



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

August 19, 2024

Magline Whitley
914 Lapeer Ave.
Saginaw, MI 48607

RE: License #: AM730347313
Investigation #: 2024A0572048
Whitley AFC I

Dear Magline Whitley:

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 (517) 643-7960.

Sincerely,

A handwritten signature in black ink that reads "Anthony Humphrey". The signature is written in a cursive style with a large, looping flourish at the end.

Anthony Humphrey, Licensing Consultant
Bureau of Community and Health Systems
411 E. Genesee Ave
Saginaw, MI 48607
(810) 280-7718

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM730347313
Investigation #:	2024A0572048
Complaint Receipt Date:	06/25/2024
Investigation Initiation Date:	06/27/2024
Report Due Date:	08/24/2024
Licensee Name:	Magline Whitley
Licensee Address:	914 Lapeer Ave. Saginaw, MI 48607
Licensee Telephone #:	(989) 327-1464
Administrator:	Magline Whitley
Licensee Designee:	N/A
Name of Facility:	Whitley AFC I
Facility Address:	215 S. 3rd. Saginaw, MI 48607
Facility Telephone #:	(989) 752-0056
Original Issuance Date:	03/24/2015
License Status:	REGULAR
Effective Date:	09/24/2023
Expiration Date:	09/23/2025
Capacity:	12
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. ALLEGATION(S)

	Violation Established?
Living conditions in the home are hazardous. Home is unsanitary with human excrement on multiple surfaces in the upstairs bathroom. There is a bed bug infestation.	No
Prior Staff used a resident's Bridge/EBT Card after death.	Yes
Additional Findings	Yes

III. METHODOLOGY

06/25/2024	Special Investigation Intake 2024A0572048
06/27/2024	Inspection Completed On-site
06/27/2024	Contact - Face to Face Staff, Linda Bailey.
08/15/2024	Contact - Face to Face Manager; Lester Whitley; Resident A, Resident B, Resident C and Licensee, Magline Whitley.
08/15/2024	Contact - Telephone call made Saginaw County DHHS, Johnita Pratt.
08/15/2024	Contact - Document Sent Office of Inspector General, Darren Bondy.
08/19/2024	Exit Conference Licensee, Magline Whitley.
08/19/2024	APS Referral An APS Referral was made.

ALLEGATION:

Living conditions in the home are hazardous. Home is unsanitary with human excrement on multiple surfaces in the upstairs bathroom. There is a bed bug infestation.

INVESTIGATION:

On 06/25/2024, the local licensing office received a complaint for investigation. The Office of Inspector General made a referral to licensing. Licensing made a referral to Adult Protective Services (APS).

On 06/27/2024, I made an unannounced onsite at Whitley AFC I, located in Saginaw County Michigan. Interviewed was Staff, Linda Bradley.

On 06/27/2024, I interviewed Staff, Linda Bradley regarding the allegation. Linda Bradley Indicated that she has never observed feces or urine anywhere in the home. There were some bedbugs, about 9 months ago, but it wasn't an infestation. They were found upstairs, but this was taken care of months ago and all the mattresses were changed. Linda Bradley gave me a tour of the home and I did not observe any feces, urine or bedbugs in the home. The home conditions were appropriate.

On 08/15/2024, I made another unannounced onsite at Whitley AFC I where I interviewed Manager; Lester Whitley; Resident A, Resident B, Resident C and Licensee, Mageline Whitley.

On 08/15/2024, I interviewed Manager, Lester Whitley regarding the allegation. Lester Whitley denied the allegation and informed that the home has never had feces or urine left anywhere in the home. Lester Whitley explained that about a year ago, they had some bedbugs, but it didn't reach an infestation. The home was treated, and they haven't observed any since then. Lester Whitley explained, "The guys go down to the Soup Kitchen and get free clothing and bring them home and some of those items may carry bedbugs. I live here, so of course I'm going to treat them immediately and not going to be living in a home filled with urine, feces and Bedbugs."

On 08/15/2024, I interviewed Resident A regarding the allegation. Resident A denied observing any feces or urine anywhere in the home. Resident A was not aware of any bedbugs in the home. Resident A has been residing in the home for 22 years.

On 08/15/2024, I interviewed Resident B regarding the allegation. Resident B denied that there is any urine or feces in the home. Resident B has observed bedbugs before but indicated that they were treated. Resident B stated the home is not unsanitary and described it as being very comfortable and family oriented.

On 08/15/2024, I interviewed Resident C regarding the allegation. Resident C informed that the home is very clean and indicated that they clean up after themselves. Resident C was not aware that the home had bedbugs before.

On 08/15/2024, this was my 2nd onsite and I did not observe any urine, feces or bedbugs in the home. The home was clean and maintained. The home did not appear to be hazardous during my walkthrough.

On 08/15/2024, I interviewed ex-staff, Brenda Wilson regarding the allegation. Brenda Wilson stated, "They most definitely have bedbugs. That house is full of bedbugs and if you ask the residents, they'll tell you. They are all bit up!"

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 my interviews of the residents, Licensee, Home Manager, Staff, and ex-employee, and my own observations, there was not enough evidence to establish a rules violation. The residents, Licensee, Home Manager and current staff all denied the allegation and during my two onsite visits, the home appeared to be clean and in adequate condition. Former employee, Brenda Wilson informed that the allegation was true and that the home is filled with bedbugs.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Prior Staff used a resident's Bridge/EBT Card after death.

INVESTIGATION:

On 08/15/2024, I spoke with Manager, Lester Whitley regarding the allegation. Lester Whitley explained the backstory and informed that former staff, Brenda Wilson is his cousin, who he had given her a job because she needed one, but she failed him. Lester Whitley indicated that Brenda Wilson faked a fall at the AFC Home so she can sue them. Brenda Wilson never told him that she fell, and he didn't know anything about a fall until he received papers in the mail regarding a lawsuit. Lester Whitley informed that regarding the Bridge Card, he never knew that Resident D had a Bridge Card because they provide food at the home. Resident D did not have a guardian or a case manager, and the home did not keep Resident D's money. Lester Whitley informed that Brenda Wilson's last day was on February 6, 2024, and she quit around the time she started the lawsuit against them.

Resident D's file was not available for me to review. On 08/15/2024, I asked for Resident D's Funding Sheet Part I and Part II forms and Resident D's Assessment

Plan to confirm that Resident D manages own money. The Manager, Lester Whitley and Licensee, Magline Whitley were both unable to find Resident D's file.

On 08/15/2024, I spoke with Licensee, Magline Whitley regarding the allegation. Magline Whitley informed that they did not keep Resident D's money. Resident D was in another home out of county, and they picked Resident D up from the hospital. They allowed Resident D to pay the same amount that Resident D was paying in previous home. Resident D paid the home directly. Magline Whitley stated that they never knew that Resident D had a Bridge Card because food is included with the cost of care. They found out that Brenda Wilson had stolen Resident D's Bridge Card when they received a call from an investigator who informed them that Brenda Wilson had stolen it. Brenda Wilson last date of employment was February 6th, 2024.

On 08/15/2024, I contacted Saginaw County DHHS, Johnita Pratt. Johnita Pratt has access to the Bridges system and informed that a complaint on Resident D's account was made on 08/10/2023. Resident D passed away on 05/15/2023 and the Bridge Card was used on 07/19/2023 in the amount of \$665.38. Johnita Pratt informed that SSI terminated in May 2023, and Medicaid was closed, but DHHS wasn't notified of the deceased to close out the Bridge Card. Johnita Pratt indicated that this would be considered fraud against the State of Michigan and the deceased individual.

On 08/15/2024, I spoke with former employee, Brenda Wilson regarding the allegation. Brenda Wilson informed that Lester and Magline Whitley lied on her and said that she used Resident D's Bridge Card. Brenda Wilson stated, "I have my own Bridge Card. Why would I need to use anyone else's?" Brenda Wilson informed that they lied on her because she fell at the AFC Home, and she has a pending lawsuit against them. Brenda does not know who used the Bridge Card, where it was used or how much was used. Brenda Wilson says that she bought Resident D's outfit and wig for Resident D's funeral, so she wouldn't have used Resident D's Bridge Card.

On 08/15/2024, I contacted Office of Inspector General, Darren Bondy regarding the allegation. Darren Bondy responded to my questions via email, "The suspect, Brenda Wilson made balance inquiries to the decedents BRIDGE card account prior to death. The inquiry was made from the cell phone owned by Brenda Wilson, and balance inquiries continued after (Resident D's) death. Brenda Wilson's use of the decedents BRIDGE is tied to her through transactions that were made in sequence. This means that Brenda Wilson used her own BRIDGE card and either paid for the remaining balance on her purchase with the decedents BRIDGE card or initiated a subsequent purchase with the decedents card after paying for her BRIDGE card purchase. At times when these types of transactions occur it is the result of someone making purchases on behalf of the legitimate card holder. This was not what occurred in this situation due to the grantee's death that preceded the purchases."

"Access to the decedents account occurred prior to her death with the purchases being made afterward." "The State Of Michigan is pursuing this matter for

reimbursement of the unlawfully redeemed benefits (Welfare Fraud over \$500), multiple felony charges were requested through the Saginaw County Prosecutors Office, a single charge of Welfare Fraud over \$500 was authorized.” “No other individuals were authorized to use the decedents BRIDGE card, and according to the casefile no other family members are indicated.”

On 08/19/2024, I held an exit conference with Licensee, Magline Whitley regarding the result of the special investigation. Magline Whitley informed that she had Resident D’s file because she had to make copies for The Office of Inspector General but is unsure where they put it. In regard to the Bridge Card, Magline Whitley says they were unaware that Resident D had a Bridge Card but agrees to ensure that residents possessions are safe.

APPLICABLE RULE	
R 400.14315	Handling of resident funds and valuables.
	(10) A licensee, administrator, direct care staff, other employees, volunteers under the direction of the licensee, and members of their families shall not accept, take, or borrow money or valuables from a resident, even with the consent of the resident.
ANALYSIS:	Based on my interview of the Licensee, Home Manager, DHHS Specialist, Officer of Inspector General Investigator and the ex-employee, there is enough evidence to establish a rule violation. The Licensee and Home Manager were unaware of Resident D having a Bridge Card, however; Staff, Brenda Wilson was aware and used it after Resident D’s death. OIG Investigator provided proof that Brenda Wilson used Resident D’s Bridge Card unlawfully.
CONCLUSION:	VIOLATION ESTABLISHED

ADDITIONAL FINDING(S):

INVESTIGATION:

Resident D’s file was not available for me to review.

On 08/15/2024, I asked for Resident D’s Funding Sheet Part I and Part II forms and Resident D’s Assessment Plan to confirm that Resident D manages own money. The Manager, Lester Whitley and Licensee, Magline Whitley were both unable to find Resident D’s file.

On 08/19/2024, I held an exit conference with Licensee, Magline Whitley regarding the result of the special investigation. Magline Whitley informed that she had

Resident D's file because she had to make copies for The Office of Inspector General but is unsure where they put it.

APPLICABLE RULE	
R 400.14316	Resident records.
	(2) Resident records shall be kept on file in the home for 2 years after the date of a resident's discharge from the home.
ANALYSIS:	During my investigation, The Licensee and Home Manager were unable to locate Resident D's file. Based on this, this will be a rule violation.
CONCLUSION:	VIOLATION ESTABLISHED

On 08/19/2024, I held an exit conference with Licensee, Magline Whitley. Magline Whitley was informed of the findings of this special investigation.

IV. RECOMMENDATION

I recommend that no changes be made to the licensing status of this small adult foster care group home, pending the receipt of an appropriate corrective action plan (Capacity 1-6).




08/19/2024

Anthony Humphrey
Licensing Consultant

Date

Approved By:



08/19/2024

Mary E Holton
Area Manager

Date