



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 29, 2024

Gagandeep Mann
JP Managed Services, Inc.
Suite A
2316 John R
Troy, MI 48083

RE: License #: AL630295441
Investigation #: 2024A0605015
Sun Valley Senior Living

Dear Gagandeep Mann:

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.
- Indicate how continuing compliance will be maintained once compliance is achieved.
- Be signed and dated.

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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Frodet Dawisha".

Frodet Dawisha, Licensing Consultant
Bureau of Community and Health Systems
3026 W. Grand Blvd.
Cadillac Place, Ste 9-100
Detroit, MI 48202
(248) 303-6348

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL630295441
Investigation #:	2024A0605015
Complaint Receipt Date:	02/02/2024
Investigation Initiation Date:	02/05/2024
Report Due Date:	04/02/2024
Licensee Name:	JP Managed Services, Inc.
Licensee Address:	Suite 3 2710 Rochester Road Rochester Hills, MI 48307
Licensee Telephone #:	(248) 497-4391
Administrator/Licensee Designee:	Gagandeep Mann
Name of Facility:	Sun Valley Senior Living
Facility Address:	2316 John R Troy, MI 48084
Facility Telephone #:	(248) 689-7755
Original Issuance Date:	09/13/2010
License Status:	REGULAR
Effective Date:	10/11/2022
Expiration Date:	10/10/2024
Capacity:	20
Program Type:	ALZHEIMERS AGED

II. ALLEGATION(S)

	Violation Established?
Home manager (HM) Hillary Shattuck lives in the facility upstairs without the department’s approval.	Yes
Direct care staff (DCS) are working at this facility prior to completing their communicable tuberculosis (TB) and do not have a statement signed by a licensed physician attesting to their physical and mental state.	Yes
DCS do not have their criminal background checks completed.	Yes
Additional Allegations	Yes

III. METHODOLOGY

02/02/2024	Special Investigation Intake 2024A0605015
02/05/2024	Special Investigation Initiated - Telephone Left message for Compassus Hospice Nanette Williams, RN
02/06/2024	Contact - Telephone call received Discussed allegations with RN Nannette Williams
02/14/2024	Inspection Completed On-site Conducted unannounced on-site investigation
02/15/2024	Contact - Telephone call made Discussed allegations with DCS Monique Appleba, Hilary Shattuck and Resident H's son.
02/21/2024	Contact - Telephone call made Discussed allegations with licensee designee
02/27/2024	Contact - Document Received Email from licensee designee
02/27/2024	Contact - Document Sent Email to licensee designee
03/03/2024	Contact - Document Received Email from licensee designee

03/11/2024	Contact - Telephone call made Followed up with DCS Rebecca Garmen, Brandi Brooks, and Monique Appleba.
03/18/2024	Contact - Telephone call made Left message for licensee designee Gagan Mann and discussed allegations with Dr. Gursharan Dhillon
03/18/2024	Contact - Telephone call made Followed up with day supervisor Monique Appleba and left message for DCS Miracle. Attempt to leave message for DCS Amber but voicemail full
03/18/2024	Exit Conference Left detailed voice mail message for licensee designee Gagandeep Mann
03/26/2024	Contact – Telephone call made Exit conference was conducted with licensee designee Gagandeep Mann

ALLEGATION:

Home manager (HM) Hillary Shattuck lives in the facility upstairs without the department’s approval.

INVESTIGATION:

On 02/02/2024, intake #199499 was assigned for investigation regarding allegations that the home manager (HM) Hillary Shattuck was residing upstairs at the facility without the department’s approval. The HM speaks inappropriate to residents (which I already investigated these allegations during the last investigation on 12/11/2023 intake #198779). During this investigation, additional allegations were received on 02/07/2024 regarding DCS at this facility do not have their criminal background checks, do not have their TB or their physicals completed and are working at this facility.

On 02/06/2024, I discussed the allegations via telephone with Compassus Hospice registered nurse (RN) Nanette Williams. The RN stated that the HM told the RN that the HM moved out of her grandmother's house and into this facility in August 2023 because the HM would have been homeless. There is a gate at the bottom of the stairs to prevent any resident from accessing upstairs and the door to the apartment is locked with a keypad code. She has no other information.

On 02/14/2024, I conducted an unannounced on-site investigation. Present were DCS Brandi Brooks and Rebecca Garmen. Also, present were Residents A, C, F, and G. Resident B passed away as she was on hospice and Resident D was at an

appointment. I interviewed DCS Brandi Brooks regarding the allegations. The HM lives upstairs in the apartment. She is unsure when the HM moved in but there is a baby gate at the bottom of the stairs, which I observed. There is also a keypad lock at the door leading to the apartment that I also observed which Ms. Brooks stated, "the door is always locked." There are no residents that access the upstairs.

On 02/14/2024, I interviewed DCS Rebecca Garmen regarding the allegations. Ms. Garmen has only been working at this facility for a couple of weeks. The HM lives upstairs in the apartment, but Ms. Garmen does not know when the HM moved in. There is a baby gate at the bottom of the stairs and the door leading to the apartment is always locked. She has never observed any resident trying to go upstairs.

On 02/14/2024, I interviewed Resident A regarding the allegations. Resident A stated that the HM lives upstairs in the apartment. She can see the HM from her window as the apartment is directly in front of Resident A's bedroom. Resident A does not know when the HM moved into the apartment but only knows that she lives here. The HM is treating Resident A better. She stated, "someone must have talked to her because she's much nicer to me now." She reported no concerns.

On 02/14/2024, I was unable to interview Residents C, F, and G as they are non-verbal and cannot carry a conversation. I observed them to have good hygiene and dressed appropriately for the day.

On 02/15/2024, I interviewed day supervisor Monique Appleba via telephone regarding the allegations. The HM lives upstairs in the apartment above this facility. She has been living there "for a while." She believes it was around July 2023 but is not for sure. The HM was going to be homeless and had nowhere else to go, so she moved in. The residents do not have access to the upstairs as there is a baby gate at the bottom of the stairs and the door leading to the apartment is always locked.

On 02/15/2024, I interviewed the HM Hilary Shattuck regarding the allegations via telephone. The HM was going to be homeless, so Dr. Dhillon approved her to live upstairs. She moved in July 2023 and did not think it was an issue because it was approved. There is a baby gate at the bottom of the stairs and the door leading to the apartment is always locked. There are no residents accessing upstairs.

On 02/15/2024, I received a text message from the HM stating that she has notified the licensee designee Gagan Mann and Mrs. Mann's husband Dr. Dhillon that she was moving out of the apartment on March 2, 2024.

On 02/21/2024, I interviewed licensee designee Gagandeep Mann regarding the allegations. Ms. Mann does not know who approved the HM to live upstairs and stated, "I found out later and I'm not sure who gave her permission." The HM moved in last year but is moving out on 02/29/2023. Ms. Mann never submitted a request to the assigned licensing consultant when the HM moved in and never received permission to have the HM move in from the department.

On 03/18/2024, I interviewed Dr. Gursharan Dhillon via telephone regarding the allegations. Dr. Dhillon had the HM move in last year in July 2023 because the previous administrator Deseree Peters quit along with other staff. Dr. Dhillon needed someone at this facility and the HM did not have a place to live so had had her move in. Dr. Dhillon stated he was unaware of the licensing rules of needing to report to the department in writing when the HM moved in. The HM moved out on 02/29/2024.

APPLICABLE RULE	
R 400.15103	Licenses; required information; fee; effect of failure to cooperate with inspection or investigation; posting of license; reporting of changes in information.
	(5) An applicant or licensee shall give written notice to the department of any changes in information that was previously submitted in or with an application for a license, including any changes in the household and in personnel-related information, within 5 business days after the change occurs.
ANALYSIS:	Based on my investigation and information gathered, licensee designee Gagandeep Mann did not give written notice to the department within five business days after the HM Hilary Shattuck moved into the apartment located upstairs of this facility in July 2023.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

- **Direct care staff (DCS) are working at this facility prior to completing their communicable tuberculosis (TB) and do not have a statement signed by a licensed physician attesting to their physical and mental state.**
- **DCS do not have their criminal background checks completed.**

INVESTIGATION:

On 02/21/2024, Mrs. Mann stated that she was sending some of her staff to get their TB tests completed on 02/27/2024. She was advised that DCS cannot work at this facility until their TB tests were completed. I requested her to send me copies of the TB tests that staff have completed. Mrs. Mann also reported that her staff had not had their criminal background checks completed because the previous administrator Deseree Peters did not complete them. Mrs. Mann stated it was Ms. Peters responsibility for sending staff for their fingerprinting and that Ms. Peters never followed through with that. She will send all staff for their fingerprinting.

On 02/27/2024, I emailed Mrs. Mann requesting copies of all DCS TB tests. I never received any documents from Mrs. Mann.

On 02/27/2024, I received an email from Mrs. Mann stating that two DCS at this facility need to have their TB tests completed, DCS Brandi Brooks and Rebecca Garmen.

Note: DCS Brandi Brooks and Rebecca Garmen have been working at this facility prior to completing their TB tests.

On 03/03/2024, I received an email from Mrs. Mann stating that both Brandi Brooks and Rebecca Garmen tested negative on their TB tests.

On 03/11/2024, I followed up with DCS Rebecca Garmen. She was hired in February 2024 and at the time of her hire, she did not have her physical nor TB completed. She was recently sent to have her TB completed and it was negative. She has not had her medical statement from a licensed physician completed yet. Ms. Garmen stated she had her fingerprinting done at Auburn Hills Police Department but stated she went "on her own," and was not "sent by Sun Valley."

On 03/11/2024, I followed up with DCS Brandi Brooks. Ms. Brooks was hired in January 2024, and she had her TB test completed but the HM misplaced it. She went again to have it done two weeks after being hired and working at this facility, but again it was misplaced by the HM. Ms. Brooks had her TB done for the third time and it was negative.

On 03/11/2024, I followed up with the HM Hilary Shattuck who stated she quit working at Sun Valley Senior Living because "it was too much," and she "was not trained properly as a manager." When she worked at this facility, she misplaced many documents because she stated, "I was not taught about the records and how to organize them." She provided no further information.

On 03/11/2024, I followed up with day supervisor Monique Appleba. She began working April 2022 and had her TB test done and reported that all DCS are not current with their TB tests.

On 03/18/2024, Dr. Dhillon was interviewed regarding the allegations. DCS have not had any of their criminal background checks completed but he is in the process of having them done. He too stated that the previous administrator Deseree Peters was the person in charge of getting these completed but did not. The DCS that have not had their ICHAT, nor background checks completed are Brandi Brooks, Rebecca Garmen, and Monique Appleba and the cook, Frances Garland. He will send all the documents once he receives them from Workforce Background. Dr. Dhillon stated, "I don't know that rule," when advised that DCS cannot begin working at this facility without having their TB test completed.

On 03/18/2024, I followed up with the day supervisor Monique Appleba. Ms. Appleba stated she had her criminal background check completed two years ago after she was hired. She stated the only thing she did not complete was the medical statement within 30 days of hire. However, she currently has that completed. She stated all staff have their medical statements completed. There are some DCS that are in the process of having their fingerprints completed and Dr. Dhillon is taking care of those.

APPLICABLE RULE	
MCL 400.734b	Employing or contracting with certain individuals providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; determination of existence of national criminal history; failure to conduct criminal history check; automated fingerprint identification system database; electronic web-based system; costs; definitions.
	(2) Except as otherwise provided in this subsection or subsection (6), an adult foster care facility shall not employ or independently contract with an individual who has direct access to residents until the adult foster care facility or staffing agency has conducted a criminal history check in compliance with this section or has received criminal history record information in compliance with subsections (3) and (11). This subsection and subsection (1) do not apply to an individual who is employed by or under contract to an adult foster care facility before April 1, 2006. On or before April 1, 2011, an individual who is exempt under this subsection and who has not been the subject of a criminal history check conducted in compliance with this section shall provide the department of state police a set of fingerprints and the department of state police shall input those fingerprints into the automated fingerprint identification system database established under subsection (14). An individual who is exempt under this subsection is not limited to working within the adult foster care facility with which he or she is employed by or under independent contract with on April 1, 2006, but may transfer to another adult foster care facility, mental health facility, or covered health facility. If an individual who is exempt under this subsection is subsequently convicted of a crime or offense described under subsection (1)(a) to (g) or found to be the subject of a substantiated finding described under subsection (1)(i) or an order or disposition described under subsection (1)(h), or is found to have been convicted of a

	relevant crime described under 42 USC 1320a-7(a), he or she is no longer exempt and shall be terminated from employment or denied employment.
ANALYSIS:	Based on my investigation and information gathered, Dr. Gursharan Dhillon stated that DCS Brandi Brooks, Rebecca Garmen, and Monique Appleba did not have their criminal history check completed at the time of their hire. All three DCS have been having direct contact with residents at this facility. Dr. Dhillon is in the process of completing their criminal history checks.
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.15204	Direct care staff; qualifications and training.
	(2) Direct care staff shall possess all of the following qualifications: (a) Be suitable to meet the physical, emotional, intellectual, and social needs of each resident.
ANALYSIS:	Based on my investigation and information gathered, due to DCS Brandi Brooks, Rebecca Garmen, and Monique Appleba not having their criminal history checks completed, it is unknown if they are eligible to provide adult foster care to Residents A, C, D, F, and G; therefore, they are not suitable to meet the residents' physical, emotional, intellectual, and social needs until their criminal history checks are completed.
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.15205	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 and information gathered, DCS Brandi Brooks, Rebecca Garmen, Monique Appleba, and Frances Garland did not have a statement that is signed by a licensed physician attesting to their physical health at the time of their hire. Licensee designee, Mrs. Mann stated that the responsibility of the staff's medical statements at the time of hire was on the previous administrator Deseree Peters. Ms. Peters quit October 2023, and DCS Brandi Brooks was hired in January 2024 and Rebecca Garmen was hired in February 2024.
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.15205	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 and information gathered, DCS Brandi Brooks and Rebecca Garmen did not have their TB tests completed prior to their hire date and prior to providing adult foster care to the residents. Licensee designee, Mrs. Mann again stated that the responsibility of the staff's TB at the time of hire was on the previous administrator Deseree Peters. Ms. Peters quit October 2023, and DCS Brandi Brooks was hired in January 2024 and Rebecca Garmen was hired in February 2024. Both DCS had their TB tests completed on 02/27/2024 and they were negative according to Mrs. Mann.
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.15208	Direct care staff and employee records.
	(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information: (h) Medical information, as required.
ANALYSIS:	Based on my investigation and information gathered, Licensee designee, Mrs. Mann did not provide copies of all DCS TB certificates when requested by me via telephone on 02/27/2024 and again by email on 03/03/2024.
CONCLUSION:	VIOLATION ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION:

During the on-site investigation on 02/14/2024, I was interviewing Resident A when I observed a lunch tray in front of Resident A in her bedroom. There were large chunks of beef with mashed potatoes. Resident A was unable to eat the beef because, “they were too big.” She stated, “I didn’t want to choke. The meat is hard, and I can’t eat it, so I didn’t.” Resident A stated that sometimes the food is getting better but sometimes when pieces of meat are not tender or cut up in smaller pieces, she will not eat.

On 02/14/2024, DCS Brandi Brooks stated she has been advising the cook, Kyle Ralston that the meat is too large, so Ms. Brooks has been cutting them down for the residents. Even then, the residents are having difficulty eating it.

On 02/14/2024, I interviewed the cook, Kyle Ralston. Mr. Ralston acknowledged that the beef was hard and not cut to smaller pieces. He stated that he tries his best to make sure the meat is tender but understands that he must confirm it is the right consistency before serving it to the residents.

On 02/15/2024, the day supervisor Monique Appleba stated she has talked to Dr. Dhillon about “getting rid of Kyle,” because he was not doing what he is supposed to be doing with residents’ food. She stated it should be the responsibility of the cook and of DCS when they see the food is too big or not soft enough for the resident and make sure it is appropriate before putting in front of the resident.

On 02/21/2024, Mrs. Mann acknowledged that there is an issue with the food being too big for residents to eat. She is looking for a new cook because Kyle is not doing what he is supposed to be doing regarding food consistencies. Mrs. Mann stated it is the cooks and DCS' responsibility to ensure that food is easy for residents to chew and eat and if it is not, then the cook must address it. She will follow-up with the cooks.

On 03/18/2024, I left a detailed message for licensee designee Gagandeep Mann with my findings. I received a text message from Ms. Mann stating, "Can I call you later."

On 03/26/2024, I returned licensee designee Gagandeep Mann's call. She is not in agreement with the recommendation of a provisional license because she feels she has implemented the corrective action plan during the last investigation. She agreed that staff should have had their criminal background checks and TB completed prior to having direct contact with the residents but stated, "the previous administration left, and I needed people to care for the residents." She acknowledged that it is concerning that she has allowed staff to provide care without verification of their criminal background or verification they do not have TB. She requested the facility to only be on a one-month provisional basis. She was advised that per policy, the provisional is a six-month period. She stated she will accept the provisional license.

APPLICABLE RULE	
R 400.15313	Resident nutrition.
	(1) A licensee shall provide a minimum of 3 regular, nutritious meals daily. Meals shall be of proper form, consistency, and temperature. Not more than 14 hours shall elapse between the evening and morning hours.
ANALYSIS:	Based on my observation during the on-site investigation on 02/14/2024, food served on this day was not in a proper consistent form for residents to eat. Resident A had large chunks of beef on her plate. She stated she could not eat the beef because, "they were too big," and "she would choke." The cook Kyle Ralston was not ensuring that the consistency of the meat was appropriate and safe for the residents to eat.
CONCLUSION:	REPEAT VIOLATION ESTABLISHED SIR# 2024A0605007 dated 01/25/2024; CAP dated 02/14/2024

IV. RECOMMENDATION

Contingent upon receiving an acceptable corrective action plan, I recommend that the license be modified to a six-month provisional license.

Frodet Dawisha

03/19/2024

Frodet Dawisha
Licensing Consultant

Date

Approved By:

Denise Y. Nunn

03/29/2024

Denise Y. Nunn
Area Manager

Date