



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

November 8, 2023

Joshua Cheff
Pearl Manor AFC, LLC
3017 Fenton Rd.
Flint, MI 48507

RE: License #: AL250388975
Investigation #: 2024A0580003
Pearl Manor

Dear Joshua Cheff:

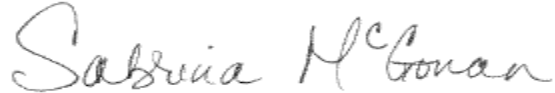
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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) 643-7960.

Sincerely,

A handwritten signature in cursive script that reads "Sabrina McGowan".

Sabrina McGowan, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(810) 835-1019

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL250388975
Investigation #:	2024A0580003
Complaint Receipt Date:	10/02/2023
Investigation Initiation Date:	10/06/2023
Report Due Date:	12/01/2023
Licensee Name:	Pearl Manor AFC, LLC
Licensee Address:	3164 Flushing Road Flint, MI 48504
Licensee Telephone #:	(810) 441-8415
Administrator:	Joshua Cheff
Licensee Designee:	Joshua Cheff
Name of Facility:	Pearl Manor
Facility Address:	3164 Flushing Rd. Flint, MI 48504
Facility Telephone #:	(810) 820-6260
Original Issuance Date:	08/16/2019
License Status:	REGULAR
Effective Date:	02/16/2022
Expiration Date:	02/15/2024
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

	AGED TRAUMATICALLY BRAIN INJURED ALZHEIMERS
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II. ALLEGATION(S)

	Violation Established?
Resident A said that he does not feel safe at the facility.	No
Staff are racist and curse at the residents.	No
Resident A is not being properly fed.	No
Misuse of Resident A's personal money by the facility.	No
Facility smells like urine.	Yes
Additional Findings	Yes

III. METHODOLOGY

10/02/2023	Special Investigation Intake 2024A0580003
10/06/2023	Special Investigation Initiated - On Site An onsite was conducted. Contact with Jeff Farnsworth, Home Mgr.
10/09/2023	Contact - Telephone call received Call from Jason Atkins-Lawson, Hope Network Case manager.
10/09/2023	Contact - Telephone call received Call from the licensee designee, Joshua Cheff.
10/11/2023	Contact - Document Received Email from Jason Atkins-Lawson, case manager.
11/01/2023	APS Referral Referral to APS
11/06/2023	Contact - Telephone call made Spoke with Public Guardian A, of Mid-Michigan Payee Services.
11/06/2023	Contact - Document Sent Email to Smanatha Small, new case manager for Resident A.
11/07/2023	Inspection Completed On-site Unannounced onsite. Contact with manager, Jeff Farnsworth.

11/07/2023	Contact - Face to Face An interview was conducted with Resident B.
11/07/2023	Contact - Face to Face An interview was conducted with Resident C.
11/07/2023	Contact - Face to Face An interview was conducted with Resident D.
11/07/2023	Contact - Face to Face An interview was conducted with Resident E.
11/07/2023	Contact - Telephone call received Spoke with Samantha Small, case manager.
11/07/2023	Contact - Face to Face Spoke with Resident A.
11/07/2023	Contact - Face to Face Spoke with staff, Shydelle Bradley.
11/08/2023	Exit Conference An exit conference was conducted with the licensee designee, Joshua Cheff.

ALLEGATION:

Resident A said that he does not feel safe at the facility.

INVESTIGATION:

On 10/02/2023, I received a complaint via BCAL Online Complaints.

On 10/06/2023, I conducted an unannounced onsite inspection at Peal Manor and interviewed with Resident A while in his room. He stated that he wants his own home and own car. He does not feel safe in the facility due to being jumped by the police.

On 10/09/2023, I received an additional complaint via BCAL Online complaints. The allegations have been added to this investigation.

On 10/09/2023, I spoke with Jason Atkins-Lawson, Hope Network Case manager assigned to Resident A. He expressed concern that Resident A has expressed that he does not feel safe in the home, for reasons unknown.

On 10/09/2023, I spoke with Josh Cheff, licensee designee. He stated that Resident A is a good resident who has been placed there for the past 3 years. He stated that Resident A suffers from delusions and has also stated to him that he does not feel safe due to being jumped by the police. To his knowledge, Resident A has not been jumped by the police. It is assumed that it's part of his delusions.

On 10/11/2023, I received an email from case manager Jason Atkins-Lawson stating that Resident A has been assigned to a new case manager. He provided her name and email contact information.

On 11/01/2023, I made a referral to APS sharing the allegations alleged in both complaints.

On 11/06/2023, I emailed Smanatha Small, Hope Network Case Manager, newly assigned to Resident A.

On 11/07/2023, I conducted a follow-up onsite inspection at Pearl Manor. Interviews were conducted with Residents B, C, D, and E, who all stated that they feel safe and have no safety concerns with the home.

On 11/07/2023, while onsite a follow up interview was conducted with Resident A while in his room. He continued to state that he does not feel safe due to past experiences of being beaten by the police in Chicago, Detroit, and other places.

11/07/2023, I spoke with Samantha Small, case manager. Resident A is diagnosed as Schizoaffective-Depression Type. She shared that in the meetings that she has had with Resident A since becoming his case manager Resident A has expressed both that he wants to leave and wants to stay at the AFC home. Resident A is currently being assessed to have a public guardian assigned.

APPLICABLE RULE	
R 400.15305	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:	Based on the interviews conducted with Residents A, B, C, D, E, Jason Atkins-Lawson and Samantha Small, Hope Network case managers, and the licensee designee, Joshua Cheff, there is not enough evidence to support the rule violation.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Staff are racist and curse at the residents.

INVESTIGATION:

On 10/06/2023, while onsite, home manager Jeff Farnsworth denied the allegations.

On 10/06/2023, while onsite, I interviewed Resident A. Resident A stated that the staff keep cussing at him. He was unable to provide me with the name of the staff.

On 10/09/2023, I spoke with Jason Atkins-Lawson, Hope Network Case manager assigned to Resident A. He stated Resident A has expressed to him that the staff curse at the residents.

On 11/07/2023, while onsite I interviewed Residents B, C, D and E, who all denied that staff curse at them, nor have they heard staff curse at the other residents.

On 11/07/2023, while onsite I followed-up with Resident A, who stated that the staff still curse at him. Again, Resident A was unable to provide the name of the staff.

On 11/07/2023, while onsite, I spoke with direct staff Shydelle Bradley, who denied the allegations that she curses at the residents.

11/07/2023, Samantha Small, case manager for Resident A stated that in their meetings, Resident A has not expressed concerns with being cursed at by staff.

APPLICABLE RULE	
R 400.15308	Resident behavior interventions prohibitions.
	(2) A licensee, direct care staff, the administrator, members of the household, volunteers who are under the direction of the licensee, employees, or any person who lives in the home shall not do any of the following: (f) Subject a resident to any of the following: (i) Mental or emotional cruelty. (ii) Verbal abuse. (iii) Derogatory remarks about the resident or members of his or her family. (iv) Threats.

ANALYSIS:	<p>It was alleged that staff are racists and curse at the residents.</p> <p>Resident A stated that the staff keep cussing at him. He was unable to provide me with the name of the staff.</p> <p>Residents B, C, D, and E, all denied that staff curse at them, nor have they heard staff curse at the other residents.</p> <p>Home manager Jeff Farnsworth and staff, Shydelle Bradley both denied the allegations.</p> <p>Based on the interviews conducted with Residents A-E and staff members and Jeff Farnsworth and Shydelle Bradley, there is not enough evidence to support the rule violation.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Resident A is not being properly fed.

INVESTIGATION:

On 10/06/2023, while onsite, I interviewed with the home manager, Jeff Farnsworth. He denied the allegations that Resident A is no being properly fed. He stated that Resident A loves to eat. He gave an example stating that “Resident A will eat breakfast and 5 minutes later inquire what’s for dinner.” Resident A has personal snacks that are always available. These snacks are kept locked in the office. Mr. Farnsworth stated, “If we allowed Resident A to have all his snacks, he’d eat them all at once.”

The weight log record for Resident A was reviewed. It indicates that in 04/2020, Resident A weighed 180 lbs. Resident A’s weight for the year 2023 began at 160lbs in January 2023. He currently weighing 158 lbs. effective September 2023.

His most recent Health Care Appraisal, completed on 05/05/2023 by Nurse Practitioner Lisa Lindsay, indicates that Resident A is fully ambulatory and has a regular diet.

A review of the AFC Assessment Plan for Resident A indicates that he does not require any assistance with eating.

On 10/06/2023, while onsite, I conducted an interview with Resident A while in his room. When asked if he gets enough food to eat, he stated, “they feed me”. I want to cook my own food. I want the kind of food I want”. He adds that he can’t go to the kitchen at night.

On 10/09/2023, I spoke with Jason Atkins-Lawson, Hope Network Case manager assigned to Resident A. He expressed concern that the AFC home does not have an inventory of Resident A's clothing, no food intake log, no Assisted Daily Living's (ADL's). He expressed concern that Resident A is 158 lbs., stating "he's withering away". Resident A has told him that when he asks for food he is denied. No fruit is being offered at mealtime.

On 10/09/2023, licensee designee Joshua Cheff denied the allegations, stating that Resident A always states that he's hungry. He can eat 2 or 3 helpings and still want more.

On 11/07/2023, I conducted a follow-up onsite inspection at Pearl Manor. Contact was made with the manager, Jeff Farnsworth. While onsite I observed the food supply in the home as being, with a variety of different meats, dairy and non-perishable foods, compatible with the home's menu. There was both fresh and canned fruit observed. The monthly menu posted for the month of November was observed posted kitchen on the fridge. The menu contains healthy options for breakfast, lunch, and dinner, meeting the daily nutritional allowances. Fruit is offered with each meal.

11/07/2023, I spoke with Samantha Small, case manager for Resident A. She stated that she has gone to observe Resident A in the mealtime setting since being assigned to as his case manager. She had no concerns with the food being served. She too was informed by staff that Resident A scarfs down his food and typically asks for more afterwards, even after having been served healthy portions or seconds. She stated that Resident A does not appear able to tell time. She has requested that the home assist Resident A in understanding the amount of time between each meal, i.e., a clock shading in the breakfast, lunch, and dinnertimes. She indicated that she will be monitoring his food intake and weight the next couple of months to determine if there is a health issue.

APPLICABLE RULE	
R 400.15313	Resident nutrition.
	(2) Meals shall meet the nutritional allowances recommended pursuant to the provisions of "Appendix I: Recommended Dietary Allowances, Revised 1980" contained in the publication entitled "Basic Nutrition Facts: A Nutrition Reference," Michigan Department of Public Health publication no. H-808, 1/89. This publication may be obtained at cost from The Division of Research and Development, Michigan Department of Public Health, P.O. Box 30195, Lansing, Michigan 48909.

ANALYSIS:	<p>It was alleged that Resident A is not being properly fed.</p> <p>Licensee designee, Joshua Cheff and home manager, Jeff Farnsworth denied the allegations. Both state that Resident A loves to eat and continues to request food after he's eaten.</p> <p>The weight log record for Resident A was reviewed. It indicates that in 04/2020, Resident A weighed 180 lbs. Resident A's weight for the year 2023 began at 160lbs in January 2023. He currently weighing 158 lbs. effective September 2023.</p> <p>The Health Care Appraisal, completed on 05/05/2023 by Nurse Practitioner Lisa Lindsay, indicates that Resident A is fully ambulatory and has a regular diet.</p> <p>A review of the AFC Assessment Plan for Resident A indicates that he does not require any assistance with eating.</p> <p>Resident A stated that he gets fed, however, he wants to cook his own food, want the kind of food he wants. He adds that he can't go to the kitchen at night.</p> <p>Jason Atkins-Lawson, Hope Network Case manager, expressed concern that Resident A is 158 lbs. and not being fed when asked.</p> <p>Food supply in the home as being, with a variety of different meats, dairy and non-perishable foods, compatible with the home's menu. There was both fresh and canned fruit observed. The monthly menu posted for the month of November was observed posted kitchen on the fridge. The menu contains healthy options for breakfast, lunch, and dinner, meeting the daily nutritional allowances. Fruit is offered with each meal.</p> <p>Samantha Small, assigned case manager for Resident A. She stated that she has no concerns with the food being served. She has requested that the home assist Resident A in understanding the amount of time between each meal, i.e., a clock shading in the breakfast, lunch, and dinnertimes. She indicated that she will be monitoring his food intake and weight the next couple of months to determine if there is a health issue.</p> <p>Based on the interviews conducted with Resident A, the licensee designee, Joshua Cheff, Home manager, Jeff Farnsworth, Jason Atkins-Lawson, Samantha Small, Hope Network case managers, and a review of the Weight Record,</p>
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	AFC assessment plan, and current Health Care Appraisal, there is not enough evidence to support the rule violation.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Misuse of Resident A's personal money by the facility.

INVESTIGATION:

On 10/06/2023, while being interviewed onsite, Jeff Farnsworth denied a misuse of Resident A's funds. His monthly AFC cost is paid through his payee. Resident A receives a \$20 a month personal spending stipend. Resident A typically chooses to buy snacks. Sometimes he chooses his own and sometimes they are ordered from Walmart by the licensee.

The AFC Care agreement for Resident A indicates that his monthly AFC cost is \$1027.50, effective January 2023. The Resident Funds II sheet coincides with the agreed upon amount of \$1027.50, having been paid monthly by Mid-Michigan Payee Services.

While onsite I observed a copy of the Resident Funds II sheet for Resident A. Records reviewed, dating from 06/2021-current, reflect that Resident A receives \$20 in personal funds once each month. These sheets have been signed, at the time of withdrawal, by Resident A monthly, beginning June 2021 through September 2023.

A review of the AFC Assessment Plan for Resident A indicates that Resident A has a payee who manages his money.

On 10/06/2023, while onsite, I interviewed Resident A who stated that he gets snacks with his money every month.

On 10/09/2023, licensee Joshua Cheff stated that Resident A has a payee through Mid-Michigan Payee Services. Resident A received a \$20 a month stipend and signs his Resident Funds II sheet monthly. He is his own guardian. His money is typically spent on snacks which are ordered from Walmart in bulk for several residents. A practice that they'd picked up during the pandemic. His snacks are kept locked in the office. If not, he'd eat them all at once.

On 10/12/2023, I received an email containing photos of items reportedly ordered for Resident A from Walmart the months of July and August 2023. Items purchased in July of 2023 total in the amount of \$20.42 while in August 2023, Resident A spent \$24.42.

On 11/06/2023, I spoke with Public Payee A, of Mid-Michigan Payee Services, assigned payee for Resident A. She stated that Resident A currently pays the state rate of \$1027.50 a month for his residency at Pearl Manor. He receives a \$30 a month stipend. She provides Resident A with \$20 personal spending funds while the remainder is kept towards his prescription expenses. He does not receive a clothing stipend. Resident A has never expressed that he does/did not receive his funds. She has no complaints regarding the home.

On 11/07/2023, Samantha Small, case manager for Resident A, stated that she Resident A has a payee. She has no concerns with Resident A's funds.

APPLICABLE RULE	
R 400.15315	Handling of resident funds and valuables.
	(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.
ANALYSIS:	<p>It was alleged that there is a misuse of Resident A's personal money by the facility.</p> <p>Licensee Joshua Cheff and the home manager, Jeff Farnsworth both denied a misuse of Resident A's funds.</p> <p>Resident A stated that he buys snacks with his money each month.</p> <p>The AFC Care agreement for Resident A indicates that his monthly AFC cost is \$1027.50, effective January 2023. The Resident Funds II sheet for AFC Payments coincides with the agreed upon amount of \$1027.50, having been paid monthly by Mid-Michigan Payee Services, with a zero balance.</p> <p>Resident Funds II sheet for Resident A's personal funds, reviewed, dating from 06/2021-current, reflect that Resident A receives \$20 in personal funds once each month. These sheets have been signed at the time of withdrawal, by Resident A monthly, beginning June 2021 through September 2023.</p> <p>A review of the AFC Assessment Plan for Resident A indicates that Resident A has a payee who manages his money.</p>

	<p>Public Payee A, of Mid-Michigan Payee Services, assigned payee for Resident A, stated that Resident A has never expressed that he does/did not receive his funds. She has no complaints regarding the home.</p> <p>Samantha Small, case manager for Resident A, stated that she has no concerns with Resident A's funds.</p> <p>Based on the interviews conducted with Resident A, the licensee designee, Joshua Cheff, Home manager, Jeff Farnsworth, Samantha Small, Hope Network case manager for Resident A, Public Payee A, assigned to Resident A and a review of the AFC assessment plan, AFC care agreement and Resident Funds II sheets, and receipts provided, there is not enough evidence to support the rule violation.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Facility smells like urine.

INVESTIGATION:

On 10/09/2023, I spoke with Jason Atkins-Lawson, Hope Network Case manager assigned to Resident A. He stated that although he observed staff mopping while onsite, the facility smelled like urine.

On 11/07/2023, I conducted an unannounced onsite inspection at Pearl Manor. Upon initially entering the facility, the facility smelled clean, as if freshly mopped. Upon entering Resident A's room for a follow-up interview, the smell of urine was very strong in his room.

APPLICABLE RULE	
R 400.15403	Maintenance of premises.
	(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

ANALYSIS:	<p>It was alleged that the facility smells like urine.</p> <p>At the unannounced onsite inspection conducted on 11/07/2223, Resident A's room contained a strong smell of urine.</p> <p>There is sufficient evidence to support the rule violation.</p>
CONCLUSION:	VIOLATION ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION:

On 10/06/2023, home manager, Jeff Farnsworth stated Resident A has personal snacks that are always available. These snacks are kept locked in the office.

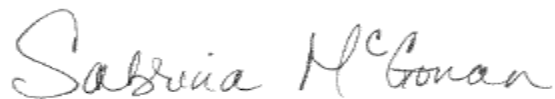
On 10/09/2023, licensee Joshua Cheff stated that Resident A's \$20 a month stipend is typically spent on snacks which are ordered from Walmart in bulk for several residents. A practice that they had picked up during the pandemic. Resident A's snacks are kept locked in the office. If not, he would eat them all at once. Resident A always states that he is hungry. Resident A can eat 2 or 3 helpings and still want more.

APPLICABLE RULE	
R 400.15304	Resident rights; licensee responsibilities.
	<p>(1) Upon a resident's admission to the home, a licensee shall inform a resident or the resident's designated representative of, explain to the resident or the resident's designated representative, and provide to the resident or the resident's designated representative, a copy of all of the following resident rights:</p> <p>(j) The right of reasonable access to and use of his or her personal clothing and belongings.</p>
ANALYSIS:	<p>Licensee Joshua Cheff and Hime Manager, Jeff Farnsworth both stated that Resident A's personal snacks are kept locked in the office, accessed by staff.</p> <p>There is sufficient evidence to support the rule violation.</p>
CONCLUSION:	VIOLATION ESTABLISHED

On 11/08/2023, I conducted an exit conference with the licensee designee. He was informed of the findings of this investigation.

IV. RECOMMENDATION

Upon the receipt of an approved corrective action plan, no change to the status of the license is recommended.



November 8, 2023

Sabrina McGowan
Licensing Consultant

Date

Approved By:



November 8, 2023

Mary E. Holton
Area Manager

Date