



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

December 6, 2023

Abdulaziz Issa
Transmed Mobility LLC
2900 Golfside Rd., Suite 6
Ann Arbor, MI 48108

RE: License #: AS810409394
Investigation #: 2024A0122006
TransMed Care II

Dear Mr. Issa:

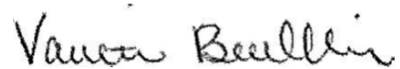
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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,

A handwritten signature in black ink that reads "Vanita Bouldin". The signature is written in a cursive style with a small dot above the 'i' in "Vanita".

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
 THIS REPORT CONTAINS PROFANITY**

I. IDENTIFYING INFORMATION

License #:	AS810409394
Investigation #:	2024A0122006
Complaint Receipt Date:	11/22/2023
Investigation Initiation Date:	11/22/2023
Report Due Date:	01/21/2024
Licensee Name:	Transmed Mobility LLC
Licensee Address:	Suite 6 2900 Golfside Rd Ann Arbor, MI 48108
Licensee Telephone #:	(734) 883-8544
Administrator:	Abdulaziz Issa
Licensee Designee:	Abdulaziz Issa
Name of Facility:	TransMed Care II
Facility Address:	1705 E. Forest St. Ypsilanti, MI 48198
Facility Telephone #:	(734) 883-8544
Original Issuance Date:	02/03/2022
License Status:	REGULAR
Effective Date:	08/03/2022
Expiration Date:	08/02/2024
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED AGED

II. ALLEGATION(S)

	Violation Established?
Resident A is being verbally abused by staff member, Barbara Adams.	No
Additional Findings	Yes

III. METHODOLOGY

11/22/2023	Special Investigation Intake 2024A0122006
11/22/2023	APS Referral
11/22/2023	Special Investigation Initiated - Telephone Complainant 1 and Resident A. Both unavailable. Left voice messages requesting return phone calls.
11/24/2023	Contact - Telephone call received. Voice message received from Complainant 1.
11/27/2023	Contact - Telephone call made. Completed interview with Complainant 1.
11/28/2023	Contact - Telephone call made. Completed interview with Aziz Issa, Licensee Designee.
11/28/2023	Contact - Face to Face Completed interviews with Resident B and C while attending PACE day program.
11/28/2023	Inspection Completed On-site Completed interviews with Staff member, Barbara Adams (BJ) and Resident D. Assessed facility for means of egress for wheelchairs.
11/29/2023	Contact - Telephone call received. Completed interview with Resident A. Completed interview with Guardian A and Guardian C.
11/29/2023	Exit Conference Discussed findings with Aziz Issa, Licensee Designee

11/30/2023	Contact – Telephone call received. Completed an interview with Guardian B.
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ALLEGATION: Resident A is being verbally abused by staff member, Barbara Adams.

INVESTIGATION: On 11/27/2023, I completed an interview with Complainant 1. Complainant 1 stated she has known Resident A for many years and describes him as straightforward. However, she could give no specific examples in the ways that Resident A was allegedly verbally abused by staff member, BJ.

On 11/28/2023, I completed an interview with Licensee Designee, Aziz Issa. Mr. Issa stated that the allegations had been reported to him and he had completed an internal investigation. Per Mr. Issa, Resident A moved in the facility approximately 2 months ago from an independent setting, he is having difficulty with the transition, and has been observed speaking disrespectfully to staff member, Barbara Adams, also known as BJ. Resident A has been observed telling Ms. Adams, to “shut the fuck up,” when he can’t have his way.

Mr. Issa stated he met with Resident A and Guardian A to discuss his behavior. The rules and regulations of the adult foster care facility were discussed along with staff members job duties. Mr. Issa stated that the meeting went well, and Resident A seemed to have a clear understanding of expectations of staff members job duties.

On 11/28/2023, I completed interviews with Residents B and C. Both denied staff members, including Ms. Adams, were verbally abusive towards them. They denied staff members yelled, used profanity, or spoke disrespectfully while speaking to them. Resident B described Barbara Adams as “loveable and a kind lady,” and assists her whenever needed.

On 11/28/2023, I completed an interview with Resident D. Resident D stated he could give no information regarding this allegation. He reported that he did not want to live at the facility but would like to live independently. He further reported that he receives assistance from staff members as needed and has no problems nor concerns presently.

On 11/28/2023, I completed an interview with staff member, Barbara Adams also known as BJ. Ms. Adams denied verbally abusing the residents of Transmed Care II adult foster care facility. Ms. Adams stated she communicates with all residents respectfully.

On 11/29/2023, I completed an interview with Resident A. Resident A reported that he feels that Ms. Adams, BJ, is verbally abusive when speaking to the residents. He gave the following example: “Every day she is condescending, I use paper towel and

she will respond by stating stop using so much paper towel.” Resident A stated he feels that the other residents are scared of her and will not report how they really feel.

On 11/29/2023, I completed an interview with Guardian A. Guardian A reported she had not observed Barbara Adams being verbally abusive towards any of the residents when visiting Resident A at the facility. Guardian A stated all interactions with Ms. Adams have been respectful. Guardian A further reported initially Resident A and Ms. Adams communicated well, however, as they have gotten used to each she feels as if they have a personality conflict that she hopes they can resolve. Guardian A stated she had no issues with the care Resident A receives from Ms. Adams.

On 11/29/2023, I completed an interview with Guardian C. Guardian C described Ms. Adams, “Very sweet.” Guardian C stated she had neither observed Ms. Adams being verbally abusive towards the residents nor had she received any reports that she is verbally abusive towards the residents.

On 11/30/2023, I completed an interview with Guardian B. Guardian B stated that she has neither observed nor received reports that Ms. Adams is verbally abusive towards residents. Guardian B reported she has no problems or concerns with the care Resident B is receiving from Barbara Adams.

On 11/29/2023, I completed an exit conference with Aziz Issa, licensee designee. Mr. Issa agreed with my findings for the rule listed below.

APPLICABLE RULE	
R 400.14308	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.

<p>ANALYSIS:</p>	<p>Complainant 1 received a report from Resident A that staff member, Barbara Adams also known as BJ, is verbally abusive towards the residents of Transmed Care II adult foster care home.</p> <p>On 11/29/2023, Resident A stated that Barbara Adams is verbally abusive towards him. He stated that Ms. Adams is condescending when giving him directions.</p> <p>On 11/29/2023, Guardian A stated she had not observed Barbara Adams be verbally abusive towards residents, however, she had received reports from Resident A that she was verbally abusive towards him.</p> <p>On 11/28/2023, I completed an interview with licensee designee, Aziz Issa. Mr. Issa completed an internal investigation and disclosed that Resident A was using profanity when speaking with Barbara Adams.</p> <p>On 11/28/2023, Barbara Adams denied being verbally abusive towards any of the residents residing in Transmed Care II adult foster care facility.</p> <p>On 11/28/2023, Residents B and C denied that Barbara Adams was verbally abusive towards them. They both reported they had not observed Ms. Adams being verbally abusive towards other residents as well.</p> <p>On 11/28/2023, Resident D stated he could give no information regarding the allegation of Barbara Adams being verbally abusive towards residents residing in the facility.</p> <p>On 11/29/2023 and 11/30/2023, Guardians C and B respectively stated that they had neither observed nor received reports that Barbara Adams was verbally abusive towards residents of the Transmed Care II adult foster care facility.</p> <p>Based upon my investigation I find no evidence to support the allegation that Barbara Aadam is verbally abusive towards the residents of Transmed Care II adult foster care facility.</p>
<p>CONCLUSION:</p>	<p>VIOLATION NOT ESTABLISHED</p>

ADDITIONAL FINDINGS:

INVESTIGATION: On 11/28/2023, I observed Resident E in a wheelchair in the facility living room. I observed one ramp attached to the facility front door. However, there was no 2nd ramp attached to the 2nd means of egress from the facility. Pictures were taken to document the one ramp observed at the facility.

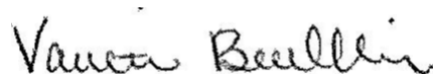
On 11/28/2023 I reviewed the Bureau Information Tracking System (BITS) and the Original Licensing Study Report for this facility. The system showed that the facility was assessed as being wheelchair accessible with 1 ramp located in the front entrance in error. This information was shared with Mr. Issa during his exit conference.

On 11/29/2023, I completed an exit conference with Aziz Issa, Licensee Designee. Mr. Issa was informed of the error regarding wheelchair accessibility for the property and the rule violation found during the investigation. Mr. Issa reported he would submit a corrective action plan which will include equipping the 2nd means of egress with a ramp following the specifications listed in the licensing rules for small group homes.

APPLICABLE RULE	
R 400.14509	Means of egress; wheelchairs.
	(1) Small group homes that accommodate residents who regularly require wheelchairs shall be equipped with ramps that are located at 2 approved means of egress from the first floor.
ANALYSIS:	<p>On 11/28/2023, I observed Resident E in a wheelchair in the facility living room.</p> <p>On 11/28/2023, I observed only one ramp attached to the facility front door.</p> <p>Based upon my investigation I find that Transmed Care II cannot accommodate residents that regularly require wheelchairs as the property is not equipped with ramps located at 2 approved means of egress from the first floor.</p>
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

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



Vanita C. Bouldin
Licensing Consultant

Date: 12/01/2023

Approved By:



Ardra Hunter
Area Manager

Date: 12/06/2023