



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

November 14, 2023

Donitia Strickland
RSR Valley LLC
33255 26 Mile Road
Lenox, MI 48048

RE: License #: AM500408396
Investigation #: 2023A0617037
Sandalwood Valley II

Dear Ms. Strickland:

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 (248) 975-5053.

Sincerely,

A handwritten signature in black ink, appearing to be 'EJ', written in a cursive style.

Eric Johnson, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place, Ste 9-100
3026 W Grand Blvd.
Detroit, MI 48202

enclosure

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

CAUTION: THIS REPORT CONTAINS PROFANITY

I. IDENTIFYING INFORMATION

License #:	AM500408396
Investigation #:	2023A0617037
Complaint Receipt Date:	09/28/2023
Investigation Initiation Date:	09/28/2023
Report Due Date:	11/27/2023
Licensee Name:	RSR Valley LLC
Licensee Address:	33255 26 Mile Road Lenox, MI 48048
Licensee Telephone #:	(586) 383-2802
Administrator:	Donitia Strickland
Licensee Designee:	Donitia Strickland
Name of Facility:	Sandalwood Valley II
Facility Address:	33255 26 Mile Rd Lenox, MI 48048
Facility Telephone #:	(586) 270-6784
Original Issuance Date:	11/15/2021
License Status:	REGULAR
Effective Date:	05/15/2022
Expiration Date:	05/14/2024
Capacity:	12
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED ALZHEIMERS; AGED TRAUMATICALLY BRAIN INJURED

II. ALLEGATION(S)

	Violation Established?
Staff Latrice verbally abused Resident A.	No
Facility does not practice fire drills and does not have enough staff to properly evacuate the residents.	Yes

III. METHODOLOGY

09/28/2023	Special Investigation Intake 2023A0617037
09/28/2023	Special Investigation Initiated – Letter Email sent to licensee designee (LD) Ms. Strickland
09/29/2023	APS Referral Adult Protective Services (APS) referral made
09/29/2023	Contact - Telephone call made I interviewed Licensee Designee Ms. Donitia Strickland.
10/03/2023	Inspection Completed On-site I completed an unannounced onsite inspection of the facility. During my onsite inspection I interviewed Licensee Designee Ms. Strickland, staff Cindy Shelly, Ashley Shreffler and Danielle Nasser. I also interviewed Resident A.
10/03/2023	Contact - Telephone call made I conducted a phone interview with Ms. Latrese Pearson.
10/03/2023	Contact - Telephone call made I conducted a phone interview with Resident A's granddaughter.
11/14/2023	Exit Conference I held an exit conference with Ms. Strickland.

ALLEGATION:

Staff Latrice Verbally abused Resident A.

INVESTIGATION:

On 09/28/23, a complaint was received regarding The Sandalwood Valley II facility. The complaint indicated that a staff by the name Latrice was caught on camera yelling at Resident A. The family of Resident A have asked that Latrice not provide care to Resident A, which it sounds like the home has honored but Latrice is still working at the home. Resident A has been at the home for about a year now and has never participated in a fire drill. There are concerns that the home is not completing fire drills and also does not have enough staff to adequately evacuate residents in an emergency.

On 09/29/23, I interviewed Licensee Designee Ms. Donitia Strickland. According to Ms. Strickland, she is unaware of any incident between Resident A and staff Latrese Pearson. Ms. Strickland stated that she believed everything was going well with Resident A.

On 10/03/23, I completed an unannounced onsite inspection of the facility. During my onsite inspection I interviewed Licensee Designee Ms. Strickland, staff Cindy Shelly, Ashley Shreffler and Danielle Nasser. I also interviewed Resident A.

According to Ms. Shelly, on an unknown date, she heard that Resident A's daughter made accusations about staff Latrese Pearson. Ms. Shelly stated that Resident A called Latrese a "black nigger" and a "fat slob". According to Ms. Shelly, she witnessed Resident A's family apologize to Ms. Pearson for Resident A's behavior and statements. As a result of the incident Ms. Pearson no longer provides care to Resident A. Other staff will step in and provide Resident A with care.

According to Ms. Shreffler, she heard that staff Latrese was yelled at by Resident A but had no further details.

According to Ms. Nasser, she is unaware of any incidents between Resident A and staff Latrese.

According to Resident A, she doesn't recall any altercations or mistreatment by staff. Resident A stated that she is being treated well at the facility and has no concerns or complaints. According to Resident A, she is 93 years old, and she often gets angry at staff but she doesn't know why because all of the staff are good to her.

On 10/03/23, I conducted a phone interview with Ms. Latrese Pearson. According to Ms. Pearson, she has never yelled at Resident A. Resident A is hard of hearing and often Ms. Pearson will have to speak loud for Resident A to hear her. Ms. Pearson stated that

Resident A called her out of her name by calling her “colored girl’ and “nigger”. Ms. Pearson stated that Resident A’s daughter and son has apologized to her for Resident A’s behavior. Resident A is very rude, aggressive, and verbally abusive to staff. Ms. Pearson stated that she no longer provides care to Resident A and haven’t been in her room in weeks.

On 10/03/23, I conducted a phone interview with Resident A’s granddaughter. According to the granddaughter, on unknown dates, Ms. Pearson would have screaming matches with Resident A. Resident A told her granddaughter that she was afraid that staff would come into her room and hit her. According to Resident A’s granddaughter, on an unknown date, she witnessed on the camera in Resident A’s room, Ms. Pearson being rude and having a defensive attitude towards Resident A. According to Resident A’s granddaughter, Resident A tells the hospice nurse and me that everything is fine but will tell the family the opposite. Resident A’s granddaughter does not believe the facility is meeting the needs of Resident A. According to Resident A’s granddaughter she has video evidence of what she witnessed on the camera in Resident A’s room. She stated that she would go to her mother’s home that afternoon and send me the videos.

As of the time of the writing of this report, I have not received any emails or video from Resident A’s granddaughter.

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:	Based on the information gathered through my interviews and documentation reviews, there is insufficient information to conclude that the facility has violated this rule. Ms. Pearson has denied being verbally abusive to Resident A and reported that it is Resident A who is verbally abusive to staff. According to Resident A, she does not recall any incidents with staff and states that staff treat her well. Resident A’s granddaughter stated that she had video evidence but failed to provide it.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Facility does not practice fire drills and does not have enough staff to properly evacuate the residents.

INVESTIGATION:

According to Ms. Strickland, staff completes regular fire drills however, staff do not evacuate Resident A or any other bed bound residents out of the building during the drills. Ms. Strickland stated that staff will just close those resident's doors and "tag" them as being evacuated. According to Ms. Strickland, Resident A has many behavioral issues and trying to evacuate her agitates her and increases her behavioral issues. All other able body residents participate in the drill, but they do not leave the building. Residents are moved near the exit door, but they remain inside.

According to Ms. Shelly, staff completes fire drills at least once a month. Staff do not always evacuate all of the residents during the drill. Residents who have mobility or behavior issues are "tagged" out and left in their rooms during the drill. Ms. Shelly stated that it would be traumatic to make the residents with mobility or behavior issues. The other residents are moved to the nearest exit, but they do not actually go outside. The fire alarms are set off during the day shift but not the night shift. Ms. Shelly believes there is enough staff on shift at all times to meet the needs of the residents. According to Ms. Shelly there are always at least one direct care worker and med technician on shift at all times.

According to Ms. Shreffler, she is unaware if all residents are evacuated during fire drills as she has only been at the facility for four months and no drills have been completed during her shifts. Ms. Shreffler stated that if a drill were to happen on her shift, then all residents would be evacuated. She believes that the facility has enough staff to meet the needs of the residents at all times.

According to Ms. Nasser, staff completes fire drills at least once a month. Staff do not always evacuate all of the residents during the drill. Residents who have mobility or behavior issues are "tagged" out and left in their rooms during the drill. The other residents are moved to the nearest exit, but they do not actually go outside. The fire alarms are set off during the day shift but not the night shift. Ms. Nasser believes there is enough staff on shift at all times to meet the needs of the residents as the staff works together as a team.

During the onsite investigation I reviewed the staff schedule for the month of September and there were enough staff scheduled to care for the needs of the residents. Per the facility staff schedules, the facility has at least one direct care staff during the day and afternoon shift (waking hours). The facility schedules at least one direct care staff during the evening and midnight shift (normal sleeping hours). I also reviewed the fire drills for the reporting period. Staff have completed drills during the day, evening and night times at least once per quarter.

According to Ms. Pearson, the facility practices fire drills but does not evacuate all residents. Residents with behavior issues such as resident A, as well as residents with mobility issues are left in their rooms and staff will just close their doors. Ms. Pearson believes that there are enough staff to meet the needs of the residents at all times.

According to Resident A's granddaughter Resident A has been at the home for about a year now and has never participated in a fire drill. She has concerns that the home is not completing fire drills and also does not have enough staff to adequately evacuate residents in an emergency.

On 11/14/23, I conducted an exit conference with licensee designee Donitia Strickland to discuss the findings of this report. Ms. Strickland stated that she would review the report and contact me if she had any questions.

APPLICABLE RULE	
R 400.14318	Emergency preparedness; evacuation plan; emergency transportation.
	(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.
ANALYSIS:	Based on the information gathered through my interviews and documentation reviews, there is sufficient information to conclude that the facility has violated this rule. According to Ms. Strickland and staff, staff completes regular fire drills however, staff do not evacuate Resident A or any other bed bound residents out of the building during the drills. Ms. Strickland and staff stated that staff will just close those residents' doors and "tag" them as being evacuated. This is not an acceptable practice as staff are not fully practicing emergency and evacuation procedures due to all residents not participating. I reviewed the fire drills for the reporting period. Staff have completed drills during the day, evening and night times at least once per quarter.
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.14206	Staffing requirements.
	(2) A licensee shall have sufficient direct care staff on duty at all times for the supervision, personal care, and protection of residents and to provide the services specified in the resident's resident care agreement and assessment plan.
ANALYSIS:	Based on the information gathered through my interviews and documentation reviews, there is insufficient information to conclude that the facility has violated this rule. The staff schedule showed that there were enough staff scheduled to care for the needs of the residents. Per the facility staff schedules, the facility has at least one direct care staff during the day and afternoon shift (waking hours). The facility schedules at least one direct care staff during the evening and midnight shift (normal sleeping hours).
CONCLUSION:	VIOLATION NOT ESTABLISHED

IV. RECOMMENDATION

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

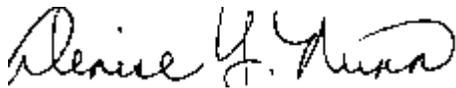


11/14/23

Eric Johnson
Licensing Consultant

Date

Approved By:



11/14/2023

Denise Y. Nunn
Area Manager

Date