



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

March 19, 2024

Hope Lovell  
LoveJoy Special Needs Center Corporation  
17101 Dolores St  
Livonia, MI 48152

RE: License #: AS780413488  
Investigation #: 2024A0584015  
State Road Home

Dear Ms. Lovell:

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) 284-9727.

Sincerely,

A handwritten signature in cursive script that reads "Candace Coburn". The signature is written in a dark ink and is positioned above the typed name and address.

Candace Coburn, 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**

<b>License #:</b>	AS780413488
<b>Investigation #:</b>	2024A0584015
<b>Complaint Receipt Date:</b>	01/30/2024
<b>Investigation Initiation Date:</b>	01/30/2024
<b>Report Due Date:</b>	03/30/2024
<b>Licensee Name:</b>	LoveJoy Special Needs Center Corporation
<b>Licensee Address:</b>	17101 Dolores St Livonia, MI 48152
<b>Licensee Telephone #:</b>	(517) 574-4693
<b>Administrator:</b>	Hope Lovell
<b>Licensee Designee:</b>	Hope Lovell
<b>Name of Facility:</b>	State Road Home
<b>Facility Address:</b>	10860 State Road Morrice, MI 48857
<b>Facility Telephone #:</b>	(517) 574-4693
<b>Original Issuance Date:</b>	10/01/2022
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	03/31/2023
<b>Expiration Date:</b>	03/30/2025
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. ALLEGATION(S)

	<b>Violation Established?</b>
On 1/29/2024, it was discovered staff did not follow Resident A's Community Mental Health Personal Care Plan.	Yes

## III. METHODOLOGY

01/30/2024	Special Investigation Intake - 2024A0584015.
01/30/2024	Special Investigation Initiated - Email sent to Ardis Bates, Shiawassee Health and Wellness Recipient Rights
02/05/2024	Contact - Face to Face interviews with direct care staff Janae Spencer, Lindsey Cutsinger, Shelby Morse, Selena Croyle and Ardis Bates.
03/13/2024	Contact - Face to Face interview with Resident A.
03/15/2024	Contact – Email from Ardis Bates.
03/15/2024	Contact - Telephone call and voice message left for Susie Ridenhour, ESB specialist Shiawassee Health and Wellness.
03/18/2024	Exit Conference - with licensee designee, Hope Lovell.

### **ALLEGATION:**

On 1/29/2024, it was discovered staff did not follow Resident A's Community Mental Health Personal Care Plan.

### **INVESTIGATION:**

On 1/30/2024, the Bureau of Community and Health Systems (BCHS) received the above allegation via the BCHS online complaint system. The written complaint indicated Resident A's Community Mental Health Personal Care Plan (PCP) instructed staff to provide Resident A with "hand-over-hand" washing assistance. However, on 1/29/2024, it was discovered Resident A had dry fecal matter on and under his nails.

On 2/5/2024, I conducted face to face interviews with direct care staff Janae Spencer, Lindsay Cutsinger, Selena Croyle, Shelby Morse and Shiawassee County Health and Wellness Recipient Rights officer Ardis Bates at the Shiawassee Health and Wellness office.

Ms. Spencer confirmed she worked the third shift with Ms. Cutsinger on 1/29/2024. Ms. Spencer stated she did not assist Resident A with any personal care or handwashing duties that morning. Ms. Spencer stated she prepared breakfast, checked for resident medications, and did not observe the conditions of Resident A's hands before leaving the facility when her shift ended.

Ms. Cutsinger confirmed she worked on 1/29/2024 on third shift with Ms. Spencer. Ms. Cutsinger's statements were consistent with Mr. Spencer.

Ms. Morse confirmed she arrived for her shift at 8am on 1/29/2024 and began doing payroll duties in the office while another staff member, Ms. Croyle, was assisting the residents. Ms. Morse stated she did not help Resident A with any grooming or handwashing and did not observe the condition of his hands prior to him leaving for his program outing.

Ms. Croyle confirmed she was attending to the residents on 1/29/2024 but did not assist Resident A with any handwashing, nor did she observe the condition of his hands prior to him leaving on his outing that morning.

Ms. Bates confirmed that she interviewed Susie Ridenour, Olivia Dean of the Employment and Skill Building team and Treasa Bolger, the Deputy Director of Habilitative Services, all with Shiawassee Health and Wellness. Ms. Bates stated Ms. Ridenour, Ms. Dean, and Ms. Bolger all observed the dried feces on and under Resident A's fingernails on 01/29/2024.

On 3/13/2024, I conducted an unannounced onsite investigation and observed the facility to be clean. I observed Resident A who was well groomed and his hands and fingernails were free of any debris.

On 3/15/2024, I received and reviewed Resident A's current PCP, implemented 10/1/2023. Documentation on Resident A's PCP read, in part:

*[Resident A] will wash his hands and nail beds prior to going to bed, before/after meals/snacks, after using the bathroom and before leaving home with no more than two verbal prompts as reported by CLS staff and/or ESB staff.*

According to Special Investigation Report (SIR) #2023A0584046, on 10/13/2023, the facility was in violation of adult foster care special certification rule 330.1806(1) when it was established facility staff members did not follow a resident's (identified in SIR #2023A0584046 as Resident A) PCP. As a result, this resident eloped from the facility's unsecured backyard, unsupervised.

According to the facility's Corrective Action Plan, dated 10/24/2024, one Staff would maintain a "visual" on clients when in the front, back or side yards. A "cost of care increase" was requested in hopes of retaining a "one-on-one staff" for the eloping client. Once the approval has gone through and an addendum added to the PCP one on one staffing would be established. According to the facility's CAP, "going

forward”, the program manager, Shelby Morse, would ensure that all staff were complying with maintaining a “visual” on clients when in the backyard. A Regional Manager would assist in making sure this procedure was completed and followed.

<b>APPLICABLE RULE</b>	
<b>R 330.1806</b>	<b>Staffing levels and qualifications.</b>
	<b>(1) Staffing levels shall be sufficient to implement the individual plans of service and plans of service shall be implemented for individuals residing in the facility.</b>
<b>ANALYSIS:</b>	Based upon my investigation, which consisted of interviews with facility staff members, and an interview with Shiawassee County Health and Wellness Recipient Rights officer Ardis Bates, as well as a review of Resident A’s current PCP, it has been established that on 1/29/2024, staff did not follow Resident A’s Community Mental Health Personal Care Plan when it was discovered Resident A had dry fecal matter on and under his nails.
<b>CONCLUSION:</b>	<b>REPEAT VIOLATION ESTABLISHED</b>  <b>Reference SIR # 2023A0584046 dated 10/13/2023 and CAP dated 10/24/2023.</b>

On 3/18/2024, I conducted an exit conference by notifying Hope Lovell, licensee designee, the findings of this investigation.

**IV. RECOMMENDATION**

Upon receipt of an acceptable corrective action plan, I recommend no change in the status of this license.



3/19/2024

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Candace Coburn  
Licensing Consultant

Date

Approved By:



3/19/2024

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Michele Streeter  
Area Manager

Date