GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 29, 2024

Iemelif Julian
1635 Millard Avenue
Madison Heights, MI 48071

RE: License #: AS630394526
Investigation #: 2024A0991017
Genesis Adult Foster Care Home III

Dear Iemelif Julian:

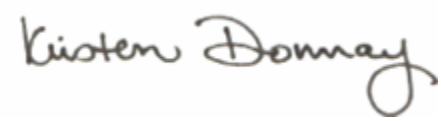
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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,



Kristen Donnay, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 W. Grand Blvd. Ste 9-100
Detroit, MI 48202
(248) 296-2783

enclosure

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

## I. IDENTIFYING INFORMATION

| | |
|---|---|
| **License #:** | AS630394526 |
| | |
| **Investigation #:** | 2024A0991017 |
| | |
| **Complaint Receipt Date:** | 03/22/2024 |
| | |
| **Investigation Initiation Date:** | 03/26/2024 |
| | |
| **Report Due Date:** | 05/21/2024 |
| | |
| **Licensee Name:** | Iemelif Julian |
| | |
| **Licensee Address:** | 1635 Millard Avenue<br>Madison Heights, MI 48071 |
| | |
| **Licensee Telephone #:** | (248) 635-7685 |
| | |
| **Licensee Designee:** | Iemelif Julian |
| | |
| **Name of Facility:** | Genesis Adult Foster Care Home III |
| | |
| **Facility Address:** | 29140 Murray Crescent Dr<br>Southfield, MI 48076 |
| | |
| **Facility Telephone #:** | (248) 635-7685 |
| | |
| **Original Issuance Date:** | 09/14/2018 |
| | |
| **License Status:** | REGULAR |
| | |
| **Effective Date:** | 03/14/2023 |
| | |
| **Expiration Date:** | 03/13/2025 |
| | |
| **Capacity:** | 6 |
| | |
| **Program Type:** | PHYSICALLY HANDICAPPED<br>AGED<br>ALZHEIMERS |

## II. ALLEGATION(S)

| | **Violation Established**? |
|---|---|
| The home is understaffed and staff sleep on shift. The staff are not trained and do not speak English. There are staff sleeping in the laundry room. | Yes |
| Residents have developed wounds because they just stay in bed or on the couch. There are no activities provided for the residents. | No |
| The menu is only for display. Most of the residents are given packaged frozen foods. | Yes |
| Fire drills are not being completed. | Yes |

## III. METHODOLOGY

| | |
|---|---|
| 03/22/2024 | Special Investigation Intake<br>2024A0991017 |
| 03/26/2024 | Special Investigation Initiated - Letter<br>Sent referral to Adult Protective Services (APS) |
| 03/26/2024 | APS Referral<br>Sent to Adult Protective Services (APS) Centralized Intake |
| 03/28/2024 | Inspection Completed On-site<br>Interviewed staff and observed Resident A and Resident B |
| 03/28/2024 | Contact - Document Sent<br>Sent request for documents to licensee designee |
| 04/03/2024 | Contact - Document Received<br>Staff records, fire drill records |
| 04/11/2024 | Contact – Telephone Call Made<br>Left message for staff, Vilma Borja |
| 05/20/2024 | Exit Conference<br>Via telephone with licensee designee, Iemelif (Meng) Julian |

**ALLEGATION:**

**The home is understaffed, and staff sleep on shift. The staff are not trained and do not speak English. There are staff sleeping in the laundry room.**

**INVESTIGATION:**

On 03/25/24, I received a licensing complaint regarding Genesis Adult Foster Care Home III. It was alleged that staff do not have proper living conditions, and some staff are sleeping in the laundry room. Staff do not speak English or have training. There is only one staff per day and night. Some staff are working seven days/nights straight. Staff sleep on shift, and no one is watching the residents. The menu is only for display and residents are mostly given packaged frozen foods. No fire drills have ever been done. Many residents have developed wounds because they just stay in bed or on the couch. There are no activities in the home. The allegations were made regarding four of the licensee's adult foster care homes located in Macomb and Oakland County, including Genesis Adult Foster Care Home I (AS630412070, Genesis Adult Foster Care Home II (AS500389749), and Genesis Adult Foster Care Home IV (AS630398410). I initiated my investigation on 03/26/24 by making a referral to Adult Protective Services (APS) Centralized Intake.

On 03/28/24, I conducted an unannounced onsite inspection at Genesis Adult Foster Care Home III. I interviewed direct care worker, Jerome Ibarra. Mr. Ibarra stated that he has worked in the home for several years. Mr. Ibarra spoke English and could be easily understood. He stated that there are currently two residents living in the home. Resident A uses a wheelchair and requires one person to assist her. Resident B requires standby staff assistance. Mr. Ibarra stated that no staff live in the home, and no one has ever slept in the laundry room. He stated that all staff are fully trained. Training is conducted internally for all new staff. They have one staff on shift and typically work twelve-hour shifts from 7:00am-7:00pm. Mr. Ibarra stated that staff are not allowed to sleep on shift. He has never slept on shift and has never observed any other staff sleeping on shift. He stated that Resident A is sometimes in pain at night and Resident B sometimes gets up and walks around at night, so they must be awake.

On 03/28/24, I interviewed Resident A. Resident A stated that she likes living in the home and does not have any complaints about the staff. They take good care of her. She never saw anyone sleeping while on shift.

I observed Resident B sitting at the table in the dining room of the home. Resident B was unable to answer questions due to limited verbal and cognitive abilities.

During the onsite inspection, I conducted a walkthrough of the home. I observed the resident bedrooms, living and dining room areas, and the basement of the home, which includes the laundry room area. I did not observe any blankets, mattresses, cots or

other items which would indicate staff or any person other than the residents were sleeping in the home.

On 04/03/24, I received and reviewed a copy of the staff schedule for March 2024. It shows one staff working from 7:00am-7:00pm and another staff working from 7:00pm-7:00am each day. There were no instances of staff working multiple shifts in a row noted on the staff schedule.

On 04/03/24, I received and reviewed the training for the three staff working in the home, Jerome Ibarra, Vilma Borja, and Lester Fernando. Jerome Ibarra and Vilma Borja had documentation showing that all the required trainings were completed. Lester Fernando did not have documentation showing that he had completed first aid and CPR training, safety and fire prevention training, or training regarding prevention and containment of communicable diseases. The licensee designee noted that Lester Fernando left the company before he was able to complete his training or fingerprinting. The March 2024 staff schedule showed Mr. Fernando working as the only staff on shift from 7:00am-7:00pm on 03/04/24, 03/05/24, 03/11/24, 03/12/24, 03/18/24, 03/19/24, 03/25/24, and 03/26/24. The schedule shows Mr. Fernando was the only staff on shift from 7:00pm-7:00am on 03/06/24, 03/07/24, 03/13/24, 03/14/24, 03/20/24, 03/21/24, 03/27/24, and 03/28/24.

| **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 the information gathered through my investigation, there is sufficient information to conclude that direct care worker, Lester Fernando, was not fingerprinted through the Michigan Workforce Background Check System prior to working shifts alone in the home. The licensee designee, Iemelif Julian, stated that Mr. Fernando left the company before he completed training or fingerprints. The March 2024 staff schedule showed Mr. Fernando working as the only staff on shift from 7:00am-7:00pm on 03/04/24, 03/05/24, 03/11/24, 03/12/24, 03/18/24, 03/19/24, 03/25/24, and 03/26/24. The schedule shows Mr. Fernando was the only staff on shift from 7:00pm-7:00am on 03/06/24, 03/07/24, 03/13/24, 03/14/24, 03/20/24, 03/21/24, 03/27/24, and 03/28/24. |
| **CONCLUSION:** | **VIOLATION ESTABLISHED** |

| **APPLICABLE RULE** | |
|---|---|
| **R 400.14204** | **Direct care staff; qualifications and training.** |
| | (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:<br>(b) First aid.<br>(c) Cardiopulmonary resuscitation.<br>(f) Safety and fire prevention.<br>(g) Prevention and containment of communicable diseases. |

| | |
|---|---|
| **ANALYSIS:** | Based on the information gathered through my investigation, there is sufficient information to conclude that direct care worker, Lester Fernando, did not complete the required training prior to performing tasks as a direct care worker. There was no verification on file to show that Mr. Fernando completed first aid, CPR, safety and fire prevention, or prevention and containment of communicable disease training. The licensee designee stated that Mr. Fernando left the company before he could complete training. However, Mr. Fernando worked several shifts in the home without supervision during the month of March 2024. |
| **CONCLUSION:** | **VIOLATION ESTABLISHED** |

| **APPLICABLE RULE** | |
|---|---|
| **R 400.14206** | **Staffing requirements.** |
| | (2) A licensee shall have sufficient direct care staff on duty at all times for the supervision, personal care, and protection of residents and to provide the services specified in the resident's resident care agreement and assessment plan. |
| **ANALYSIS:** | Based on the information gathered through my investigation, there is insufficient information to conclude that the home does not have sufficient direct care staff on duty at all times. The home has one direct care staff working each shift from 7:00am-7:00pm and 7:00pm-7:00am. There were two residents in the home at the time of the investigation. The schedule did not show any staff working multiple shifts in a row. Staff and Resident A did not have any knowledge of staff sleeping while on shift. Resident A did not express any concerns about the ability of staff to provide care or communicate with her. |
| **CONCLUSION:** | VIOLATION NOT ESTABLISHED |

**ALLEGATION:**

**Residents have developed wounds because they just stay in bed or on the couch. There are no activities provided for the residents.**

**INVESTIGATION:**

On 03/28/24, I conducted an unannounced onsite inspection at Genesis Adult Foster Care Home III. I interviewed direct care worker, Jerome Ibarra. Mr. Ibarra stated that there are two residents in the home. Resident A and Resident B do not have any wounds. They are always up and about during the day. They never stay in bed or on the

couch all day. They play bingo, color, and do other activities. They do exercises from 10:30-11:00am and 3:30-4:00pm. They usually do an organized activity from 1:30-2:00pm. The residents sit outside when it is nice, and they have family members who take them out into the community.

During the onsite inspection, I observed Resident A and Resident B sitting at the dining room table. Resident A was coloring. She stated that she enjoys coloring, doing puzzles, and playing games, including Scrabble. She stated that she likes living in the home and does not have any complaints. I observed Resident B sitting at the table, but he was unable to answer questions due to limited verbal and cognitive abilities. I observed games and art supplies in the home. Resident A and Resident B both appeared to have good hygiene. I reviewed the resident files, including assessment plans and health care appraisals. There was no documentation on file that either resident had any wounds.

| **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 the information gathered through my investigation, there is insufficient information to conclude that the needs of the residents are not being met in the home. There was no indication that Resident A and Resident B are left in bed all day or have wounds. Staff, Jerome Ibarra, stated that the residents do not have any wounds and that they are up and about every day. Resident A did not have any concerns about the care she is receiving in the home. Resident A and Resident B were up and sitting at the dining room table during my unannounced onsite inspection. There was no documentation on file showing that they had any wounds. |
| **CONCLUSION:** | VIOLATION NOT ESTABLISHED |

| **APPLICABLE RULE** | |
|---|---|
| **R 400.14317** | **Resident recreation.** |
| | (1) A licensee shall make reasonable provision for a varied supply of leisure and recreational equipment and activities that are appropriate to the number, care, needs, age, and interests of the residents. |

| | |
|---|---|
| **ANALYSIS:** | Based on the information gathered through my investigation, there is insufficient information to conclude that the residents are not engaged in activities. During my unannounced onsite inspection, I observed Resident A sitting at the table coloring. She stated that she enjoys coloring and playing games in the home. Staff, Jerome Ibarra, stated that they do activities every day including games, coloring, and exercising. The residents also go into the community with family members. |
| **CONCLUSION:** | VIOLATION NOT ESTABLISHED |

**ALLEGATION:**

**The menu is only for display. Most of the residents are given packaged frozen foods.**

**INVESTIGATION:**

On 03/28/24, I conducted an unannounced onsite inspection at Genesis Adult Foster Care Home III. I interviewed direct care worker, Jerome Ibarra. Mr. Ibarra stated that he works in the home at least five days a week. The residents always get three meals a day. He stated that he tries to follow the menu in the home, but sometimes he has to make substitutions if something is not available. He stated that he does not write substitutions on the menu. Mr. Ibarra stated that they sometimes make frozen lasagna or use frozen meatballs, but otherwise they do not serve frozen meals. He stated that it is easier to cook fresh food.

On 03/28/24, I interviewed Resident A. Resident A stated that the food in the home is good. They do not eat frozen meals. She did not have any complaints about the food or the home.

During the onsite inspection, I observed an adequate supply of food in the home, including fresh fruit and vegetables. I did not observe frozen meals in the freezer. I reviewed a copy of the menu that was posted in the home. The menu was not dated. It stated, “Meal Plan Week 1” and “Meal Plan Week 2” with three meals listed daily. The meals listed included a variety of foods and appeared to be well-balanced meals with fruits and vegetables.

| **APPLICABLE RULE** | |
|---|---|
| **R 400.14313** | **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 meal. |

| | |
|---|---|
| **ANALYSIS:** | Based on the information gathered through my investigation, there is insufficient information to conclude that the residents eat mostly frozen meals, and three nutritious meals are not being provided daily. During my onsite inspection, I observed a sufficient supply of food in the home, including fresh fruit and vegetables. I did not observe frozen meals in the home. Staff, Jerome Ibarra, stated that they sometimes eat frozen lasagna or meatballs, but otherwise the food is prepared fresh. Resident A did not have any complaints regarding the food in the home. |
| **CONCLUSION:** | VIOLATION NOT ESTABLISHED |

| **APPLICABLE RULE** | |
|---|---|
| **R 400.14313** | **Resident nutrition.** |
| | (4) Menus of regular diets shall be written at least 1 week in advance and posted. Any change or substitution shall be noted and considered as part of the original menu. |
| **ANALYSIS:** | Based on the information gathered through my investigation, there is sufficient information to conclude that substitutions were not being noted on the menu. During the onsite inspection, I observed that the menu posted in the home was not dated and did not have any substitutions noted. Staff, Jerome Ibarra, sometimes makes substitutions when items are not available, but he does not document this on the menu. |
| **CONCLUSION:** | **VIOLATION ESTABLISHED** |

**ALLEGATION:**

**Fire drills are not being completed.**

**INVESTIGATION:**

On 03/28/24, I conducted an unannounced onsite inspection at Genesis Adult Foster Care Home III. I interviewed direct care worker, Jerome Ibarra. Mr. Ibarra stated that he has been trained regarding fire drill evacuation procedures and they do practice fire drills with the residents. He stated that they press the button on the smoke detector to make the alarm go off and they take the residents outside. Mr. Ibarra stated that they do

not practice fire drills every month. He stated that they are done every three to six months. He did not know if they documented when the drills were completed. He stated that they never practice fire drills during the wintertime, and they do not practice fire drills at night when the residents are sleeping.

On 03/28/24, I interviewed Resident A. Resident A stated that they practice fire drills. They go outside when the alarm goes off. She stated that they do not do this at night when she is sleeping.

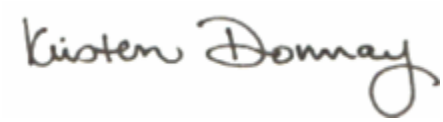
On 04/03/24, I received and reviewed a copy of the fire drill records for 2023 and January-March 2024. The fire drill records show that fire drills were completed at 11:00am, 4:00pm, and 7:00am each quarter and were conducted by Eddie Ibarra. All evacuation times were noted to be less than three minutes.

On 05/20/24, I conducted an exit conference via telephone with the licensee designee, Iemelif (Meng) Julian. Ms. Julian stated that the residents were temporarily moved from the home at the end of March but should be returning to the home soon. She stated that she would submit a corrective action plan to address the violations in the report, and that they have already implemented many of the required changes. I provided technical assistance to Ms. Julian and advised her that fire drills should be conducted by the staff working in the home and one drill must be completed during deep sleep hours each quarter. I also advised Ms. Julian that staff cannot work in the home unsupervised until they are fully trained and fingerprinted.

| **APPLICABLE RULE** | |
|---|---|
| **R 400.14318** | **Emergency preparedness; evacuation plan; emergency transportation.** |
| | (5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review. |
| **ANALYSIS:** | Based on the information gathered through my investigation, there is sufficient information to conclude that fire drills are not being conducted during sleeping hours. The staff, Jerome Ibarra, and Resident A stated that fire drills are not practiced at night when the residents are sleeping. Fire drill records showed that fire drills were being conducted at 7:00am each quarter, rather than during a time of deep sleep. |
| **CONCLUSION:** | **VIOLATION ESTABLISHED** |

## IV. RECOMMENDATION

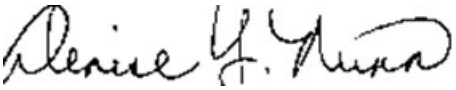
Contingent upon the receipt of an acceptable corrective action plan, I recommend no change to the status of the license.



05/20/2024

Kristen Donnay Date
Licensing Consultant

Approved By:



05/29/2024

Denise Y. Nunn Date
Area Manager