

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

October 1, 2024

Bose Ogbeifun Trustcare Group Home Inc Suite 604 West 15565 Northland Drive Southfield, MI 48075

> RE: License #: AS820293763 Investigation #: 2024A0116042 Wyandotte AFC Home 2

Dear Ms. Ogbeifun:

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.
- Indicate how continuing compliance will be maintained once compliance is achieved.
- Be signed and dated.

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 (313) 456-0380.

Sincerely,

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Pandrea Robinson, Licensing Consultant Bureau of Community and Health Systems Cadillac PI. Ste 9-100 3026 W. Grand Blvd Detroit, MI 48202 (313) 319-9682

enclosure

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

I. IDENTIFYING INFORMATION

1:00000#	4000000700
License #:	AS820293763
Investigation #:	2024A0116042
Complaint Receipt Date:	09/06/2024
Investigation Initiation Date:	09/10/2024
Report Due Date:	11/05/2024
Licensee Name:	Trustcare Group Home Inc
Licensee Address:	Suite 604 West
	15565 Northland Drive
	Southfield, MI 48075
Licensee Telephone #:	(313) 213-6723
Administrator:	Bose Ogbeifun
Licensee Designee:	Bose Ogbeifun
Name of Facility:	Wyandotte AFC Home 2
Facility Address:	395 Kings Hwy.
r denity Address.	Wyandotte, MI 48192
Facility Telephone #	(724) 282 5520
Facility Telephone #:	(734) 282-5530
	00/47/0000
Original Issuance Date:	03/17/2008
License Status:	REGULAR
Effective Date:	10/27/2022
Expiration Date:	10/26/2024
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED
	MENTALLY ILL
	TRAUMATICALLY BRAIN INJURED

II. ALLEGATION(S)

Violation Established? Resident A alleged that staff, Henry Davidson, shoulder checked him.

III. METHODOLOGY

09/06/2024	Special Investigation Intake 2024A0116042
09/06/2024	APS Referral Received.
09/10/2024	Special Investigation Initiated - Telephone Left a message with APS intake supervisor, Tosha Peterson, requesting the contact information of the assigned APS investigator.
09/10/2024	Contact - Telephone call received Spoke with APS intake supervisor, Tosha Peterson.
09/11/2024	Inspection Completed On-site Interviewed home manager, Lashonda Wilson, Residents A-D and staff Henry Davidson.
09/11/2024	Referral - Recipient Rights Made.
09/16/2024	Contact - Telephone call made Interviewed licensee designee, Bose Ogebeifun.
09/25/2024	Contact - Telephone call made Left a message for assigned ORR investigator, Tiffany Burgess, requesting a return call.
09/25/2024	Inspection Completed-BCAL Sub. Compliance
09/25/2024	Exit Conference With licensee designee, Bose Ogebeifun.

ALLEGATION:

Resident A alleged that staff, Henry Davidson, shoulder checked him.

INVESTIGATION:

On 09/10/24, I spoke with APS intake supervisor, Tosha Peterson, and requested the assigned APS investigators contact information. Ms. Peterson reported that the intake was denied for investigation because it was referred to Adult Foster Care Licensing.

On 09/11/24, I conducted an unscheduled on-site inspection and interviewed home manager, Lashonda Wilson, Residents A-D, and staff, Henry Davidson. Ms. Wilson reported that she was working on 08/29/24, the day of the alleged incident, but did not witness it. Ms. Wilson reported that she remembers being outside unloading groceries from the van and reported seeing Resident A run out of the house, throw his cane down and get in staff, Henry Davidson's face. Ms. Wilson reported she walked over to Resident A to calm him and to inquire about what was going on. Ms. Wilson reported that Resident A told her that he was using the restroom and staff, Henry Davidson, knocked on the door and asked him if he was almost done, and he told him no, and to go use the staff bathroom. Ms. Wilson reported that Resident A reported that when he exited the bathroom, Mr. Davidson shoulder checked him and demonstrated to her that Mr. Davidson basically used his shoulder to bump/hit Resident A's shoulder. Ms. Wilson reported that she also spoke with Mr. Davidson about the matter, and he reported to her that he did knock on the bathroom door to ask Resident A if he was finishing up because he needed to use the bathroom. Ms. Willson reported that Mr. Davidson reported that when Resident A came out of the bathroom and he was entering it, he accidently bumped into Resident A's shoulder/arm. Ms. Wilson reported that Mr. Wilson denied that he intentionally shoulder checked Resident A or was aggressive toward him in any way. Ms. Wilson reported that because she did not witness it, she was not certain it happened as reported. Ms. Wilson reported that she told Mr. Davidson to use the staff bathroom in the future to prevent any further issues.

I interviewed Resident A and he reported that a couple weeks ago he was using the bathroom and staff, Henry Davidson, knocked on the door and told him to hurry up because he needed to use the bathroom. Resident A reported that he responded no to Mr. Davidson and told him to go use the staff bathroom. Resident A reported that when he exited the bathroom Mr. Davidson was walking past him and used his shoulder to bump/hit his shoulder causing him to lose his balance. Resident A reported that he did not fall as he was able to regain his balance. Resident A reported he was very upset and shortly after the incident while Mr. Davidson was outside, he ran out of the house and got right in his face. Resident A reported that he told Mr. Davidson that he did not like what he did and that he better not do it again. Resident A reported that Mr. Davidson had a smirk on his face and kept asking him, "What's wrong friend?" Resident A reported that was Mr. Davidson's way of

antagonizing him. Resident A reported that Mr. Davidson is a newer staff and reported that this is the first time something like this had happened. Resident A reported he has no issues with any of the other staff and enjoys living in the home.

I interviewed Residents B-D and they all reported that they did not observe the incident. Residents B and C reported that Mr. Davidson is a bully, is verbally aggressive and verbally abusive to all of the residents. Resident C reported the Mr. Davidson tries to intimate them, but reported he doesn't pay him any attention. Resident D reported that he stays to his self and spends most of his time in his bedroom when he is home. Resident D reported that he has not had any issues with any of the staff.

I interviewed staff, Henry Davidson, and he reported that he is a live in staff and has been employed with the company for about a month. Mr. Davidson reported that he has worked in the field for over 15 years, is fully trained and knows how to treat residents. Mr. Davidson denied the incident between him and Resident A and reported that he did not shoulder check, hit or bump Resident A at all. Mr. Davidson reported that Resident A did run out of the house and got in his face and was upset. Mr. Davidson reported that he was unsure as to why Resident A was so upset. Mr. Davidson further reported that he is not aggressive or abusive with any of the residents.

On 09/16/24, I interviewed licensee designee, Bose Ogebeifun, and she reported that she was not aware of the incident and was just told about it after my inspection at the home on 09/11/24. Ms. Ogebeifun reported that she will be conducting an internal investigation into the matter. Ms. Bose confirmed that Mr. Davidson is new to the company but has years of training and experience in the field.

On 09/25/24, I conducted the exit conference with licensee designee, Bose Ogebeifun, and informed her of the findings of the investigation and the specific rule cited. Ms. Ogebeifun reported an understanding. Ms. Ogebeifun reported that she conducted an internal investigation and reported that Resident A provided the same account of events to her that he shared with me. Ms. Ogebeifun reported that the other residents were not as forth coming with information. She reported that Mr. Davidson is on suspension, and she has informed him that he is unable to live in the facility. Ms. Ogebeifun reported that Mr. Davidson will remain on suspension pending the outcome of the recipient rights investigation and she will make a final determination regarding his employment with the company at that time.

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 findings of the investigation, which included interviews of home manager, Lashonda Wilson, Residents A-D, and staff, Henry Davidson, I am able to corroborate the allegations that staff, Henry Davidson, did not treat the residents with dignity and their personal needs, including protection and safety were not attended to at all times. Resident A was credible and consistent in his reporting of the incident where Mr. Davidson intentionally shoulder bumped him after he exited the bathroom. Further, Residents B and C reported that Mr. Davidson is a bully and is verbally aggressive and verbally abusive to the residents.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, I recommend the status of the license remain unchanged.

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Pandrea Robinson Licensing Consultant 09/26/24 Date

Approved By:

10/01/2024

Date

Ardra Hunter Area Manager