/2023	Contact - Document via email to Ardis Bates, Shiawassee Health and Wellness Recipient Rights.
07/07/2023	Contact – Face to face interview with Ardis Bates.
07/07/2023	Contact - Unannounced onsite investigation. Face to face interviews with home manager Ericka Heringhausen, direct care staff Travis White, and Resident A, B, C, D, and E.
07/13/2023	Exit Conference via telephone with Licensee Designee Hope Lovell.

ALLEGATION:

On 5/19/2023, it was discovered facility staff members implemented a restriction on Resident A that was not approved and documented in his Community Mental Health Personal Care Plan.

INVESTIGATION:

On 5/24/2023, the Bureau of Community and Health Systems (BCHS) received the above allegation via the BCHS on-line complaint system.

On 7/7/2023, I interviewed Shiawassee Health and Wellness Recipient Rights Officer Ardis Bates, who confirmed that on 5/19/2023, during an inspection of the facility, that both of the facility’s bathroom doors were locked and only direct care staff had keys to unlock the doors Ms. Bates stated the staff told her they lock the bathroom doors to keep Resident A from putting items in the toilet and doing other

damage. Ms. Bates stated the Community Mental Health Personal Care Plan (PCP) for Resident A did not have written instructions to lock the door to prevent Resident A's behavior and therefore this restricted his movement within the facility.

On 7/7/2023, I conducted an unannounced onsite investigation and inspected the facility. Both of the bathroom doors were found open and unlocked.

I attempted an interview with Residents A, B, C, D, and E who all presented well-groomed. However they were all unable or unwilling to answer my questions.

I interviewed direct care staff member Travis White and home manager Ericka Heringhausen who confirmed on 5/19/2023 the bathroom doors were locked to prevent Resident A from entering due to his repetitive behavior of stuffing things into the toilet bowl. Ms. Heringhausen stated she and Ms. Bates reviewed Resident A's PCP, and confirmed this restriction was not documented in his PCP as an approved intervention. Ms. Heringhausen stated as a result, she immediately informed facility staff members to stop locking the bathroom door.

APPLICABLE RULE	
R 330.1806	Staffing levels and qualifications
	(1) Staffing levels shall be sufficient to implement the individual plans of service and plans of service shall be implemented for individuals residing in the facility.
ANALYSIS:	Based on interviews with facility staff members and Shiawassee Health and Wellness Recipient Rights Officer Ardis Bates, it has been established that on 5/19/2023, the bathroom doors were locked to prevent Resident A access. This restriction is not documented as an approved behavior intervention in Resident A's PCP.
CONCLUSION:	VIOLATION ESTABLISHED

On 7/13/2023, I conducted a telephone exit conference with Licensee Designee Hope Lovell who agreed with the findings of this investigation.

IV. RECOMMENDATION

Upon receiving an acceptable corrective action plan, I recommend no change in the status of this license.



7/17/2023

Candace Coburn
Licensing Consultant

Date

Approved By:



7/17/2023

Michele Streeter
Section Manager

Date