



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

October 13, 2023

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

RE: License #: AS780413488  
Investigation #: 2023A0584046  
State Road 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.
- 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) 284-9727.

Sincerely,

A handwritten signature in cursive script that reads "Candace Coburn". The signature is written in a dark ink and is positioned above the printed name and address.

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**

<b>License #:</b>	AS780413488
<b>Investigation #:</b>	2023A0584046
<b>Complaint Receipt Date:</b>	08/21/2023
<b>Investigation Initiation Date:</b>	08/21/2023
<b>Report Due Date:</b>	10/20/2023
<b>Licensee Name:</b>	LoveJoy Special Needs Center Corporation
<b>Licensee Address:</b>	17101 Dolores St Livonia, MI 48152
<b>Licensee Telephone #:</b>	(517) 574-4693
<b>Administrator:</b>	Hope Lovell
<b>Licensee Designee:</b>	Hope Lovell
<b>Name of Facility:</b>	State Road Home
<b>Facility Address:</b>	10860 State Road Morrice, MI 48857
<b>Facility Telephone #:</b>	(517) 574-4693
<b>Original Issuance Date:</b>	10/01/2022
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	03/31/2023
<b>Expiration Date:</b>	03/30/2025
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. ALLEGATION(S)

	<b>Violation Established?</b>
On an unknown date, Resident A eloped from the facility's unsecured backyard unsupervised.	Yes

## III. METHODOLOGY

08/21/2023	Special Investigation Intake 2023A0584046.
08/21/2023	Special Investigation Initiated - email sent to Ardis Bates, Shiawassee Health and Wellness Recipient Rights Officer.
08/23/2023	Contact - Face to Face interviews with direct care staff Contact - Face to Face Interviews at Shiawassee Health and Wellness center with direct care staff Veronica Ostipow, Samantha Rogers, Skye Ember, Jessica Wilbert, and Janae Spencer.
09/08/2023	Inspection Completed On-site and face to face interviews with Resident A, B, C, D, E, F and home manager Shelby Morse.
10/05/2023	Exit Conference via email with licensee designee, Hope Lovell.

### **ALLEGATION:**

**On an unknown date, Resident A eloped from the facility's unsecured backyard unsupervised.**

### **INVESTIGATION:**

On 8/21/2023, the Bureau of Community and Health Systems (BCHS) received the above allegations via the online complaint system. The written complaint indicated Resident A was eventually located in the field behind the facility, sleeping.

On 08/23/2023, at the Shiawassee Health and Wellness office with Recipient Rights Officer Ardis Bates, I conducted face to face interviews with direct care staff members Skye Ember, Veronica Ostipow, Samantha Rogers, Jessica Wilbert, and Janae Spencer.

Ms. Ember stated that on an unknown date, approximately about a month ago, Resident A went outside to the backyard, which is secured by a fence, while she went to assist another resident with a shower. Ms. Ember stated that when she went to check on Resident A, about 15 minutes later, he was not in the backyard. According to Ms. Ember, she went outside to look for Resident A and discovered the

backyard fence door was not secured. Ms. Ember stated she looked towards the field behind the fence and saw Resident A standing in the field. According to Ms. Ember, she brought Resident A back to the facility without any incident. Ms. Ember stated she did originally tell another coworker that she found Resident A “napping” in the field. However, she was joking, and this was not as she as discovered him.

Ms. Rogers stated she was working with Ms. Ember on the day of the incident. According to Ms. Rogers, she was assisting another resident in the shower when Ms. Ember told her she was going to check on Resident A. Ms. Rogers stated when Ms. Ember returned, she told her that she found Resident A outside of the fence and in the field behind the property.

Ms. Ostipow, Ms. Wilbert, and Ms. Spencer all stated they were aware of the allegation but had no information regarding that incident.

On 9/8/2023, I conducted an unannounced investigation at the facility and observed Residents A, B, C, D, E, F, who were all unwilling or unable to answer my questions. Residents A, B, C, D, E, F all appeared in good health and were all well-groomed. The facility appeared neat, clean and in good repair.

I conducted an interview with Shelby Morse, facility home manager, who stated she asked Ms. Ember about the allegation after she heard about it from another staff member. Ms. Morse stated the statements Ms. Ember provided to her regarding the allegation were consistent with the statements Ms. Ember provided to me and Ms. Bates on 8/23/2023.

On 10/13/2023, I reviewed Shiawassee County Health and Wellness person centered plan (PCP) dated 10/1/2023 which states:

*It is recommended that [Resident A] maintain 24/7 CLS staffing within State Rd.*

*[Resident A] relies upon his CLS staff for his safety concerns in the community. [Resident A] does not understand traffic signs, traffic lights or walk ways [sic] that would indicate the need to yield to traffic. [Resident A] has a history of not accepting if he is not able to purchase items desired while shopping. He has displayed inappropriate behaviors while out in public when he desired unobtainable items/choices. [Resident A] also wears a helmet per doctor order for health and safety in event of a seizure resulting in fall. He is observed and monitored for head injury.*

<b>APPLICABLE RULE</b>	
<b>R 330.1806</b>	<b>Staffing levels and qualifications.</b>
	<b>(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</b>

<b>ANALYSIS:</b>	It has been established Resident A relies on facility staff members for his safety in the community. Based upon my investigation, which consisted of several interviews with multiple facility staff members and review of a relevant facility document, it has been established Resident A recently eloped from the facility's unsecured backyard unsupervised.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

On 10/5/2023, I conducted an exit conference with licensee designee Hope Lovell and informed her of the findings of this investigation.

**IV. RECOMMENDATION**

After receipt of an acceptable corrective action plan, I recommend no change in the status of the license.



10/10/2023

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Candace Coburn  
Licensing Consultant

Date

Approved By:



10/13/2023

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Michele Streeter  
Area Manager

Date