

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA ACTING DIRECTOR

October 2, 2023

Meaghan Rinaldi Emmaus Corp. 2447 N Williamston Rd Williamston, MI 48895

RE: License #:	AL330093906
Investigation #:	2023A1033064
-	Haven Of Rest

Dear Ms. Rinaldi:

Attached is the Special Investigation Report for the above referenced facility. Due to the physical plant 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.

A six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan.

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) 284-9730.

Sincerely,

Jana Sippo

Jana Lipps, 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 #:	AL 220002006
License #:	AL330093906
	000004000004
Investigation #:	2023A1033064
Complaint Receipt Date:	08/25/2023
Investigation Initiation Date:	08/28/2023
Report Due Date:	10/24/2023
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Licensee Name:	Emmaus Corp.
Licensee Address:	2447 N Williamston Rd
	Williamston, MI 48895
Liconcoo Tolonhono #:	(517) 655-8953
Licensee Telephone #:	(317) 055-6955
Administrator:	Meaghan Rinaldi
Licensee Designee:	Meaghan Rinaldi
Name of Facility:	Haven Of Rest
Facility Address:	2447 N Williamston
	Williamston, MI 48895
Facility Telephone #:	(517) 655-8953
Original Issuance Date:	03/13/2001
License Status:	REGULAR
Effective Date:	02/18/2022
Expiration Data:	02/17/2024
Expiration Date:	02/17/2024
	40
Capacity:	18
Program Type:	ALZHEIMERS
	AGED

II. ALLEGATION(S)

	Violation Established?
A tornado struck the facility during a severe storm on 8/24/23, the roof was torn off the facility and the residents were relocated to	Yes
Ingham County Medical Care Facility.	

III. METHODOLOGY

08/25/2023	Special Investigation Intake 2023A1033064
08/28/2023	APS Referral- Not required, residents are safely relocated.
08/28/2023	Special Investigation Initiated - On Site- Interview with licensee designee, Meaghan Rinaldi. Walk through completed to survey current condition of facility.
08/28/2023	Inspection Completed On-site
08/28/2023	Exit Conference- Conducted on-site with licensee designee, Meaghan Rinaldi.
08/29/2023	Contact - Telephone call made- Interview with Maggie Quinn, with Independence Village of East Lansing.
08/29/2023	Inspection Completed-BCAL Sub. Non-Compliance
08/30/2023	Contact - Face to Face- On-site visit made to Independence Village of East Lansing. Walk through completed with Maggie Quinn of Independence Village. Conversation with licensee designee, Meaghan Rinaldi, concerning resident medication administration.
08/31/2023	Contact - Document Sent- Email message sent to licensee designee, Meaghan Rinaldi, concerning resident refunds, emergency discharge notices, and statements to resident representatives regarding future care options.

ALLEGATION: A tornado struck the facility during a severe storm on 8/24/23, the roof was torn off the facility and the residents were relocated temporarily to a local nursing home.

INVESTIGATION:

On 8/25/23 I received an online complaint regarding the Haven of Rest adult foster care facility (the facility). The complaint alleged that the facility was struck by a tornado during the evening hours of 8/24/23 and is no longer inhabitable for the current residents. On 8/28/23 I completed an on-site investigation at the facility. I interviewed licensee designee, Meaghan Rinaldi. Ms. Rinaldi reported that a tornado did hit the facility on 8/24/23. She reported that most of the roof was stripped away and there was heavy flooding inside the facility. She reported all the residents were safe and had been relocated to a local nursing home via ambulance and Capital Area Transit Authority (CATA). She reported they had a restoration company on-site to cover the roof to secure it from further flooding and they will be looking at costs and estimates for when the facility physical plant may be able to be repaired. Ms. Rinaldi reported that each resident will receive an emergency discharge notice from the facility and Ms. Rinaldi is working with the residents and their families to ensure proper long-term placements are located for each of the 15 residents. Ms. Rinaldi further reported that she has been in communication with a local independent living center and they have assured her that they have 15 apartments the residents could reside in and the management at Independence Village is offering Ms. Rinaldi's direct care staff an office at the building where they can work from the building and continue to provide care to these residents. Ms. Rinaldi reported that this option is being presented to each of the 15 residents and their families but ultimately the decision of where to find long term placements will fall to the individual residents and their families/designated representatives.

While on-site I observed that there was extensive damage to the roof, ceiling, floors, windows, and drywall in the facility. The roof, exterior walls, and windows are no longer sound and weathertight. Several windows were broken during the storm. The ceilings were falling in and insulation was hanging down into the resident bedrooms and hallways of the facility. Skylights had been damaged during the storm and will need to be replaced.

On 8/30/23 I completed a face-to-face visit with the local independence living center staff Maggie Quinn. Ms. Quinn reported direct care staff are working to ensure they have apartments for at least 13 of the 15 residents as it was reported to her by Ms. Rinaldi, that two of the fifteen residents had chosen other long term care options. Ms. Quinn reported this local independence living center is not a licensed care setting and it will be the responsibility of each resident and their family/designated representatives to hire additional care to provide for their supervision, protection, and personal care. Ms. Quinn reported that the rent being paid to the independence living agency will cover the resident room and board costs. Ms. Quinn did report the

independence living center will be issuing an office space for Ms. Rinaldi's staff to be able to continue to provide contracted care to these 13 residents.

On 8/31/23 I sent email correspondence to Ms. Rinaldi requesting that she issue emergency discharge notices to all residents and their families/designated representatives. I also requested that Ms. Rinaldi have each of these individuals sign that they are aware that the care being provided at Independence Village, contracted through Ms. Rinaldi's current direct care staff, does not meet the criteria of adult foster care as this is not providing for 24 hours per day, at least five days per week of supervision, protection, personal care, in a licensed facility.

On 9/5/23 I received email correspondence from Ms. Rinaldi with a template of a letter issued to each resident and their family/designated representative stating, "This letter is to inform the designated representative that the care at Independence village of East Lansing does not meet the requirements for an adult foster care home. 24/7 homecare will be provided to all residents at this time." Ms. Rinaldi has not yet provided signed copies of this letter to this consultant.

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. (4) A roof, exterior walls, doors, skylights, and windows shall be weathertight and watertight and shall be kept in sound condition and good repair. (5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.
ANALYSIS:	Based upon the extensive damage to the facility, caused by severe weather on 8/24/23, the facility is currently uninhabitable. The residents have been issued emergency discharge notices and been relocated to other long term care facilities. The roof, exterior walls, doors, skylights, and windows are no longer weathertight and watertight nor are the floors, walls, and ceilings no longer kept in good repair due to these unforeseen damages.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Based upon the damage to the physical plant of the facility caused by severe weather making it inhabitable, a provisional license is recommended at this time, pending approval of a written corrective action plan.

09/22/23

Jana Lipps Licensing Consultant Date

Approved By:

10/02/2023

Dawn N. Timm Area Manager Date