



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

August 17, 2023

James Saintz  
Agnus Dei AFC Home Inc.  
1307 42nd St.  
Allegan, MI 49010

RE: License #: AS800287287  
Investigation #: 2023A1031045  
Agnus Dei AFC Home Inc.

Dear James Saintz:

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.

Please review the enclosed documentation for accuracy and contact me with any questions. If I am not available and you need to speak to someone immediately, please contact the local office at (616) 356-0183.

Sincerely,

A handwritten signature in blue ink that reads "KDuda".

Kristy Duda, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS800287287
<b>Investigation #:</b>	2023A1031045
<b>Complaint Receipt Date:</b>	06/06/2023
<b>Investigation Initiation Date:</b>	06/06/2023
<b>Report Due Date:</b>	08/05/2023
<b>Licensee Name:</b>	Agnus Dei AFC Home Inc.
<b>Licensee Address:</b>	1307 42nd St. Allegan, MI 49010
<b>Licensee Telephone #:</b>	(269) 686-8212
<b>Administrator/Licensee Designee:</b>	James Saintz
<b>Name of Facility:</b>	Agnus Dei AFC Home Inc.
<b>Facility Address:</b>	37139 County Road 390 Gobles, MI 49055
<b>Facility Telephone #:</b>	(269) 521-6041
<b>Original Issuance Date:</b>	01/29/2007
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	10/02/2022
<b>Expiration Date:</b>	10/01/2024
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

**II. ALLEGATION(S)**

	<b>Violation Established?</b>
Resident A was left outside and experienced heat stroke/exhaustion.	No
Additional Findings	Yes

**III. METHODOLOGY**

06/06/2023	Special Investigation Intake 2023A1031045
06/06/2023	Special Investigation Initiated - Telephone Interview with ORR Director Candice Kinzler.
06/06/2023	Contact - Documents Requested and Received.
06/08/2023	Denied APS Referral Received.
06/13/2023	Inspection Completed On-site
06/13/2023	Contact - Face to Face Interview with Staff #1, Staff #2, and Resident A.
06/20/2023	Contact - Telephone Interview with Staff #3 and Staff #4.
06/20/2023	Contact - Voicemail left with Staff #6.
06/21/2023	Contact - Telephone Interview with Staff #5.
06/21/2023	Contact - Documents Requested
07/05/2023	Contact - Document Received
07/28/2023	Contact – Telephone Interview with Judith Olexa.
08/16/2023	Contact – Voicemail and email sent to James Saintz.
08/17/2023	Contact – Email received from James Saintz.
08/17/2023	Exit Conference held with Judith Olexa.

## **ALLEGATION:**

**Resident A was left outside and experienced heat stroke/exhaustion.**

## **INVESTIGATION:**

On 6/6/23, I received a telephone call from Van Buren Recipient Rights Director Candice Kinzler. Ms. Kinzler reported she received two incident reports from the home that indicated Resident A was hospitalized on 5/26/23 and 6/3/23. It was reported in the incident report that Resident A was sitting outside and was found unresponsive on both occasions.

On 6/6/23, I requested Resident A's medical records for both hospital visits on 5/26/23 and 6/3/23. The medical records indicated that Resident A experienced a seizure due to recent changes in her seizure medication. Resident A's seizure medication Keppra was changed as a result of her hospitalizations.

On 6/7/23, I received a denied APS referral from APS Centralized Intake.

On 6/13/23, Candice Kinzler and I interviewed Staff #1 in the home. Staff #1 reported they received a telephone call on or about 5/26/23 from staff stating that Resident A was unresponsive as they were not blinking, and their eyes appeared to be "bulged out". Staff #1 reported they directed the staff to call 911 and have Resident A transported to the hospital. Staff #1 reported he was informed that Resident A was sitting on the back porch when the incident occurred. Staff #1 reported the porch is covered and offers shade to residents when they sit outside. Staff #1 reported they did not know how long Resident A was outside as they were not working in the home. Staff #1 reported staff provide frequent checks on Resident A and provide her with water when she wants to sit outside. Staff #1 reported Resident A went to the hospital again on 6/3/23 for the same symptoms. Staff #1 reported he was informed that Resident A was sitting outside when this occurred. Staff #1 reported Resident A experienced another seizure. Staff #1 reported the doctor decreased her seizure medication a few weeks ago and they believe this to be the cause of the recent seizure activity. Staff #1 reported the doctor has since increased her seizure medication due to the recent seizure activity.

On 6/13/23, Ms. Kinzler and I interviewed Staff #2 in the home. Staff #2 reported she was not working on either day Resident A went to the hospital. Staff #2 reported she did pick up Resident A from the hospital on one occasion and the hospital reported Resident A experienced a seizure due to a recent decrease in her seizure medication. Staff #2 reported staff check on Resident A at least every ten minutes when she is sitting outside, and they provide her with water to drink frequently.

On 6/13/23, Ms. Kinzler and I interviewed Resident A in the home. Resident A reported she did not remember what happened the first time she went to the hospital. Resident A reported the second time she went to the hospital, she was sitting outside and got dizzy. Resident A reported she felt “hot” but did not want to come into the house when staff asked her. Resident A reported she likes sitting outside in the sun. Resident A reported staff check on her and they leave the door open for her to come back inside. Resident A showed a water cup that she uses when she goes outside.

On 6/21/23, I interviewed Staff #3 via telephone. Staff #3 reported Resident A loves spending time outside. Staff #3 reported Resident A was already sitting outside when they arrived at the home for their shift. Staff #3 reported they asked Resident A if she wanted to come into the house and she reported she did not want to come in. Staff #3 reported she provided Resident A with water while she was outside. Staff #3 reported she went outside to get Resident A for dinner and noticed she was unresponsive and looked “frozen”. Staff #3 reported they called 911.

On 6/21/23, I interviewed Staff #4 via telephone. Staff #4 reported they were not working when Resident A went to the hospital and did not have any information regarding the allegations.

On 6/21/23, I interviewed Staff #5 via telephone. Staff #5 reported on 6/3/23, Resident A wanted to go sit outside. Staff #5 reported Resident A was outside for approximately 30 minutes and asked to be moved to sit in the sun because she was cold. Staff #5 reported they were sitting outside with Resident A doing paperwork. Staff #5 reported they heard a “grunt” noise come from Resident A and they asked her if she was okay. Staff #5 reported they brought Resident A into the home and Resident A reported she was not feeling well. Staff #5 reported they noticed Resident A’s eyes to “be rolled back”. Staff #5 reported they took Resident A’s vitals, and they were all normal. Staff #5 reported they called 911 and Resident A was transported to the hospital.

<b>APPLICABLE RULE</b>	
<b>R 400.14305</b>	<b>Resident protection.</b>
	<b>(3) A resident shall be treated with dignity and his or her personal needs, including protection and safety, shall be attended to at all times in accordance with the provisions of the act.</b>
<b>ANALYSIS:</b>	Based on interviews and the review of medical documentation, there is no evidence to support that the home did not ensure Resident A’s protection and safety. Resident A’s medical records indicated that she experienced seizures due to recent medication changes which resulted in her being unresponsive.

	All staff reported Resident A is monitored and provided with water when she chooses to spend time outside.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ADDITIONAL FINDINGS:**

**INVESTIGATION:**

Staff #1 reported they do not feel they received adequate training to evacuate Resident B from the home in case of a fire as she is completely immobile. Staff #1 reported they were instructed to complete “mock fire drills”. Staff #1 reported when they complete “mock drills”, all the residents are not evacuated from the home. Staff #1 reported the evacuation times listed on the fire drill logs are not accurate due to all residents not being evacuated from the home. Staff #1 reported they were instructed to complete mock drills in order to meet time criteria for fire evacuations. Staff #1 reported there is a transfer board in Resident B’s bedroom to use in case of a fire to transfer her out the window. Staff #1 reported they were not trained on how to use the transfer board in case of an emergency. Staff #1 reported they feel the home requires two staff at all times to ensure that all residents can be evacuated from the home in the event of a fire. Staff #1 reported multiple individuals in the home utilize wheelchairs which requires more than one person to get them out of the home timely.

Staff #2 reported since working in the home they have only completed “mock fire drills”. Staff #2 reported this includes talking through what they would do in the event of a fire. Staff #2 reported residents were not evacuated from the home when they conducted the “mock drill”. Staff #2 reported they feel two staff would be needed to evacuate the residents from the home in a timely manner.

Staff #3 reported they have never participated in a fire drill since working in the home. Staff #3 reported they would not be comfortable conducting a fire drill independently due to Resident B being bed bound and others being in wheelchairs. Staff #3 reported they have not received any hands-on training related to fire drills or an emergency evacuation. Staff #3 reported they feel two staff is needed to evacuate all residents from the home in the event of a fire. Staff #3 reported they are often the only staff scheduled throughout the day.

Staff #4 reported they need training related to fire drills and emergency evacuations. Staff #4 reported they have never conducted an actual fire drill and does not feel comfortable conducting one independently.

On 7/19/23, I reviewed the resident’s *Assessment Plan for AFC Residents and E-Scores*.

- Resident A's assessment read that she utilizes a wheelchair and requires assistance from staff for bathing, toileting, grooming, personal hygiene, and walking/mobility. Resident A's E-Score read she "is alert to the sound of the fire alarm but will need staff assistance to get out of the home safely. If she is in her wheelchair staff will assist out the door. If [Resident A] is in bed, she may have to exit out the window with board". Resident A has impaired mobility and needs full assistance. Resident A is not able to initiate and complete evacuations promptly and requires one staff for evacuation.
- Resident B's assessment read that they use a tilt-back custom wheelchair and requires total assistance from others for health and safety. Resident B is dependent on staff for bathing, grooming, dressing, and personal hygiene. Resident B is dependent on staff to move her body and change her positions throughout the day. Resident B's E-Score read she "is nonverbal and cannot respond to alarms, she will need assistance to evacuate and escorted to the meeting area. If in wheelchair, [Resident B] will need to be escorted out of the house and to the meeting area. If [Resident B] is in her bed at time of evacuation push bed into window and evacuate through window and escort to meeting area". Resident B is totally impaired and needs full assistance. Resident B is not able to initiate and complete evacuations promptly. Resident B requires one staff to assist with evacuation from the home.
- Resident C's assessment read that she requires verbal prompts for bathing, grooming, dressing, and personal hygiene. Resident C's E-Score read that she is oriented and understands the seriousness of fire drills and what a fire alarm is. She understands the evacuation plan and where to meet. Resident C has been assessed to have a minimal risk for resistance, does not have impaired mobility, and does not require more than one staff to evacuate the home.
- Resident D's assessment read that she requires assistance from staff for bathing and grooming. Resident D utilizes a walker to help with a steady gait. Resident D's E-Score read that she is independent, alert to alarms, and does not have difficulty with following the evacuation plan. Resident D has a minimal risk for resistance and does not require more than one staff to evacuate from the home.
- Resident E's assessment plan read that she requires a wheelchair for mobility and requires physical assistance with toileting, bathing, eating, grooming, dressing, and personal hygiene. Resident E's E-Score read that she "can comprehend what alarms mean. [Resident E] will need assistance with transferring to wheelchair and being escorted to the designated meeting area. If [Resident E] is in bed, remove [Resident E] out through the window". Resident E has a minimal risk for resistance and requires assistance due to

impaired mobility. Resident E is not able to initiate and complete an evacuation promptly.

- Resident F’s assessment read that he requires staff assistance with bathing, toileting, grooming, dressing, and personal hygiene. Resident F requires assistance with mobility when on uneven ground. Resident F’s E-Score read he “is not alert to sound of fire drill. He will need assistance to wake up. Verbal prompts to go outside and verbal prompts to go to meeting place”. Resident F has slow mobility and does not initiate and complete evacuations promptly.
- The home’s overall E-Score is 2.74 and the level of evacuation difficulty is “slow”.

On 7/19/23, I reviewed the homes fire drill records for 2023. January all residents were evacuated from the home in 1 minute 35 seconds, February 1 minute 25 seconds, March 2 minutes 35 seconds, April 1 minute 30 seconds, May 3 minutes, and June a time was not documented.

On 7/28/23, I interviewed the manager Judith Olexa via telephone. Ms. Olexa reported all staff have been trained to complete fire drills. Ms. Olexa reported there are two to three staff that work each shift and they should be able to conduct a fire drill efficiently. Ms. Olexa reported the home does provide classroom and hands-on training with staff. Ms. Olexa reported staff should not be conducting “mock drills” and they should be getting everyone out of the home. Ms. Olexa reported she does feel there may need to be more than one staff during sleeping hours to ensure all residents can get out of the home in the event of a fire. Ms. Olexa reported she could see how it could be difficult to get three individuals that require wheelchairs out of bed and out of the home timely. Ms. Olexa acknowledged the home may need two staff in the home during sleeping hours to ensure all residents can be evacuated timely in the event of a fire.

<b>APPLICABLE RULE</b>	
<b>R 400.14204</b>	<b>Direct care staff; qualifications and training.</b>
	<p><b>(2) Direct care staff shall possess all of the following qualifications:</b></p> <p style="padding-left: 40px;"><b>(a) Be suitable to meet the physical, emotional, intellectual, and social needs of each resident.</b></p> <p style="padding-left: 40px;"><b>(b) Be capable of appropriately handling emergency situations.</b></p> <p><b>(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas:</b></p>



	<b>(f) Safety and fire prevention.</b>
<b>ANALYSIS:</b>	<p>Multiple staff reported they would not be comfortable conducting a fire drill or evacuation independently. Staff reported they did not feel they received adequate training to evacuate the residents from the home based on the level of physical assistance needed. Consequently, staff are not suitable to meet the physical needs of the residents and are unable to appropriately handle emergency situations and provide protection to the residents in the home in the event of a fire.</p> <p>Three residents in the home require the use of a wheelchair for mobility. Staff reported they feel the resident’s physical needs require two staff to evacuate the home in the event of a fire.</p> <p>There is a significant ongoing concern in the home regarding fire safety as the home received a previous citation related to the inability of staff to ensure the safety and evacuation of all residents in the event of an emergency.</p>
<b>CONCLUSION:</b>	<p><b>REPEAT VIOLATION ESTABLISHED</b></p> <p><b>[Reference SIR #2022A1031002 and CAP dated 5/24/22]</b></p>

<b>APPLICABLE RULE</b>	
<b>R 400.14318</b>	<b>Emergency preparedness; evacuation plan</b>
	<p><b>(4) A licensee shall ensure that residents, all employees, volunteers under the direction of the licensee, and members of the household are familiar with emergency and evacuation procedures.</b></p> <p><b>(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.</b></p>
<b>ANALYSIS:</b>	<p>Staff reported they are not comfortable with conducting emergency and evacuation procedures independently. Staff reported the home continues to conduct “mock fire drills” and all residents are not evacuated from the home. Multiple staff reported they have not participated in an actual fire drill where residents are evacuated from the home. Staff reported the evacuation times documented on the fire drill logs are not accurate as all residents are not evacuated from the home, and at times, no residents are evacuated from the home.</p>

<b>CONCLUSION:</b>	<b>REPEAT VIOLATION ESTABLISHED</b>  <b>[Reference SIR #2022A1031002 and CAP dated 5/24/22]</b>
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On 8/16/2023, I left a voicemail with Mr. Saintz and sent a follow-up email requesting to schedule an exit conference. Mr. Saintz sent an email on 8/17/23 requesting for the exit conference to be held with the company manager Judith Olexa. An exit conference was held via telephone with Ms. Olexa on 8/17/23. Ms. Olexa agreed with the findings of the investigation and reported the home will be addressing the identified concerns by implementing additional training and potentially moving residents that require wheelchairs to another home.

**IV. RECOMMENDATION**

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

8/15/23

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Kristy Duda  
Licensing Consultant

Date

Approved By:

8/17/23

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Russell B. Misiak  
Area Manager

Date