



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

January 24, 2024

Rebecca Carver
Caring Hearts Community, LLC
3942 107th Avenue
Allegan, MI 49010

RE: License #: AS030407230
Investigation #: 2024A1024013
Caring Hearts Community

Dear Rebecca Carver:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan was required. On 1/16/2024, you submitted an acceptable written corrective action plan.

It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan.

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 (616) 356-0183.

Sincerely,

A handwritten signature in cursive script that reads "Ondrea Johnson".

Ondrea Johnson, Licensing Consultant
Bureau of Community and Health Systems
427 East Alcott
Kalamazoo, MI 49001

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS030407230
Investigation #:	2024A1024013
Complaint Receipt Date:	11/29/2023
Investigation Initiation Date:	12/01/2023
Report Due Date:	01/28/2024
Licensee Name:	Caring Hearts Community, LLC
Licensee Address:	3942 107th Avenue Allegan, MI 49010
Licensee Telephone #:	(269) 355-1927
Administrator:	Rebecca Carver
Licensee Designee:	Rebecca Carver
Name of Facility:	Caring Hearts Community
Facility Address:	1212 32nd Street Allegan, MI 49010
Facility Telephone #:	(269) 355-1927
Original Issuance Date:	06/09/2021
License Status:	REGULAR
Effective Date:	12/09/2023
Expiration Date:	12/08/2025
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED ALZHEIMERS AGED

II. ALLEGATION(S)

	Violation Established?
Staff members Jodie Sidewell and Tiffany Lawrence have not completed required training.	No
Staff member Peighton Jones has not had a health physical completed.	Yes
Direct care staff members Nichole Hofacker and Peighton Jones has not been tested for communicable tuberculosis.	No
Staff are hired without submitting driver's license and social security card.	No
Licensee designee told the residents they stink and does not change Resident A's brief in a timely manner.	No
Licensee designee has accepted rent payments and funds that are not part of Resident B's care agreement.	Yes
Residents do not have individual hand towels in the bathroom.	No
Meals are prepared in a kitchen area that is under construction with sawdust and loose drywall that is likely to contaminate the food.	No
Additional Findings	Yes

III. METHODOLOGY

11/29/2023	Special Investigation Intake 2024A1024013
12/01/2023	Special Investigation Initiated – Telephone with staff member Kasondra Richards
12/06/2023	Contact - Telephone call made with adult foster care licensing consultant Eli Deleon
01/08/2024	Contact - Telephone call made with direct care staff member Nichole Hofacker.
01/08/2024	Inspection Completed On-site with licensee designee Rebecca Carver, direct care staff members Mandy Long, Brittany Jordan, Resident A, Resident B.
01/08/2024	APS Referral
01/09/2024	Contact - Telephone call made with APS Michael McClellan
01/16/2024	Exit Conference with licensee designee Rebeca Carver.

01/16/2024	Inspection Completed-BCAL Sub. Compliance
01/16/2024	Corrective Action Plan Requested and Due on 01/26/2024
01/16/2024	Corrective Action Plan Received

ALLEGATION: Direct care staff members Jodie Sidewell and Tiffany Lawrence have not completed required training.

INVESTIGATION:

On 11/29/2024, I received this complaint through the Bureau of Community and Health Systems (BCHS) online complaint system. This complaint alleged direct care staff members Jodie Sidewell and Tiffany Lawrence have not completed any training. It should be noted additional allegations related to missing resident records was included in this complaint that were addressed on 11/30/2023 at the licensing renewal onsite inspection at the facility by licensing consultant Eli Deleon. An acceptable corrective action plan was received and approved on 11/30/2023 pertaining to missing resident records at this inspection.

On 12/1/2024, I conducted an interview with direct care staff member Kasondra Richards who stated that she previously worked for Rebecca Carver in the human resources arena and believes direct care staff members Jodie Sidewell and Tiffany Lawrence did not complete any training before or after being hired by licensee designee Rebecca Carver to work with residents.

On 12/6/2024, I conducted an interview with adult foster care licensing consultant Eli Deleon who stated that he recently conducted an onsite inspection at the facility for the purpose of renewing the facility's adult foster care license and found no concerns with direct care staff members not having proper trainings at the time of his inspection.

On 1/8/2024, I conducted an interview with direct care staff member Nichole Hofacker who stated that she previously worked at Caring Hearts Community as a direct care staff member for two years and completed various training upon hire for two days and had to shadow another staff member prior to working independently with residents.

On 1/8/2024, I conducted an onsite investigation at the facility with direct care staff members Mandy Long, Brittany Jordan and licensee designee Rebecca Carver. Mandy Long and Brittany Jordan both stated they completed various trainings the first couple of days upon hire prior to directly working with residents. Rebecca Carver stated all direct care staff members completed all required trainings when initially hired prior to working directly with residents. Rebecca Carver stated there are videos and quizzes that each direct care staff member must complete as part of their training and direct care staff members must shadow another worker prior to working independently with residents.

While at the facility, I reviewed the facility’s training logs and training quizzes for direct care staff members Nichole Hofacker, Peighton Jones, Jodie Sidewell and Tiffany Lawrence. These records verified direct care staff members have completed all appropriate required trainings.

APPLICABLE RULE	
R 400.14204	Direct care staff; qualifications and training.
	<p>(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas:</p> <ul style="list-style-type: none"> (a) Reporting requirements. (b) First aid. (c) Cardiopulmonary resuscitation. (d) Personal care, supervision, and protection. (e) Resident rights. (f) Safety and fire prevention. (g) Prevention and containment of communicable diseases.
ANALYSIS:	<p>Based on my investigation which included interviews with direct care staff members Mandy Long, Kasondra Richards, Brittany Jordan, and Nichole Hofacker, licensee designee Rebecca Carver, licensing consultant Eli Deleon and review of the facility’s training logs and training quizzes there is no evidence direct care staff members Jodie Sidewell and Tiffany Lawrence have not completed required trainings. According to the facility’s training logs and training quizzes both Jodie Sidewell and Tiffany Lawrence have completed all required training. Eli Deleon also reported that he found no concerns with direct care staff not having proper training completed during the renewal inspection completed on 11/30/2023. Licensee designee Rebecca Carver stated that all direct care staff members have completed required training through watching videos, taking quizzes and shadowing other staff members prior to working directly with residents. Direct care staff are competent in the required trainings.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: Staff member Peighton Jones has not had a health physical completed.

INVESTIGATION:

This complaint also alleged staff member Peighton Jones has not had a health physical completed.

On 12/1/2024, I conducted an interview with staff member Kasondra Richards who stated while handling human resource matters, she discovered direct care staff member Peighton Jones worked for the facility for about a year until she was finally asked by Rebecca Carver to complete a physical to verify her health status. Kasondra Richards further stated in the past Rebecca Carver has asked her to forge physician signatures for staff physicals however she refused to do so.

On 1/8/2024, I conducted an interview with direct care staff member Nichole Hofacker who stated that she worked at the facility for two years and completed a physical by a licensed physician at the time of her hire. Nichole Hofacker has no knowledge if other direct care staff members were required to have health physicals completed.

On 1/8/2024, I conducted an onsite investigation at the facility with direct care staff members Mandy Long and Brittany Jordan and licensee designee Rebecca Carver. Mandy Long and Brittany Jordan both stated they had a health physical completed by a licensed physician when they were hired and have no knowledge of any other staff member not completing a health physical. Rebecca Carver stated all current employees who have been hired in the last year have had health physicals completed that are in the employee records however she is unsure about previous employees who started when she initially opened the adult foster care home to residents in 2021.

While at the facility, I reviewed employee files for direct care staff members Nichole Hofacker, Peighton Jones, Jodie Sidewell and Tiffany Lawrence and was not able to review any statements signed by a licensed physician or designee attesting to the physician's knowledge of their physical health.

APPLICABLE RULE	
R 400.14205	Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.
	(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the physician's knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days

	of an individual's employment, assumption of duties, or occupancy in the home.
ANALYSIS:	Based on my investigation which included interviews with direct care staff members Mandy Long, Kasondra Richards, Brittany Jordan, and Nichole Hofacker, and licensee designee Rebecca Carver, and review of the facility's employee files there is evidence Peighton Jones has not had a health physical completed. Rebecca Carver stated she was unsure if all direct care staff members had health physicals completed when they started in 2021. I reviewed employee files for direct care staff members Nichole Hofacker, Peighton Jones, Jodie Sidewell and Tiffany Lawrence and was not able to review any statements signed by a licensed physician or designee attesting to the physician's knowledge of their physical health therefore completed health statements were not made available for the department to review.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION: Direct care staff members Nichole Hofacker and Peighton Jones has not been tested for communicable tuberculosis.

INVESTIGATION:

This complaint also alleged Nichole Hofacker and Peighton Jones has not been tested for communicable tuberculosis.

On 12/1/2024, I conducted an interview with staff member Kasondra Richards who stated that while managing administrative duties she learned that Nichole Hofacker and Peighton Jones did not get tested for communicable tuberculosis while working at Caring Hearts Community.

On 12/6/2024, I conducted an interview with adult foster care licensing consultant Eli Deleon who stated that he recently conducted an onsite inspection at the facility for the purpose of renewing the facility's adult foster care license on 11/30/2023 and found no concerns with direct care staff members not having written evidence for being tested for communicable tuberculosis.

On 1/8/2024, I conducted an interview with direct care staff member Nichole Hofacker who stated while working two years for Caring Hearts Community, she never got tested for communicable tuberculosis prior to terminating her employment.

On 1/8/2024, I conducted an onsite investigation at the facility with direct care staff members Mandy Long, Brittany Jordan and licensee designee Rebecca Carver. Mandy Long and Brittany Jordan both stated that they were tested for communicable tuberculosis at their physician's office at the time of their hire to the facility. Rebecca Carver stated she is a licensed nurse practitioner and administered all testing for

communicable tuberculosis to her direct care staff members when she initially received her adult foster care license in 2021 however in the last year, she now sends all staff members to a nearby medical center to get tested for communicable tuberculosis. Rebecca Carver denies falsely documenting any reports for any staff member including Nichole Hofacker and stated that Nichole Hofacker signed that she received this test at the time the communicable tuberculosis test was administered to her.

While at the facility, I reviewed the facility's employee files for direct care staff members Nichole Hofacker, Peighton Jones, Jodie Sidewell and Tiffany Lawrence that verified these staff members were tested for communicable tuberculosis by Rebecca Carver at the time of their hire at the facility. I also reviewed Rebecca Carver's nursing license with an expiration date of 5/1/2025.

APPLICABLE RULE	
R 400.14205	Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.
	(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.

ANALYSIS:	Based on my investigation which included interviews with staff members Mandy Long, Kasondra Richards, Brittany Jordan, Nichole Hofacker, licensee designee Rebecca Carver, licensing consultant Eli Deleon and review of the facility's employee files there is no evidence direct care staff members Peighton Jones and Kasondra Richards have not been tested for communicable tuberculosis. I reviewed employee files for direct care staff members Nichole Hofacker, Peighton Jones, Jodie Sidewell and Tiffany Lawrence that verified these staff members were tested for communicable tuberculosis by Rebecca Carver at the time of their hire at the facility. I also reviewed Rebecca Carver's nursing license with an expiration date of 5/1/2025. In addition, licensing consultant Eli Deleon stated that he recently conducted an onsite inspection at the facility for the purpose of renewing the facility's adult foster care license and found no concerns with staff members not having written evidence of being tested for communicable tuberculosis. The licensee has provided written evidence direct care staff have been tested for communicable tuberculosis.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: Staff are hired without submitting driver's license and social security card.

INVESTIGATION:

On 12/1/2024, I conducted an interview with staff member Kasondra Richards who stated that while handling administrative tasks for the facility she noticed that Rebecca Carver did not require one of her applicants to submit a driver's license and social security card when they applied for employment however this particular staff member no longer works for the facility, and she does not recall the staff member's name.

On 12/6/2024, I conducted an interview with adult foster care licensing consultant Eli Deleon who stated that he recently conducted an onsite inspection at the facility for the purpose of renewing the facility's adult foster care license on 11/30/2023 and found no concerns with staff members not having proper identification attached to their employment application.

On 1/8/2024, I conducted an interview with direct care staff member Nichole Hofacker who stated that she submitted identification which includes her driver's license and social security card when she was hired as a direct care staff member for the facility.

On 1/8/2024, I conducted an onsite investigation at the facility with direct care staff members Mandy Long, Brittany Jordan and licensee designee Rebecca Carver. Mandy Long and Brittany Jordan both stated they submitted identification which included their driver's license and social security card when they were hired as a direct care staff

member for the facility and has no knowledge of any other staff member who was not required to submit proper identification. Rebecca Carver also stated she has required all direct care staff members to submit proper identification which includes a driver's license and social security card at the time of hire.

While at the facility, I reviewed the facility's employee files for direct care staff members Nichole Hofacker, Peighton Jones, Jodie Sidewell and Tiffany Lawrence which showed records that contained proper identification, including driver's license and social security cards for each of these staff members.

APPLICABLE RULE	
R 400.14208	Direct care staff and employee records.
	<p>(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:</p> <p style="padding-left: 40px;">(a) Name, address, telephone number, and social security number.</p> <p style="padding-left: 40px;">(c) A copy of the employee's driver license if a direct care staff member or employee provides transportation to residents.</p>
ANALYSIS:	<p>Based on my investigation which included interviews with staff members Mandy Long, Kasondra Richards, Brittany Jordan, Nichole Hofacker, licensee designee Rebecca Carver, licensing consultant Eli Deleon and review of the facility's employee files there is no evidence to support direct care staff are hired without submitting a driver's license and social security card. While at the facility, I reviewed the facility's employee files for direct care staff members Nichole Hofacker, Peighton Jones, Jodie Sidewell and Tiffany Lawrence which showed records that contained proper identification, including driver's license and social security card for each of these staff members. In addition, Eli Deleon stated he recently conducted an onsite inspection at the facility for the purpose of renewing the facility's adult foster care license on 11/30/2023 and found no concerns with staff members not having proper identification attached to their employment application therefore, proper identification for staff members is maintained in employee records.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: Licensee designee has told the residents they stink and does not change Resident A's brief in a timely manner.

INVESTIGATION:

On 12/1/2024, I conducted an interview with direct care staff member Kasondra Richards who stated that she does not work directly with residents however believes Rebecca Carver and Brittany Jordan makes Resident A wait for a lengthy timeframe to have his briefs changed and she believes she has heard Rebecca Carver tell residents that "they stink" in the past.

On 1/8/2024, I conducted an interview with direct care staff member Nichole Hofacker who stated that she has never found Resident A to be soaked in his briefs and she has no knowledge of any direct care staff member making Resident A wait for a long period of time to be changed. Nichole Hofacker stated Resident A and all the other residents are checked on every two hours and each resident has a call button in their room that they can push if they need assistance. Nichole Hofacker stated Resident A does a good job using his call button if he needs assistance with toileting or changing of his brief. Nichole Hofacker also stated she has no knowledge of licensee designee Rebecca Carver telling residents that they stink.

On 1/8/2024, I conducted an onsite investigation at the facility with direct care staff members Mandy Long and Brittany Jordan who both denied this allegation and stated that they have never heard licensee designee Rebecca Carver tell any resident that they stink or treat any resident with disrespect. Mandy Long and Brittany Jordan also both stated that that they have no knowledge of any staff member making Resident A wait to be changed and neither has had any concerns with Resident A not being changed in a timely manner. In addition, they both stated that Resident A does a good job using his call button when he needs assistance from staff members with toileting and changing his brief.

I also conducted an interview with licensee designee Rebecca Carver who also denied this allegation and stated that she has never told the residents they stink or have made them wait to get changed. Rebecca Carver stated she has told residents quietly in their ear that she smells urine on them and would ask them if they would be willing to take a shower. Rebecca Carver further stated she has never talked to residents in a demeaning way or has said this around other residents. Rebecca Carver stated Resident A has a call button that he uses when he needs staff to assist him with changing his brief and he does a good job letting a staff member know when he must use the bathroom or when he needs help with changing his brief. Rebecca Carver further stated Resident A is checked on every two hours or as needed if he uses his call button and she has never seen him soaked in urine. Rebecca Carver stated she has no knowledge of any staff member making Resident A wait to be changed and he is cared for appropriately.

While at the facility, I also conducted an interview with Resident A who stated that he loves living at the facility and believes that he receives very good care. Resident A stated he has never had to wait for a long period time for staff to assist him with toileting or with changing his brief. Resident A also stated no staff member has told him that he smells bed, and he uses his call button if he needs to call for staff assistance at which time, they come to help him right away.

I also reviewed Resident A's *Assessment Plan for AFC Residents* (plan) dated 3/30/2023. According to this plan, Resident A is able to communicate his needs and verbally make his needs known. This plan also stated Resident A requires assistance with toileting due incontinence.

On 1/9/2023, I conducted an interview with APS Specialist Michael McClellan who stated that he is familiar with licensee designee Rebecca Carver and believes she provides very quality care to her residents and has never observed any concerns with how residents are cared for in her facility.

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 my investigation which included interviews with staff members Mandy Long, Kasondra Richards, Brittany Jordan, Nichole Hofacker, licensee designee Rebecca Carver, APS Specialist Michael McClellan, Resident A and review of Resident A's assessment plan there was no evidence licensee designee told the residents they stink or does not change Resident A's brief in a timely manner. Nichole Hofacker, Mandy Long, Brittany Jordan and Rebecca Carver all stated that they have no knowledge of any staff member making Resident A wait to be changed for any length of time and that Resident A does a good job using his call button when he needs assistance with toileting and brief changes. Licensee designee Rebecca Carver denied telling any resident that they stink, and no staff member reported having any knowledge of Rebecca Carver saying this statement or being disrespectful to residents. Michael McClellan is familiar with licensee designee Rebecca Carver and believes she provides very quality care to her residents and has never observed any concerns with how residents are cared for in her facility. Residents are treated with dignity and their personal needs are met.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: Licensee designee has accepted rent payments and funds that are not part of Resident B's care agreement.

INVESTIGATION:

On 12/1/2024, I conducted an interview with staff member Kasondra Richards who stated that she believes Resident B, is being financial exploited by Rebecca Carver. Kasondra Richards stated Resident B has no legal restrictions and manages her own finances however her mental state has declined. Kasondra Richards stated she believes Rebecca Carver has "conned" Resident B into making advanced rent payments by offering a "pay for 6 months at a time deal" in order to receive one month free. Kasondra Richards stated Resident B has given Rebecca Carver large sums of money instead of paying monthly for rent and is supposed to be paid up for her rent until 2025 however she believes Resident B continues to give Rebecca Carver money as she saw a check written out to Rebecca Carver in the amount of \$5000 recently which had "rent" in the memo line.

On 1/8/2024, I conducted an interview with direct care staff member Nichole Hofacker who stated that Resident B shows signs of dementia and having a declined mental state however is not diagnosed with having dementia. Nichole Hofacker stated Rebecca Carver allowed Resident B to pay her rent in advanced for 5 months so she can receive the 6th month free which took place on two occasions.

On 1/8/2024, I conducted an onsite investigation at the facility with licensee designee Rebecca Carver who stated that she has not taken any excess funds from Resident B and has only accepted agreed upon amounts to cover AFC monthly rent payments. Rebecca Carver stated when Resident B was initially admitted to the facility in July 2022, it was agreed upon that she would pay \$4395 a month to reside at the facility. Rebecca Carver stated she charged Resident B an additional \$1500 for a “community fee” at the time of her admission as well. Rebecca Carver stated in November of 2022, Resident B’s monthly AFC rent payment increased to \$5695 due to an increase in Resident B’s personal care needs. However, Rebecca Carver stated she did not modify the written care agreement to reflect this change as she was not aware that she was required to do so. Rebecca Carver stated over the years she allowed Resident B to pay in advance for her rent and accepted \$34,000 in the fall of 2022 and \$34,000 in the summer of 2023 however does not have records to reflect these payment transactions. Rebecca Carver stated since Resident B’s admission, she has been sending Resident B monthly invoices documenting “paid” on the invoice to reflect that Resident B has her rent paid until February of 2025. Rebecca Carver further stated she was not aware that she was required to document AFC monthly rent transactions made to her from residents. Consequently, Rebecca Carver stated she has not completed any department approved resident transaction forms since opening her license in 2021. Rebecca Carver stated she was notified of this requirement two weeks ago at her onsite renewal inspection by her licensing consultant and will record monthly AFC rent transactions on the *Resident Fund Part II* form moving forward.

While at the facility, I conducted an interview with Resident B who stated that she pays \$5695 monthly for rent and initially stated she has not made any advanced payments for rent however after looking at her checkbook Resident B stated she has a record of paying \$15,475 to Caring Hearts Community on April 19, 2023, therefore she believes this check must have been an advanced payment for rent. Resident B further stated according to her checkbook, she paid Caring Hearts Community \$5695 on October 17, 2023, however she has no other records of her monthly rent payments to the facility. Resident B stated she manages her own finances and believes she has paid her rent every month on time and there have not been any issues. It should be noted that Resident B seemed confused and demonstrated difficulty discussing her finances and reading her checkbook receipts during this interview.

While at the facility, I reviewed Resident B’s *AFC Care Agreement* dated 7/6/2022 which stated that Resident B agrees to pay \$4395 monthly for the basic fee and all personal items except “depends” and medications. The basic fee does not include transportation services and transportation fees are not applicable to this agreement. This agreement does not mention any other fees such as the “community fee” of \$1500 which Resident B was charged at admission. It should be noted there was not an updated written care agreement for Resident B which was addressed at the renewal onsite inspection on 11/30/2023 pertaining to missing updated resident records.

I also reviewed the facility’s *House Rules* as it pertains to Resident B which stated that Resident B will pay \$4395 per month on the fifth day of each calendar month. It further

stated that a non-refundable deposit of \$1000 enables the Resident/Guarantor to reserve a room and a non-refundable community fee of \$1500 is required to cover the initial placement and admission expenses which must accompany the residency agreement. The \$1000 initial deposit fee can be applied to the community fee.

I also observed 12 monthly invoices for \$5695 made out to Resident B from dates 12/15/2022 through 11/15/2023, with the word "PAID" next to "amount due by" title.

I observed 3 monthly invoices for \$4395 made out to Resident B for dates 8/5/2022 with a due date to be paid by 8/5/2022, 9/5/2022 with a due date to be paid by 9/5/2022 and 10/30/2022 with a due date to be paid by 10/5/2022. It should be noted that Rebecca Carver pointed out that this date of 10/30/2022 was printed in error and the date should have stated 10/5/2022.

On 1/9/2024, I conducted an interview with APS Specialist Michael McClellan who stated that he does not believe Rebecca Carver has taken more rent payments than verbally agreed upon however believes that Rebecca Carver needs to be more organized with her paperwork and bookkeeping. Michael McClellan also stated during his interview, Resident B seemed confused and would benefit from a representative payee or a designated representative to assist her with making rent payments which is something APS will assist with.

APPLICABLE RULE	
R 400.14315	Handling of resident funds and valuables.
	<p>(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.</p> <p>(11) A licensee shall obtain prior written approval from a resident and his or her designated representative before charges are made to a resident's account.</p> <p>(12) Charges against the resident's account shall not exceed the agreed price for the services rendered and goods furnished or made available by the home to the resident.</p>

ANALYSIS:	<p>Based on my investigation which included interviews with staff members Kasondra Richards, Nichole Hofacker, licensee designee Rebecca Carver, APS Specialist Michael McClellan, and Resident B along with review of the written Resident B's <i>Resident Care Agreement</i>, house rules and monthly invoices there is evidence licensee designee Rebecca Carver accepted AFC monthly rent payments and funds that were not part of Resident B's <i>Resident Care Agreement</i>. Rebecca Carver stated in November of 2022 she increased Resident B's rent to \$5695 from \$4395 due to an increase in care however did not modify Resident B's written <i>Resident Care Agreement</i> to reflect this change and Resident B's approval to pay this increase. Rebecca Carver also stated over the years she allowed Resident B to pay in advance for her rent and accepted \$34,000 in the fall of 2022 and \$34,000 in the summer of 2023 however does not have records to reflect these payment transactions and does not have record to show an agreement was made with Resident B. In addition, Rebecca Carver stated she accepted \$1500 from Resident B for a "community fee" however Rebecca Carver does not have record to show an agreement was made with Resident B to accept this fee as required. According to the written resident care agreement dated 7/7/2022, Resident B agreed to pay, as evidenced by her signature, \$4395 monthly and no other fees were listed on this agreement for Resident B to pay, like the community fee or initial deposit fee. Rebecca Carver did not complete or retain any <i>Resident Funds Records Part II</i> for any rent transactions paid by Resident B and Rebecca Carver's statements for rent payments paid to her by Resident B were not consistent with the signed written agreement therefore Rebecca Carver did not obtain prior written approval before charges were made to Resident B's account and the charges towards Resident B's account exceeded the agreed price for services. In addition, Rebecca Carver stated she was not aware that she was required to document monthly rent transactions made to her from residents therefore she did not complete any department approved resident transaction forms since opening her license in 2021 therefore I was not able to review Resident B's <i>Resident Funds Part II</i> forms to verify any statements made by licensee designee Rebecca Carver.</p>
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION: Residents do not have individual hand towels in the bathroom.

INVESTIGATION:

On 12/1/2024, I conducted an interview with staff member Kasondra Richards who stated that some of the residents have a private bedroom with an attached private bathroom therefore they have their own individual hand towels in their bathroom. Kasondra Richards stated there are two residents that share a bedroom with a private bathroom attached and she has observed only one hand towel in this bedroom, however one of the residents in this double occupied bedroom is bedbound and does not use the private bathroom attached to the bedroom therefore only one resident uses the hand towel in the bathroom. Kasondra Richards stated the other resident requires total care assistance and staff has to assist him with all of his personal care needs with the use of his own personal hand towels and personal wash cloths.

On 12/6/2024, I conducted an interview with adult foster care licensing consultant Eli Deleon who stated that he recently conducted an onsite renewal inspection at the facility on 11/30/2023 and found no concerns with the hand washing facilities that were equipped with individual towels.

On 1/8/2024, I conducted an interview with direct care staff member Nichole Hofacker who stated that most of the residents have their own private bathroom attached to their private bedroom equipped with individual towels.

On 1/8/2024, I conducted an onsite investigation at the facility with direct care staff members Mandy Long, Brittany Jordan and licensee designee Rebecca Carver who stated that all the residents in the facility use individual hand towels and wash cloths as they have their own private bathroom except for one resident who is bedbound and is not capable of getting up to use the facility's bathroom however staff uses individual wash cloths and hand towels for this resident when taking care of his personal care needs.

While at the facility, I inspected the facility and found paper towel in the kitchen and individual towels in the resident bathrooms including paper towels.

APPLICABLE RULE	
R 400.14401	Environmental health.
	(8) Hand-washing facilities that are provided in both the kitchen and bathroom areas shall include hot and cold water, soap, and individual towels, preferably paper towels.

ANALYSIS:	Based on my investigation which included interviews with staff members Mandy Long, Kasondra Richards, Brittany Jordan, Nichole Hofacker, licensee designee Rebecca Carver, Eli Deleon and inspection of the facility, residents have individual hand towels or paper towels available for use.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: Meals are prepared in a kitchen area that is under construction with sawdust and loose drywall that is likely to contaminate the food.

INVESTIGATION:

On 12/1/2024, I conducted an interview with staff member Kasondra Richards who stated that for about three months the kitchen area was under construction with debris and sawdust and there was no cleaning being done which was concerning because resident meals were cooked and prepared in this area. Kasondra Richards also stated the food is not served properly to residents as staff members did not cover the meals when serving. Kasondra Richards stated she did not know if food was actually contaminated by the sawdust and debris.

On 12/6/2024, I conducted an interview with adult foster care licensing consultant Eli Deleon who stated that he recently conducted an onsite renewal inspection on 11/30/2023 and found no concerns with the maintenance of the premises and the kitchen area was clean.

On 1/8/2024, I conducted an interview with direct care staff member Nichole Hofacker who stated for about three months she believes staff members were not cleaning the kitchen area adequately and observed sawdust and loose drywall in the kitchen area where meals were cooked and prepared without being properly covered. Nichole Hofacker stated it is unknown if the food was actually contaminated by sawdust or loose drywall.

On 1/8/2024, I conducted an onsite investigation at the facility with direct care staff members Mandy Long, Brittany Jordan and licensee designee Rebecca Carver who stated that they recently did small renovations in the kitchen area where the flooring was changed however staff members cleaned this area and there was never sawdust or debris near any food and the food was never contaminated. Mandy Long, Brittany Jordan and Rebecca Carver also stated staff members routinely used hot plates and cold boxes when serving food and kept the food covered with lids while the food was in the pan or on plates.

While at the facility, I reviewed the premises of the facility, and the kitchen area was observed cleaned. I also observed lids for pans, plates and cold/hot boxes that were stored properly in the kitchen area.

On 1/9/2023, I conducted an interview with APS Specialist Michael McClellan who stated that he is familiar with licensee designee Rebecca Carver and has visited her facility on multiple occasions in the past year and has never found the premises to be unclean or of concern.

APPLICABLE RULE	
R 400.14402	Food service.
	(2) All food shall be protected from contamination while being stored, prepared, or served and during transportation to a facility.
ANALYSIS:	Based on my investigation which included interviews with staff members Mandy Long, Kasondra Richards, Brittany Jordan, Nichole Hofacker, licensee designee Rebecca Carver, Eli Deleon, APS Specialist Michael McClellan and inspection of the facility there was no evidence meals were prepared in a kitchen area that is under construction or that sawdust and loose drywall contaminated food served to residents. No person interviewed ever observed any sawdust or debris in any food served to residents. Mandy Long, Brittany Jordan and Rebecca Carver all stated staff members routinely used hot plates and cold boxes when serving food and kept the food covered with lids while the food was in the pan or on plates and the food was never contaminated. Both Eli Deleon and Michael McClellan has been out to the facility in the past and found no concerns with the premises of the facility including the kitchen area. I also inspected the facility and found the kitchen area to be clean and observed lids for pans, plates and cold/hot boxes that were stored properly in the kitchen area. The food has been protected from contamination while being stored, cooked, prepared, and served.
CONCLUSION:	VIOLATION NOT ESTABLISHED

On 1/16/2024, I conducted an exit conference with licensee designee Rebecca Carver. I informed Rebecca Carver of my findings and allowed her an opportunity to ask questions and make comments.

On 1/16/2024, I received and approved an acceptable corrective action plan.

IV. RECOMMENDATION

An acceptable corrective action plan was approved therefore I recommend the current license status remain unchanged.



Ondrea Johnson
Licensing Consultant

1/16/2024
Date

Approved By:



01/24/2023

Dawn N. Timm
Area Manager

Date