



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

September 26, 2024

Wendy Morris  
One Way Management LLC  
6664 Vintage Dr  
Hudsonville, MI 49426

RE: License #: AS330417821  
Investigation #: 2024A0581033  
Brighter Horizons Assisted Living

Dear Wendy Morris:

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) 284-9730.

Sincerely,

A handwritten signature in black ink that reads "Cathy Cushman". The script is cursive and fluid, with the first name "Cathy" and last name "Cushman" clearly distinguishable.

Cathy Cushman, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(269) 615-5190

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS330417821
<b>Investigation #:</b>	2024A0581033
<b>Complaint Receipt Date:</b>	08/08/2024
<b>Investigation Initiation Date:</b>	08/09/2024
<b>Report Due Date:</b>	10/07/2024
<b>Licensee Name:</b>	One Way Management LLC
<b>Licensee Address:</b>	6664 Vintage Dr Hudsonville, MI 49426
<b>Licensee Telephone #:</b>	(616) 610-2964
<b>Administrator:</b>	Wendy Morris
<b>Licensee Designee:</b>	Wendy Morris
<b>Name of Facility:</b>	Brighter Horizons Assisted Living
<b>Facility Address:</b>	King Jr Blvd 5455 S Martin Luther Lansing, MI 48911
<b>Facility Telephone #:</b>	(517) 721-1085
<b>Original Issuance Date:</b>	04/12/2024
<b>License Status:</b>	TEMPORARY
<b>Effective Date:</b>	04/12/2024
<b>Expiration Date:</b>	10/11/2024
<b>Capacity:</b>	6
<b>Program Type:</b>	AGED

## II. ALLEGATIONS

	Violation Established?
The licensee did not conduct background checks on direct care staff.	Yes
The licensee did not train direct care staff.	Yes
The licensee did not obtain verification direct care staff are free of communicable tuberculosis.	Yes
The licensee did not provide direct care staff with medication training.	Yes
Additional Findings	Yes

## III. METHODOLOGY

08/08/2024	Special Investigation Intake 2024A0581033
08/09/2024	Contact - Document Sent - Email to Workforce Background Check (WBC) section
08/09/2024	Special Investigation Initiated – Telephone -Interview with Wendy Morris, Licensee Designee and Administrator.
08/13/2024	Inspection Completed On-site - Interviewed staff and residents.
08/14/2024	Contact - Document Sent - Email to facility's owner.
08/15/2024	Contact - Telephone call received - Interview with facility's owner.
08/22/2024	Contact - Document Received - Email from facility's owner.
09/11/2024	Inspection Completed-BCAL Sub. Compliance
09/17/2024	Contact – Document sent – Email to WBC section.
09/18/2024	Contact – Document sent – Email to Mr. Striegle.
09/19/2024	Contact – Document Received – Email from Mr. Striegle.
09/20/2024	Inspection Completed On-site – reviewed documentation.
09/24/2024	Exit conference with the licensee's owner, Ben Striegle, via telephone.

**ALLEGATION:** The licensee did not conduct background checks on direct care staff.

**INVESTIGATION:** On 08/08/2024, I received this complaint through the Bureau of Community Health Systems (BCHS) online complaint system. The complaint alleged the licensee was operating the facility with direct care staff who have had no background checks. No additional information was provided.

On 08/09/2024, I emailed the Workforce Background Check section to determine if any direct care staff were connected to the facility; however, I was informed there had been no background check applications attached to the facility.

On 08/09/2024, I interviewed the facility's identified Licensee Designee and Administrator, Wendy Morris, via telephone. Ms. Morris stated none of the facility's current staff had background clearances attached to the facility. She stated staff who worked at the facility prior to it being relicensed under the new licensee had background clearances, but they were attached to a previous license. Ms. Morris stated she did not know staff needed to be re-fingerprinted upon the new license being issued. Ms. Morris also stated the licensee used contracted staff through a temp/staffing agency to obtain working staff for the facility; however, she did not have files for these staff. Ms. Morris stated staff files were kept at the facility. I explained to Ms. Morris all staff needed fingerprints through the WBC attached to the facility's license number. I explained even contracted staff through a temp/staffing agency should be able to provide an eligibility letter documenting the temp/staffing agency conducted fingerprints through the WBC.

On 08/13/2024, I conducted an unannounced inspection at the facility. I interviewed direct care staff, Kayla Ritzler, who stated she was the only staff working in the facility. Ms. Ritzler stated she started working in the facility on 08/09/2024. She stated she worked 08/09/2024, 08/10/2024 and then 08/13/2024 was her third day working. Ms. Ritzler stated Ms. Morris originally hired her to work in the facility when it was under different management, which she stated was approximately in 2007. Ms. Ritzler stated she did not obtain fingerprints before she was hired or started working on 08/09/2024. Ms. Ritzler identified four additional staff, Brian [Unknown], Marie [Unknown], Ruby [Unknown] and Carmen [Unknown] who also worked in the facility. Ms. Ritzler stated she did not know the last names of any of the staff.

During the inspection, the facility's identified home manager, Ruby Abrego, arrived. Ms. Abrego stated she originally worked for a temp agency out of Grand Rapids but quit and started working in the facility under Ms. Morris' management and direction on or around 08/2023. Ms. Abrego stated she began working in the facility after placed there through a temp agency, which she identified as "Interim". She stated her fingerprints through the WBC were completed under the previously licensed facility. Ms. Abrego stated she was appointed as the facility's home manager a couple weeks ago.

Ms. Abrego stated Carmene Gitare started working in the facility on or around 08/06/2024 while Ms. Ritzler started on 08/09/2024. Ms. Abrego stated she could not locate staff files for Brian Eirosius and Marie Akono-Amouzou; despite these staff working in the facility for years. Ms. Abrego stated there were currently no contracted or temp/agency staff working in the facility. Ms. Abrego did not have a staff schedule to review during the inspection to confirm who was working in the facility or who had worked in the facility.

On 08/15/2024, I interviewed the licensee's owner, Ben Striegle, via telephone. Mr. Striegle acknowledged fingerprints for staff had not been completed, as required. He stated he entrusted Ms. Morris to obtain fingerprints for staff; however, he is now aware Ms. Morris was not completing this requirement. Mr. Striegle stated none of the facility's staff had fingerprints completed, as required, but indicated appointments would be scheduled.

On 09/18/2024, I emailed the WBC section and confirmed there was still no staff applications that had been received by the WBC for the facility. Additionally, the WBC section personnel documented there were no staff applications submitted for the previous license number either, which was licensed from 09/24/2021 through 03/23/2024. I contacted the WBC section personnel, Katelyn Haskin to clarify the findings documented in her email to me. Ms. Haskin stated no one even logged into the WBC portal under the previously licensed facility including any staff attached to the currently licensed facility. She stated Ruby Abrego logged into the WBC portal in August 2024; however, Ms. Haskins stated no staff had been added or attached to facility # AS330417821, which is the current licensed facility.

On 09/18/2024, I emailed Mr. Striegle documenting I recently checked with the WBC section and there continued to be no direct care staff applications submitted for the facility for fingerprinting; meaning there are no staff eligible to work in the facility at this time. Mr. Striegle documented in his email to me Ms. Abrego scheduled fingerprinting appointments for all staff in the facility.

On 09/19/2024, Mr. Striegle sent an email documenting the wrong processing code was put on all staff's fingerprint requests causing none of the staff's fingerprints to be attached to the facility.

On 09/20/2024, Ms. Abrego showed WBC eligibility letters for both her and Ms. Ritzler; however, she stated Ms. Ritzler was no longer a current employee in the facility and had not worked since my August inspection. Ms. Abrego provided a facility staff schedule for August and September, which confirmed Ms. Abrego, Marie Akono-Amouzou, Carmene Gitare, and Brian Eirosius, were the only staff working in the facility.

On 09/23/2024, I confirmed with Ms. Haskin both Ms. Abrego and Ms. Ritzler had fingerprints attached to the facility; however, she documented Ms. Ritzler withdrew

from the hiring process. Ms. Haskin documented three staff, Marie-Josée Akono-Amouzou, Carmene Gitare, and Brian Eirosius had pending fingerprints, meaning their fingerprints had not been taken yet.

<b>APPLICABLE RULE</b>	
<b>MCL 400.734b</b>	<p><b>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.</b></p>
	<p><b>(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.</b></p>

<b>ANALYSIS:</b>	Based on my investigation, the licensee did not obtain fingerprints through the Workforce Background Check section for any of the facility's direct care staff prior to their assumption of duties, as required. As of 09/23/2024, the WBC section only received fingerprint applications for Ms. Abrego and Ms. Ritzler; however, Ms. Ritzler was no longer working in the facility. Fingerprints had not been obtained yet for Ms. Akono-Amouzou, Ms. Gitare, or Mr. Eirosius, as required.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**ALLEGATION:** The licensee did not train direct care staff.

**INVESTIGATION:** The complaint alleged the licensee was operating the facility with direct care staff who had no training. The complaint provided no additional information.

Ms. Morris stated she'd been on medical leave for approximately two months but had been in and out of the facility. She stated she could not speak to the training verification for the newer staff the licensee hired, but stated staff who worked in the facility under the previous license were trained. She stated the staff files were in the facility, but she could not definitively say if the newly hired staff had files in the facility.

Ms. Ritzler stated Ms. Morris hired her to work in the facility. She denied being trained by the licensee or Ms. Morris prior to hire or since she started work. She stated she received training from working in other adult foster care facilities and even worked under Ms. Morris when the facility was previously licensed in approximately 2007. Ms. Ritzler stated she completed schooling to become a medical assistant. Ms. Ritzler identified the current staff in the facility as Brian [Unknown], Marie [Unknown], Ruby [Unknown], and Carmen [Unknown].

I interviewed Resident A and Resident B who both identified the same staff as Ms. Ritzler. Both Resident A and Resident B stated all the identified staff work by themselves in the facility, but Resident B stated there are two staff when a new staff is being trained.

Ms. Abrego stated she received the required trainings to work in the facility; however, she did not have confirmation of training. Ms. Abrego stated she did not have access to staff records; therefore, she was unable to provide these records to me during my inspection. Ms. Abrego stated she provided "hands on" training to all new staff; however, she had no documentation to confirm staff were competent before performing assigned tasks. She stated she determined they were competent by watching and monitoring them after they completed training. She denied untrained staff were working alone. She stated Ms. Ritzler was only alone for a "few



hours” prior to Ms. Abrego arriving to the facility. She stated she had verification Ms. Ritzler completed CPR/1<sup>st</sup> aid training, which I requested, in addition to the other required trainings for all staff.

Mr. Striegle stated he reviewed direct care staff, Brian Eirosius’ and Marie Akono-Amouzou’s files; however, there was minimal documentation in either staff file despite both individuals working in the facility for “awhile”. Mr. Striegle acknowledged he was unable to confirm any of the facility’s staff completed training at time of hire or prior to performing their assigned tasks.

On 08/22/2024, Mr. Striegle forwarded via email copies of Ms. Abrego’s training verification, which included the following trainings:

- CPR/1<sup>st</sup> aid - completion date 02/26/2024
- Safety and fire prevention – completion date 08/14/2024
- Resident rights – completion date 08/14/2024
- Knowledge of the need of the population served – completion date 08/16/2024
- Administration of medication – completion date 08/16/2024
- Nutrition – completion date 08/17/2024
- Personal care, supervision, and protection – completion date 08/17/2024
- Prevention and containment of communicable diseases – completion date 08/18/2024

On 09/20/2024, during a follow up inspection I reviewed staff files for the facility’s upcoming renewal. I determined staff, Marie Akono-Amouzou, Brian Eirosius, and Carmene Gitare, had all completed the required trainings, including CPR/1<sup>st</sup> aid, as required. Confirmation of these trainings were in each staff file.

<b>APPLICABLE RULE</b>	
<b>R 400.14204</b>	<b>Direct care staff; qualifications and training.</b>
	<p><b>(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:</b></p> <ul style="list-style-type: none"> <li><b>(a) Reporting requirements.</b></li> <li><b>(b) First aid.</b></li> <li><b>(c) Cardiopulmonary resuscitation.</b></li> <li><b>(d) Personal care, supervision, and protection.</b></li> <li><b>(e) Resident rights.</b></li> <li><b>(f) Safety and fire prevention.</b></li> <li><b>(g) Prevention and containment of communicable diseases.</b></li> </ul>

<b>ANALYSIS:</b>	<p>Based on my investigation, the licensee was unable to provide any training verification for any of the facility's direct care staff confirming they were competent in reporting requirements, personal care, supervision, and protection, residents rights, safety and fire prevention, and prevention and containment of communicable diseases before they performed their duties as direct care staff.</p> <p>Training verification was submitted for Ms. Abrego and the remaining staff by 09/20/2024; however, this training was not completed prior to staff performing their duties.</p>
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**ALLEGATION:** The licensee did not obtain verification direct care staff are free of communicable tuberculosis.

**INVESTIGATION:** The complaint alleged the licensee was operating the facility with direct care staff who did not have testing for communicable tuberculosis. The complaint provided no additional information.

Ms. Morris stated staff who had been working at the facility for years under previous licenses were current with their TB tests and were in the staff files in the facility. Ms. Morris stated she did not have information or documentation concerning TB tests for newly hired or contracted staff.

Ms. Ritzler stated when she hired, she did not have to provide verification of a TB test to Ms. Morris or the licensee.

Ms. Abrego stated she had a TB test as well; however, she was unable to provide verification of one during the inspection.

On 09/20/2024, I reviewed staff files during an on-site inspection. Ms. Abrego had a current TB test; however, it was dated 10/07/2023 despite Ms. Abrego's hire date being 08/2023. Ms. Akono-Amouzou's did not have a TB test within the last three years as the last TB test in her staff file was dated 11/15/2018. Ms. Abrego stated Ms. Akono-Amouzou had just received a chest x-ray to rule out TB; however, the results had not been emailed to Ms. Abrego yet. Mr. Eirosius' only TB test in his file was dated 09/19/2024 despite him working in the facility for at least several years. Consequently, there was no verification a TB test was obtained for Mr. Eirosius at the time of his hire and every three years thereafter, as required.

<b>APPLICABLE RULE</b>	
<b>R 400.14205</b>	<b>Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.</b>
	<b>(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.</b>
<b>ANALYSIS:</b>	The licensee was unable to provide documentation confirming all the facility's staff were tested for TB at time of hire and/or assumption of duties and every three years thereafter, as required.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**ALLEGATION:** The licensee did not provide direct care staff with medication training.

**INVESTIGATION:** The complaint alleged the licensee was operating the facility with direct care staff who were not trained to administer medication. The complaint provided no additional information.

Ms. Morris stated staff, Brian Eirosius and Marie Akono-Amouzou, had been working in the facility for years were trained on administering medication. Ms. Morris stated she did not know if any staff recently hired by the licensee had been trained on medication administration. She stated Ms. Abrego was hired after working in the facility as a contracted staff and would have been trained; however, she did not have verification of training for any contracted staff.

Ms. Ritzler stated she did not receive any training at time of hire or prior to her assumption of duties; however, she stated she received training from working in other adult foster care facilities and having a medical assistant background.

Resident A and Resident B both stated all staff administer medication to them.

Ms. Abrego stated she also received medication training and stated Ms. Ritzler had been trained by the pharmacy on how to administer medications.

Mr. Striegle stated though staff had been trained he was unable to provide confirmation of their training as staff files had minimal information in them.

On 09/20/2024, during my follow up inspection, I confirmed Ms. Abrego, Ms. Akono-Amouzou, Mr. Eirosius and Ms. Gitare had all been trained on administering medication as they all had verification of training in their staff files.

<b>APPLICABLE RULE</b>	
<b>R 400.14312</b>	<b>Resident medications.</b>
	<b>(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> <b>(a) Be trained in the proper handling and administration of medication.</b>
<b>ANALYSIS:</b>	There was no verification any of the facility's direct care staff were trained on the proper handling and administration of medication prior to them administering medications, as required. Verification of training for all staff was confirmed on 09/20/2024; however, this was after staff had been working in the facility and administering medications.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

## **ADDITIONAL FINDINGS**

**INVESTIGATION:** Ms. Morris stated she had been on medical leave for two months, starting in approximately June 2024, due to a car accident resulting in a broken leg. Ms. Morris stated visited the facility and signed required documentation while on leave; however, her visits were inconsistent and periodic.

Documentation was provided to Mr. Striegle on 08/06/2024, prior to this investigation taking place, advising him of the documentation needed to appoint a new licensee designee and/or administrator to the facility as he requested to appoint Ruby Abrego. Though Mr. Striegle submitted training verification, the required licensee designee fingerprint documentation, an initial medical, TB verification, and a resume, Ms. Abrego has not submitted confirmation of her diploma or equivalent. Consequently, the facility has not had a licensee designee or administrator overseeing the facility on a regular and consistent basis since approximately June 2024.

<b>APPLICABLE RULE</b>	
<b>R 400.14103</b>	<b>Licenses; required information; fee; effect of failure to cooperate with inspection or investigation; posting of license; reporting of changes in information.</b>
	<b>(5) An applicant or licensee shall give written notice to the department of any changes in information that was previously submitted in or with an application for a license, including any changes in the household and in personnel-related information, within 5 business days after the change occurs.</b>
<b>ANALYSIS:</b>	The licensee did not provide written notice to the Department upon the licensee designee and administrator, Wendy Morris, going on extended medical leave without designating an appropriate individual in her place. Subsequently, the licensee terminated Ms. Morris' employment without identifying and clearing a new licensee designee and administrator. As of the date of this report, the facility still does not have an approved licensee designee and administrator.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

On 09/24/2024, I attempted to conduct the exit conference with the licensee's owner, Ben Striegle; however, I was unable to reach him via telephone.

#### IV. RECOMMENDATION

Contingent upon an acceptable plan of correction, I recommend no change in the current license status.




09/23/2024

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Cathy Cushman  
Licensing Consultant

Date

Approved By:



09/24/2024

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Dawn N. Timm  
Area Manager

Date