GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

September 28, 2023

Amanda Rayford
Hidden Treasure Residential LLC
48880 Wear
Belleville, MI 48111

RE: License #: AS820338256
Investigation #: 2023A0122038
Hidden Treasure Residential Care

Dear Ms. Rayford:

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,

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 #:	AS820338256
Investigation #:	2023A0122038
Complaint Receipt Date:	08/31/2023
Investigation Initiation Date:	08/31/2023
Report Due Date:	10/30/2023
Licensee Name:	Hidden Treasure Residential LLC
Licensee Address:	48880 Wear Belleville, MI 48111
Licensee Telephone #:	(734) 461-1968
Administrator:	Amanda Rayford
Licensee Designee:	Amanda Rayford
Name of Facility:	Hidden Treasure Residential Care
Facility Address:	48880 Wear Rd Belleville, MI 48111
Facility Telephone #:	(734) 461-1968
Original Issuance Date:	07/01/2013
License **Status:**	REGULAR
Effective Date:	01/01/2022
Expiration Date:	12/31/2023
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

	AGED TRAUMATICALLY BRAIN INJURED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
On 08/14/2023, Resident A went outside to smoke, and staff locked him out of the facility for an hour.	Yes

III. METHODOLOGY

08/31/2023	Special Investigation Intake 2023A0122038 APS Referral Denied
08/31/2023	Special Investigation Initiated - Telephone Complainant 1 and Licensee Designee, Amanda Rayford. Complainant 1 unavailable, left voice message requesting return phone call.
09/01/2023	Contact - Telephone call received. Completed interviews with Amanda Rayford and Resident A.
09/11/2023	Contact - Telephone call made. Completed interview with Donielle Brown, staff member. Complainant 1. Unavailable, left voice message requesting return phone call.
09/12/2023	Onsite Inspection Completed Completed interviews with Resident B, C, and D.
09/18/2023	Contact – Telephone call made. Completed interview with Amanda Rayford.
09/18/2023 09/25/2023	Exit Conference Discussed findings with Amanda Rayford.
09/18/2023	Contact – Telephone call made. Recipient Rights referral

ALLEGATION: On 08/14/2023, Resident A went outside to smoke, and staff locked him out of the facility for an hour.

INVESTIGATION: On 09/01/2023, I completed an interview with Amanda Rayford, Licensee Designee. Ms. Rayford had no knowledge that Resident A got locked out of the facility by a staff member on 08/14/2023, nor had she received any reports from staff members or residents that this incident happened. Ms. Rayford stated she held a household meeting the week of 08/2023 which included the residents, asking if there were any issues that needed to be addressed. Per Ms. Rayford, she did not receive any reports for any of the residents of any negative issues.

On 09/01/2023, I completed an interview with Resident A. Resident A was very difficult to understand, it sounded as if he was mumbling. I asked Resident A if he had ever been locked out of the facility, he responded stating he was locked out of the house three times but was unable to give any specific details, no dates or names of staff members present.

On 09/11/2023, I completed an interview with Donielle Brown, staff member who worked on 08/14/2023 between the hours of 12:00 a.m. until 7:00 a.m. Ms. Brown stated that she did not observe Resident A getting locked out during her shift nor had she received any reports from the residents that they got locked out of the facility. Ms. Brown reported that there have been incidents in the past where residents have gone out to smoke and due to the locks on facility doors, they have needed staff members or residents to gain entry back into the facility. Ms. Brown stated she had never received any reports of a resident being locked out of the facility on 08/14/2023 for an hour.

On 08/31/2023 and 09/11/2023, I contacted Complainant 1 to obtain additional information. As of 09/18/2023, I have received no contact from Complainant 1.

On 09/12/2023, I completed an onsite inspection. I observed the smoking area for the residents to be in the back of the facility outside in the yard just beyond the patio. The door that leads to the smoking area is equipped with non-locking against egress equipment. Both the smoking area and the lock were observed to be working and appropriate for resident use.

On 09/12/2023, I completed an interview with Kimberly Russ. Ms. Russ reported on one occasion she has observed Resident B lock the facility door while other residents are outside during smoke breaks. Ms. Russ stated she gave verbal redirection to Resident B to unlock the door to which he responded appropriately. Ms. Russ further reported that staff monitor when residents take smoke breaks so that residents are allowed re-entry into the facility. However, there are some occasions when re-entry has been delayed if staff members are not aware residents have gone to take a smoke break and staff members are in a different location in the facility.

On 09/25/2023, Ms. Russ reported that the facility door used by residents to access the smoking area is unlocked so that they can re-enter the facility independently. On 09/12/2023, when I completed my inspection, I observed this exit allows residents

access to a ramp which is required when the facility is qualified as wheelchair accessible. When the exit is identified as a required means of egress it must have a “non-locking-against-egress” hardware which is activated at all times.

I completed interviews with Residents B, C, and D. All residents reported that they had gotten locked out of the facility while smoking. Resident B reported that he felt that the few times he was locked out of the facility while having a smoke break was unintentional. He stated that he was never out of the facility for long and a staff member allowed him entry back into the facility.

Residents C and D reported that Resident B has purposefully locked them out of the facility on numerous occasions. On one occasion, Resident C stated Resident B let her back into the facility after she knocked hard on the door for under a minute. On a separate occasion, Resident D stated she had been locked out of the facility by Resident B for approximately 30 minutes. Resident D reported that she knocked on the door, but staff did not hear her. In order for her to gain re-entry to the facility, she had to contact Amanda Rayford by text and Ms. Rayford alerted staff that Resident D was outside attempting to gain entry.

Residents C and D confirmed that a facility meeting was held a few weeks ago, however, this issue was neither brought up or discussed with Amanda Rayford.

On 09/18/2023 and 09/25/23, I completed an interview and exit conferences with Amanda Rayford. Ms. Rayford confirmed that Resident D contacted her about regaining entry back into the facility a while ago. Ms. Rayford stated by the time she contacted staff members of the facility; Resident D had regained entry.

I discussed my findings with Ms. Rayford to which she stated she understood and will a corrective action plan to address the rule violation found.

APPLICABLE RULE	
R 400.14305	**Resident protection.**
	(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.

ANALYSIS:	On 09/12/2023, Residents C and D confirmed that they had been locked out of the facility by Resident B during smoke breaks. On 09/12/2023, Kimberly Russ confirmed that Resident B attempts to lock other residents out of the facility while on smoke breaks. On 09/25/2023, Kimberly Russ confirmed that the facility door that resident use to access the smoking area is not locked. On 09/12/2023, I identified this door to be a required means of egress door. On 09/18/2023, Amanda Rayford, Licensee Designee, confirmed that Resident D contacted her to regain entry into the facility after being locked out during a smoke break. Based upon my investigation I find that residents who smoke are not treated with dignity nor is their safety and protection being attended to as they are locked out of the facility during smoke breaks and the required means of egress door is unlocked for the residents to access the smoking area.
CONCLUSION:	**VIOLATION ESTABLISHED**

IV. RECOMMENDATION

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

Vanita C. Bouldin Date: 09/25/2023
Licensing Consultant

Approved By:

Ardra Hunter Date: 09/28/2023
Area Manager