

GRETCHEN WHITMER
GOVERNOR

## STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

January 3, 2023

Donald Cross Adapt St. Joe, Inc. 907 N. Clay Sturgis, MI 49091

> RE: License #: AL120091717 Investigation #: 2023A1032013 Westbrook Home

Dear Mr. Cross:

Attached is the Special Investigation Report for the above referenced facility. No substantial violations were found.

Please review the enclosed documentation for accuracy and contact me with any questions. If I am not available and you need to speak to someone immediately, please contact the local office at (616) 356-0183.

Sincerely,

Dwight Forde, Licensing Consultant

Bureau of Community and Health Systems

Unit 13, 7th Floor 350 Ottawa, N.W.

Grand Rapids, MI 49503

Dwy Juda

(616)-240-3850

**Enclosure** 

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

#### I. IDENTIFYING INFORMATION

| License #:                     | AL120091717                           |
|--------------------------------|---------------------------------------|
| lange of the office of the     | 000044000040                          |
| Investigation #:               | 2023A1032013                          |
| Complaint Receipt Date:        | 11/28/2022                            |
|                                |                                       |
| Investigation Initiation Date: | 11/28/2022                            |
| December 10 to Date            | 40/00/0000                            |
| Report Due Date:               | 12/28/2022                            |
| Licensee Name:                 | Adapt St. Joe, Inc.                   |
|                                | ,                                     |
| Licensee Address:              | 907 N. Clay, Sturgis, MI 49091        |
| Licenses Telesberre #          | (000) 054 7000                        |
| Licensee Telephone #:          | (269) 651-7900                        |
| Licensee Designee:             | Donald Cross                          |
|                                |                                       |
| Name of Facility:              | Westbrook Home                        |
| Cocility Address:              | FOE M. Chicago St. Droppen MI 40000   |
| Facility Address:              | 505 W. Chicago St., Bronson, MI 49028 |
| Facility Telephone #:          | (517) 369-1351                        |
|                                |                                       |
| Original Issuance Date:        | 06/01/2000                            |
| License Status:                | REGULAR                               |
| License Status.                | NEGOLAN                               |
| Effective Date:                | 08/10/2022                            |
|                                |                                       |
| Expiration Date:               | 08/09/2024                            |
| Capacity:                      | 16                                    |
| Capacity.                      | 10                                    |
| Program Type:                  | PHYSICALLY HANDICAPPED                |
|                                | DEVELOPMENTALLY DISABLED              |
|                                | MENTALLY ILL                          |

### Violation Established?

| Employees did not adequately address Resident A's skin condition | No |
|--|----|
| Additional Findings  | No |

#### II. METHODOLOGY

| 11/28/2022 | Special Investigation Intake<br>2023A1032013  |
|------------|---|
| 11/28/2022 | Special Investigation Initiated - Telephone   |
| 11/29/2022 | Contact - Document Received<br>Incident Report a received from the home regarding Resident A<br>going to the hospital on 11/28/22 |
| 11/30/2022 | Contact - Face to Face<br>Interview with Resident A and Employee #1   |
| 12/29/2022 | Contact – Telephone call made<br>Interview with Resident A and Employee #1  |
| 12/29/2022 | Exit Conference   |

This complaint was received from Centralized Intake Adult Protective Services where it was screened out from assignment as an APS investigation.

#### **ALLEGATION:**

Employees did not adequately address Resident A's skin condition.

#### **INVESTIGATION:**

On 11/28/22, I interviewed the complainant. The complainant added that Resident A went to the hospital.

On 11/29/22, I received an incident report (IR) from the home. The report detailed that Resident A and a friend went to the hospital on 11/28/22. The document reflected that the home had made attempts to have resident A seen by a podiatrist, but that Resident A's insurance was not accepted by many places. Included was a

discussion with Resident A's case manager concerning the foot condition. Contained in the report was information that the hospital trip yielded no fruit. The author of the document mentioned trying to secure emergency funds to have Resident A seen by a podiatrist.

On 11/30/22, I interviewed Resident A at the home. Resident A stated that she has had problems with the callus on her foot as well as overgrown toenails on her left foot for approximately five months. I observed a quarter-sized callus on her left foot. Resident A reported that her previous podiatrist closed their practice about five months ago. She stated that she tried to see another podiatrist in the area, but that doctor would not accept her insurance. She stated that both her case manager and the home encouraged her to change her insurance, but she declined to do so. Resident A mentioned that three shears were broken while attempting to cut her toenails. Resident A stated that she has an appointment with Karim Healthcare to obtain a referral to be seen by a podiatrist in Battle Creek that accepts her insurance. Resident A acknowledged that the home has made attempts to address the issue. Resident A expressed satisfaction with the quality of care provided by the home. She detailed being a resident at the home, leaving for another home, living with a friend then returning, because she liked living at this home.

I interviewed Employee #1. Employee #1 stated that Resident A's case manager at Pines Behavioral Health tried to secure emergency funds to have Resident A seen by an area podiatrist but was unsuccessful. Employee #1 reported that the home had encouraged Resident A to switch insurances so that she could be seen by an area podiatrist but Resident A declined to do so. Employee #1 added that Resident A's case manager at Pines Behavioral Health attempted to secure \$200. 00 to pay out of pocket for a podiatry visit since Resident A declined to switch her insurance to an area podiatrist.

On 12/29/22, I interviewed again, Employee #1 via telephone. Employee #1 stated that Resident A had agreed to switch her insurance and will be seen at the Wound Clinic in Coldwater on 12/30/22. Employee #1 further stated that Adapt Inc had secured emergency funds for Resident A to be seen earlier this month by a nearby practice.

| APPLICABLE RU | LE             |  |
|---------------|----------------|--|
| R 400.15303   | Resident care. |  |
|               |                |  |
|               |                |  |

|             | (2) A licensee shall provide supervision, protection, and personal care as defined in the act and as specified in the resident's written assessment plan.  |
|-------------|--|
| ANALYSIS:   | I received an incident report referencing Resident A's trip to the emergency room at Bronson Hospital, where no care was provided. I interviewed Resident A, who denied that the home had not tried to assist her in receiving care for her callus and toenails. I interviewed Employee #1, who detailed various attempts the home took to address the problem. Based on Resident A's denial of the allegation, and the reported attempts to address the problem, including encouraging Resident A to switch insurance to a more widely accepted plan, to accessing funds to be seen by a doctor, I concluded that there was no violation of administrative rules. |
| CONCLUSION: | VIOLATION NOT ESTABLISHED  |

On 12/29/22, I attempted to conduct an exit interview with Director of Services Angela Snyder, to share my findings. Ms. Snyder was not available.

#### III. RECOMMENDATION

Area Manager

I recommend no change to the status of this license.

| must finde                           |          |  |
|--------------------------------------|----------|--|
| 844 0                                | 12/29/22 |  |
| Dwight Forde<br>Licensing Consultant | Date     |  |
| Approved By:  Russell Misias         |          |  |
| Russell                              | 1/3/23   |  |
| Russell B. Misiak                    | <br>Date |  |