



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 30, 2024

Erin Gust
Dignitas Inc
P.O. Box 3460
Farmington Hills, MI 48333-3460

RE: License #: AM630409077
Investigation #: 2024A0991022
Orchard Lake House 4

Dear Erin Gust:

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,

A handwritten signature in cursive script that reads "Kristen Donnay". The signature is written in black ink and is positioned below the word "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 #:	AM630409077
Investigation #:	2024A0991022
Complaint Receipt Date:	05/23/2024
Investigation Initiation Date:	05/24/2024
Report Due Date:	07/22/2024
Licensee Name:	Dignitas Inc
Licensee Address:	24380 Orchard Lake Road Suite 112 Farmington Hills, MI 48336-3460
Licensee Telephone #:	(248) 442-1170
Licensee Designee:	Erin Gust
Name of Facility:	Orchard Lake House 4
Facility Address:	24445 Orchard Lake Rd Farmington Hills, MI 48336
Facility Telephone #:	(248) 442-1170
Original Issuance Date:	10/21/2022
License Status:	REGULAR
Effective Date:	04/21/2023
Expiration Date:	04/20/2025
Capacity:	12
Program Type:	PHYSICALLY HANDICAPPED TRAUMATICALLY BRAIN INJURED

II. ALLEGATION(S)

	Violation Established?
<ul style="list-style-type: none"> • The facility is under construction and some residents were relocated to another building. One of the two exits is not accessible. Residents were exposed to dust and debris during the construction. • Fire drills are not being conducted as required. 	Yes

III. METHODOLOGY

05/23/2024	Special Investigation Intake 2024A0991022
05/24/2024	Special Investigation Initiated - Letter Email to complainant
05/24/2024	Contact- Telephone Call Received From fire inspector, Don Christensen
05/24/2024	APS Referral Not referred to Adult Protective Services (APS)- no allegations of abuse or neglect
05/28/2024	Contact - Document Received Email from fire inspector, Don Christensen
06/04/2024	Inspection Completed On-site Unannounced onsite inspection- interviewed resident and operations coordinator
06/07/2024	Contact - Document Sent Sent request for documentation
06/12/2024	Contact - Document Received Fire drills, staff schedule, resident register
06/12/2024	Contact - Document Received Letter from licensee designee
06/17/2024	Contact - Document Received Additional fire drill records

07/15/2024	Contact- Telephone Call Made Left message for licensee designee, Erin Gust re: exit conference
07/16/224	Contact- Telephone Call Made Left message for licensee designee, Erin Gust re: exit conference
07/17/2024	Exit Conference Via telephone with licensee designee, Erin Gust

ALLEGATION:

- **The facility is under construction and some residents were relocated to another building. One of the two exits is not accessible. Residents were exposed to dust and debris during the construction.**
- **Fire drills are not being conducted as required.**

INVESTIGATION:

On 05/23/24, I received a complaint from the Bureau of Fire Services (BFS) which noted that Orchard Lake House 4 is under construction, and some of the residents were moved to another building. During an annual inspection on 05/23/24, the Fire Marshal Inspector, Don Christensen, observed that one of the egress doors was blocked due to the construction. The residents who remained in the building were being exposed to dust and debris during the construction. A referral was not made to Adult Protective Services (APS) as there were no allegations of abuse or neglect.

On 05/24/24, I interviewed the Fire Marshal Inspector, Don Christensen, via telephone. Mr. Christensen stated that he was conducting an annual fire safety re-check at Orchard Lake House 4 on 05/23/24. He stated that during his inspection, they were tearing up the floors and doing cosmetic work at the facility in the basement and upstairs level of the home. He stated that the facility had not pulled any permits and did not notify BFS of the work being completed. Mr. Christensen stated that three residents were moved out of the facility to another building while work was being completed on their rooms. During his onsite inspection, he observed three residents in the living room area of the home. The residents have traumatic brain injuries (TBI) and use wheelchairs. He stated that the three residents were sitting in the living room, near the area where work was being completed. The residents were being exposed to dust and debris from the flooring being pulled up and replaced. Mr. Christensen stated that the work was also being completed in front of one of the egress doors, so the residents could not use that door as the exit was blocked. Mr. Christensen stated that he informed the administrators of these issues, and both means of egress are accessible again. The Farmington Hills Fire Department issued a stop work order and they told the contractor that they were done working for now. Mr. Christensen further stated that the facility is not conducting fire drills during the required timeframes, and they have failed to provide required

documentation. He issued a temporary fire safety approval to the facility, and they have 30 days to come into compliance. He stated that he will issue a disapproval if they do not follow through.

On 06/04/24, I conducted an unannounced onsite inspection at Orchard Lake House 4. I interviewed the operations coordinator, Mary Smith. Ms. Smith stated that they are in the process of replacing the flooring in the home. She was not aware of the egress doors being blocked. She stated that there was a dumpster that was crossways on the driveway, which the Fire Marshal stated was blocking the egress, so it was moved. Ms. Smith stated that they are replacing the floors on one side of the home, and then they will replace the floors on the other side of the home. Three of the residents who had bedrooms on the side of the home where the floors were being replaced first were moved to other buildings. Some of the other residents moved their bedrooms to the hallway on the opposite side of the home. Ms. Smith stated that the guardians of the residents and the assigned licensing consultant were notified regarding the construction and the moves. Ms. Smith stated that the residents went on an outing on the day that the floors were being taken up. She was not aware of them being exposed to dust or debris. Ms. Smith stated that they do practice fire drills at the home as required, but she did not have access to the fire drill records during my onsite inspection.

During the onsite inspection, I observed that the floor replacement was still in progress. I observed that the home had two means of egress. Both means of egress were unobstructed and accessible for the residents to exit the building. I observed the ramps leading from the home, as well as the deck area. I observed a coffee can and an open ash tray being used to dispose of cigarette butts on the deck. There were several cigarette butts that were not in the containers and were on the floor of the deck.

During the onsite inspection, I interviewed Resident A. Resident A stated that she was in the facility when they were working on the floors. She stated that it was dusty when they were working on the floors, but it is better now. Resident A stated that the bedroom doors were blocked off when they were working. She had to move her bedroom to the other side of the home, as they are working on the floors where her bedroom was located. She stated that some of the residents moved to a different house. Resident A stated that she did not go outside or go on an outing when they were working on the floors. Resident A stated that they do practice fire drills in the home, and they practice them at night when she is sleeping. She did not know how often they practiced fire drills.

During the onsite inspection, I observed Resident B and Resident C in the home. Resident B was unable to participate in an interview due to limited verbal and cognitive abilities. Resident C was working with his therapist during the onsite inspection and was not available to be interviewed.

I received and reviewed a copy of the inspection report from the Bureau of Fire Services (BFS) dated 05/24/24, it notes the following relevant information:

- Additional construction was found being conducted on the recheck involving flooring being torn up in the 1st Floor exit egress path to the front door making it unusable. Only one exit was available to the residents at that time. Three resident rooms were taken offline and the residents relocated to another building for floor replacement in their rooms. The remaining residents were found in the living area adjacent to the construction exposed to particles and debris from the floor removal. AFC Licensing was notified of the findings.
- Documentation of quarterly fire drills was not available for review.

I received and reviewed a copy of the inspection report from the Bureau of Fire Services (BFS) dated 07/03/2024, it notes the following relevant information:

- The exit egress corridor to the front door was found obstructed by multiple file boxes and resident room furniture stored.

On 06/12/24, I received and reviewed copies of the facility's fire drill records for 2023 and 2024. I noted the following:

- During the three-month period of January-March 2023, a fire drill was not conducted during sleeping hours. Drills were conducted at 5:10pm, 8:30am, and 5:20pm.
- During the three-month period of April-June 2023, a fire drill was not conducted during sleeping hours. Drills were conducted at 8:00pm, 4:30pm, and 12:00pm.
- During the three-month period of July-September 2023, a fire drill was not conducted when all residents were sleeping. A time was not noted on the July 2023 fire drill. The August 2023 fire drill was conducted at 11:55pm, but it notes one of the residents was in the kitchen. The September 2023 drill was conducted at 1:30pm.
- During the three-month period of October-December 2023, a fire drill was not conducted during sleeping hours. Documentation was only provided for two drills during this quarter, which were conducted at 9:30am and 7:00pm.
- During the three-month period of January-March 2024, documentation was only provided for one fire drill, which was conducted at 7:15am on 03/26/24.

During the investigation, I requested a copy of the written notification that residents were moved to other facilities from Orchard Lake House 4. The clinical director, Krisanne George, stated that she did not have written approval, but she contacted the guardians of each resident. I reviewed a copy of the Resident Register, which shows that Resident D, Resident E, and Resident F were moved to other facilities on 5/22/24.

On 06/12/24, I received a letter with an update from the licensee designee, Erin Gust, which stated that the renovations at Orchard Lake House 4 are progressing well. Because of the exposure to dust and particles, as well as workmen's activities, the residents who do not attend workshops are taken to Orchard Lake House II each day from approximately 9:00am-5:30pm. This occurs Monday through Friday and will

continue until all renovations are completed. For the few residents who were temporarily transferred to other facilities, they will remain at those locations until the renovations are completed. They are making every effort to ensure the daily routines and schedules of the residents are maintained.

On 07/15/24, I contacted the licensee designee, Erin Gust, via telephone to conduct an exit conference. Ms. Gust was not available, so I left a voicemail message and requested a return phone call. On 07/17/24, I received a return phone call from Ms. Gust. I reviewed the findings and she agreed to submit a corrective action plan to address the violations. I provided technical assistance and advised Ms. Gust that she needed to be in compliance with all fire safety rules, as the last fire safety inspection completed by Don Christensen on 07/03/24 gave temporary approval until 07/24/24 and noted that if the facility is found to have failed to correct the deficiencies identified in the annual inspection report on the next recheck, the facility will be issued a disapproved fire safety certification status. Ms. Gust stated that they have made the necessary corrections, and she has hired a new home manager. She stated that this is their first medium facility, so they are learning the requirements.

APPLICABLE RULE	
R 400.14302	Resident admission and discharge policy; house rules; emergency discharge; change of residency; restricting resident's ability to make living arrangements prohibited; provision of resident records at time of discharge.
	(6) A licensee shall not change the residency of a resident from one home to another without the written approval of the resident or the resident's designated representative and responsible agency.
ANALYSIS:	Based on the information gathered through my investigation, there is sufficient information to conclude that Resident D, Resident E, and Resident F were moved from one home to another on 05/22/24 without written approval from their designated representatives. The clinical director, Krisanne George, stated that the guardians were verbally notified, but there was no written approval on file.
CONCLUSION:	VIOLATION ESTABLISHED

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 were not conducted during daytime, evening, and sleeping hours at least once per quarter. There was no documentation showing that a fire drill was conducted during sleeping hours for January-March 2023, April-June 2023, July-September 2023, and October-December 2023. Documentation was only provided for one fire drill during the first quarter of 2024 from January-March 2024.
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.14403	Maintenance of premises.
	(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.
ANALYSIS:	Based on the information gathered through my investigation, there is sufficient information to conclude that the home was not maintained to provide for the health, safety, and well-being of the residents. The fire marshal inspector, Don Christensen, observed that three residents in the home were being exposed to dust and debris from the replacement of the floors in the home on 05/23/24, as they were sitting in the living room area adjacent to the construction. Resident A also stated that she was in the home while the construction was ongoing, and it was dusty. The facility has since made arrangements for the residents to leave the premises while work is being conducted in the home. On 06/04/24, I observed a coffee can and an open ash tray being used to dispose of cigarette butts on the deck. There were also several cigarette butts lying on the floor of the deck.
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.14507	Means of egress generally.
	(2) A means of egress shall be arranged and maintained to provide free and unobstructed egress from all parts of a small group home.
ANALYSIS:	Based on the information gathered through my investigation, there is sufficient information to conclude that the means of egress did not provide free and unobstructed egress from the home on 05/23/24 when the Fire Marshal Inspector, Don Christensen, was conducting a fire safety inspection at the home. Mr. Christensen observed that one of the egress doors was blocked due to construction that was being done to replace the flooring in the home. The facility did not maintain unobstructed access to both means of egress during the construction. On 06/04/24, I observed that the hallway was cleared and both means of egress in the home were accessible. However, on 07/03/24, the Fire Marshal Inspector, Don Christensen, conducted a fire safety recheck at the home and again observed that the egress was obstructed by file boxes and furniture from the residents' rooms.
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.

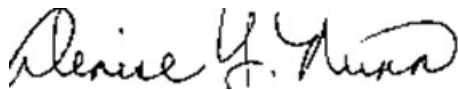


07/15/2024

Kristen Donnay
Licensing Consultant

Date

Approved By:



07/30/2024

Denise Y. Nunn
Area Manager

Date