GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 8, 2024

Roland Higgs
Family Living Center Inc.
Suite 101
132 Franklin Blvd
Pontiac, MI 48341

RE: License #: AS630012322
Investigation #: 2024A0993009
Dawn Lane House

Dear Mr. Higgs:

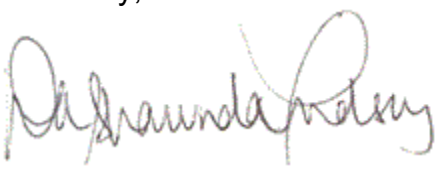
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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,



DaShawnda Lindsey, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place, Ste. 9-100
Detroit, MI 48202
(248) 505-8036

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS630012322
Investigation #:	2024A0993009
Complaint Receipt Date:	01/19/2024
Investigation Initiation Date:	01/19/2024
Report Due Date:	03/19/2024
Licensee Name:	Family Living Center Inc.
Licensee Address:	Suite 101 132 Franklin Blvd Pontiac, MI 48341
Licensee Telephone #:	(248) 334-5330
Administrator:	Roland Higgs
Licensee Designee:	Roland Higgs
Name of Facility:	Dawn Lane House
Facility Address:	4112 Dawn Lane West Bloomfield, MI 48323
Facility Telephone #:	(248) 626-0276
Original Issuance Date:	01/22/1981
License Status:	REGULAR
Effective Date:	07/11/2023
Expiration Date:	07/10/2025
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED

II. ALLEGATION(S)

	Violation Established?
On 01/06/2024, Resident A wanted to go bowling, but the home manager Bertina Seaton would not allow her to go due to Resident A being disrespectful and cursing and yelling that morning.	No
Additional Findings	Yes

III. METHODOLOGY

01/19/2024	Special Investigation Intake 2024A0993009
01/19/2024	Referral - Recipient Rights Received allegations from recipient rights advocate Katie Garcia
01/19/2024	Special Investigation Initiated - Telephone Telephone call made to recipient rights advocate Katie Garcia
01/19/2024	Contact - Telephone call made Telephone call made to supports coordinator Ashley Perdue
01/19/2024	Contact - Document Received Received a copy of Resident A's Individual Plan of Service (IPOS) and crisis plan
02/02/2024	Contact - Face to Face Attempted to interview Resident A at New Horizons Day Program. Resident A was not present.
02/02/2024	Inspection Completed On-site Conducted an unannounced onsite investigation. There was no answer at the door.
02/06/2024	Contact - Telephone call made Telephone call made to the facility and interviewed staff Jacky Jones
02/06/2024	Contact - Telephone call made Telephone call made to recipient rights advocate Katie Garcia. Left a message.

02/06/2024	Contact - Telephone call made Telephone call made to Resident A's guardian (and uncle)
02/06/2024	Contact - Telephone call made Telephone call made to supports coordinator Ashley Perdue
02/07/2024	Contact - Face to Face Interviewed Resident A at New Horizons Day Program
02/14/2024	Contact - Telephone call made Telephone call made to home manager Bertina Seaton
02/14/2024	Contact - Telephone call made Telephone call made to staff Ramia Temple
02/15/2024	Contact - Telephone call made Telephone call made to recipient rights advocate Katie Garcia
02/15/2024	Contact - Document Received Received an email
02/29/2024	Exit Conference Attempted to hold with licensee designee Roland Higgs. Left a message.

ALLEGATION:

On 01/06/2024, Resident A wanted to go bowling, but the home manager Bertina Seaton would not allow her to go due to Resident A being disrespectful and cursing and yelling that morning.

INVESTIGATION:

On 01/19/2024, I received the above allegations from recipient rights advocate Katie Garcia.

On 01/19/2024, I conducted a telephone interview with recipient rights advocate Katie Garcia. She verified she is also investigating the allegations. She stated she spoke with Resident A's guardian (and uncle). He confirmed Resident A wanted to go bowling on 01/06/2024, but home manager Bertina Seaton did not allow her to go because she was being respectful to staff. In addition, she spoke with supports coordinator Ashley Perdue. Ms. Perdue stated she is aware of several incidents where Resident A had been aggressive with residents and staff. Staff held off her outings as a result. There is nothing listed in the plan where this is allowable.

On 01/19/2024, I conducted a telephone interview with supports coordinator Ashley Perdue. Ms. Perdue stated she spoke with Resident A but received limited information regarding the incident on 01/06/2024. Resident A informed Ms. Perdue that she wanted to go bowling, but she stayed home. Per Ms. Perdue, Resident A did not seem upset about staying home that day.

On 01/19/2024, I reviewed Resident A's crisis plan. Per the plan, strategies for staff to de-escalate a crisis include:

- "Monitor [Resident A] closely
- Approach her calmly and speak in a soft non-threatening, reassuring manner
- Respond to her in a firm and consistent manner
- Do not argue or reason with her when she is agitated
- Avoid escalating through arguments, power struggles, and shouting.
- Encourage her to communicate her feelings and communicate sincere genuine desire to help
- Be specific and give step-by-step instructions, Provide simple, clear directions
- Redirect her to a calming activity
- Offer choices
- Don't bribe (e.g., You'll get cake if you calm down).
- Don't promise anything that can't be delivered
- Follow through with treatment plan"

On 02/06/2024, I contacted the facility and interviewed staff Jacky Jones. Ms. Jones stated she believed Resident A wanted to go bowling, but the home manager Bertina Seaton would not allow her to go due to Resident A being disrespectful and cursing and yelling that morning. Ms. Jones stated she was not present in the facility when the incident occurred. Ms. Jones stated Resident A moved out of the facility this past weekend. Ms. Jones did not know where Resident A moved to.

On 02/06/2024, I conducted a telephone interview with Resident A's guardian. He confirmed Resident A wanted to go bowling, but the home manager Bertina Seaton would not allow her to go due to Resident A being disrespectful and cursing and yelling that morning. The incident occurred on either 01/05/2024 or 01/06/2024. Per Resident A's guardian, Resident A was cursing because staff was cursing at her. When asked which staff cursed at Resident A, he responded he believed Ms. Seaton cursed at Resident A.

02/06/2024, I conducted a telephone interview with supports coordinator Ashley Perdue. Ms. Perdue confirmed Resident A moved out of the facility. She is currently living in a private residence with 24-hour staffing.

On 02/07/2024, I interviewed Resident A at New Horizons Day Program. Resident A stated she wanted to go bowling, but they did not let her go. She did not know why she was not allowed to go. She did not recall the date of the incident. She did not recall who

did not allow her to go. She denied that she was cursing or yelling at staff. She denied that staff cursed or yelled at her.

On 02/14/2024, I conducted a telephone interview with home manager Bertina Seaton. Ms. Seaton stated Resident A is known for having behaviors, and staff cannot calm her down. On the day of the incident, Resident A was yelling and screaming. Staff tried to calm her down with no success. Resident A called staff dummies as well as other names. Ms. Seaton explained to Resident A that she could not talk to her until she calmed down. Ms. Seaton instructed staff Ramia Temple to take the other residents on the outing, and she would stay in the facility with Resident A. Resident A's guardian called later and asked to speak with Resident A. Resident A informed him that she could not go bowling because she could not find her bowling ball. Resident A's guardian asked to speak with Ms. Seaton. Ms. Seaton explained to Resident A's guardian what had occurred. Resident A's guardian began yelling at Ms. Seaton, telling her that they were punishing Resident A, and they should know how to work with Resident A. Ms. Seaton gave the phone back to Resident A and allowed her to talk to her guardian.

Ms. Seaton stated when Resident A has behaviors, staff tries to redirect Resident A or tries to allow her to calm down by going to her bedroom or sitting in the living room. Staff also administers her a PRN. On the day of the incident, Resident A was administered a PRN, but she was still agitated.

On 02/14/2024, I conducted a telephone interview with staff Ramia Temple. Ms. Temple confirmed she was working in the facility on 01/06/2024. Before Ms. Temple and the residents were leaving the facility to go bowling, Resident A began having behaviors. She stated crying and yelling. Ms. Temple stated she did not know what triggered Resident A. Prior to Resident A's behaviors, she asked all the residents to go upstairs and change so they could go bowling. Per Ms. Temple it takes a long time to calm Resident A down when she is having behaviors. She believed Resident A was administered a PRN that day. Resident A was very agitated. Ms. Seaton told her to take the other residents bowling and she would stay in the facility with Resident A.

02/15/2024, I conducted a telephone interview with recipient rights advocate Katie Garcia. Ms. Garcia stated she is likely going to substantiate the allegations due to staff not allowing Resident A to go bowling.

On 02/15/2024, I received a copy of Resident A's medication administration record (MAR). Per the MAR, Resident A was administered PRN Alprazolam 2mg to Resident A for severe agitation on 01/06/2024.

APPLICABLE RULE	
R 400.14304	**Resident rights; licensee responsibilities.**
	(1) Upon a resident's admission to the home, a licensee shall inform a resident or the resident's designated representative of, explain to the resident or the resident's

	designated representative, and provide to the resident or the resident's designated representative, a copy of all of the following resident rights: **(h) The right to participate in the activities of social, religious, and community groups at his or her own discretion.**
ANALYSIS:	On 01/06/2024, Resident A was yelling and screaming. Staff tried to calm her down with no success. Ms. Seaton explained to Resident A that she could not talk to her until she calmed down. Ms. Seaton instructed staff Ramia Temple to take the other residents on the outing, and she would stay in the facility with Resident A. When Resident A has behaviors, staff tries to redirect Resident A or tries to allow her to calm down by going to her bedroom or sitting in the living room. Staff also administers her a PRN. On the day of the incident, Resident A was administered a PRN, but she was still agitated.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION:

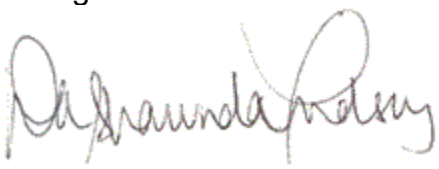
On 02/15/2024, I received Resident A's MAR. On 01/01/2024, 01/04/2024, 01/05/2024, 01/06/2024, 01/10/2024, 01/11/2024, 01/15/2024, 01/16/2024, 01/18/2024, 01/27/2024, and 01/28/2024 staff administered PRN Alprazolam 2mg to Resident A for severe agitation. The time the medication was administered to Resident A was not documented.

APPLICABLE RULE	
R 400.14312	**Resident medications.**
	(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions: **(b) Complete an individual medication log that contains all of the following information:** **(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.**

ANALYSIS:	On 01/01/2024, 01/04/2024, 01/05/2024, 01/06/2024, 01/10/2024, 01/11/2024, 01/15/2024, 01/16/2024, 01/18/2024, 01/27/2024, and 01/28/2024 staff administered PRN Alprazolam 2mg to Resident A for severe agitation. The time the medication was administered to Resident A was not documented.
CONCLUSION:	**VIOLATION ESTABLISHED**

IV. RECOMMENDATION

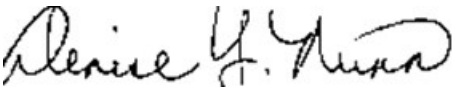
Contingent upon receipt of an acceptable corrective action plan, I recommend no change in the license status.



02/29/2024

DaShawnda Lindsey — Date
Licensing Consultant

Approved By:



04/08/2024

Denise Y. Nunn — Date
Area Manager