

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

MARLON I. BROWN, DPA DIRECTOR

October 17, 2024

Jonathan Harland Community Home & Health Services LLC 657 Chestnut Ct Gaylord, MI 49735

> RE: License #: AS690382149 Investigation #: 2024A0360021 White Pines

Dear Mr. Harland:

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) 241-2758.

Sincerely,

Matthew Soderquist, Licensing Consultant Bureau of Community and Health Systems 931 S Otsego Ave Ste. 3 Gaylord, MI 49735 (989) 370-8320 enclosure

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

## I. IDENTIFYING INFORMATION

License #:	AS690382149
License #:	A5090382149
Investigation #:	2024A0360021
Complaint Receipt Date:	08/21/2024
Investigation Initiation Date:	08/22/2024
Report Due Date:	10/20/2024
Licensee Name:	Community Home & Health Services LLC
	CEZ Ob a shout Ot
Licensee Address:	657 Chestnut Ct
	Gaylord, MI 49735
Licensee Telephone #:	(989) 732-6374
Administrator/Licensee	Jonathan Harland
Designee:	
Name of Facility:	White Pines
Essility Address	1835 Murner Rd
Facility Address:	
	Gaylord, MI 49735
Facility Telephone #:	(989) 732-1938
Original Issuance Date:	05/27/2016
License Status:	REGULAR
Effective Date:	11/27/2022
Expiration Data:	11/26/2024
	1 1/20/2024
Capacity:	0
Program Type:	PHYSICALLY HANDICAPPED
	DEVELOPMENTALLY DISABLED
	MENTALLY ILL
Effective Date: Expiration Date: Capacity:	11/27/2022 11/26/2024 6 PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED

# II. ALLEGATION(S)

	Violation
	Established?
Resident medical needs were not immediately attended to.	Yes

# III. METHODOLOGY

08/21/2024	Special Investigation Intake 2024A0360021
08/22/2024	Special Investigation Initiated - Letter APS complaint
08/22/2024	APS Referral online
08/23/2024	Inspection Completed On-site DCS Faith Moore, Supervisor Sue Knaggs, Resident A.
08/29/2024	Contact - Telephone call received Michael Wolf, NCCMH ORR
10/15/2024	Contact - Telephone call made Bobby Moore, CMH Caseworker
10/15/2024	Contact - Telephone call made Guardian A
10/16/2024	Contact – Telephone call received Meghan Scott NCCMH RN
10/17/2024	Exit Conference

# ALLEGATION:

Resident medical needs were not immediately attended to.

**INVESTIGATION:** 

On 8/23/24, I conducted an unannounced onsite inspection at the facility. Direct care staff (DCS) Faith Moore stated Resident A was taken to the doctor and diagnosed with a suspected urinary tract infection on 8/13/24. Ms. Moore provided staff notes that documented Resident A had a medical appointment on 8/13/24. Ms. Moore stated she worked on 8/7/24 with Resident A. Ms. Moore stated they had an outing, and she never remembers Resident A reporting to her that she was having pain while urinating. Ms. Moore stated Resident A uses sex toys and has sensitive skin so she will often get a rash. Ms. Moore stated they have been trying to coach her to clean them well after each use.

On 8/23/24, while at the facility I interviewed the home supervisor Sue Knaggs. Ms. Knaggs stated Resident A may have told her that she had a burning sensation while urinating on 8/7/24 but there was no documentation about it. Ms. Knaggs stated Resident A will sometimes get a rash in her crotch area due to use of sex toys. Ms. Knaggs stated they will then have her take a warm shower and that usually resolves the issue. Ms. Knaggs stated she ended up scheduling a doctor appointment for Resident A on 8/12/24 and Resident A was seen on 8/13/24. Ms. Knaggs stated Resident A was diagnosed with a urinary tract infection (UTI) and prescribed antibiotics which she took from 8/15/24-8/20/24. Ms. Knaggs stated she would not hesitate to take Resident A to the doctor if she had an immediate medical need.

On 8/23/24, while at the facility I interviewed Resident A. Resident A stated that it burned when going pee on 8/7/24. Resident A stated she told Ms. Knaggs as well as her Community Mental Health (CMH) caseworker, Bobby Moore. Resident A stated it continued to burn everyday until she went to the doctor.

On 8/29/24, I interviewed the North Country Community Mental Health Office of Recipient Rights director Michael Wolf. Mr. Wolf stated his office has opened an investigation regarding the complaint.

On 10/15/24, I interviewed CMH caseworker Bobby Moore by telephone. Ms. Moore stated she visited the facility on 8/7/24 and Resident A reported to her that she had a burning pain when she urinated. Ms. Moore stated that she requested Ms. Knaggs to contact the doctor immediately and schedule an appointment for Resident A to be seen. Ms. Moore stated she is very concerned it took six days for Resident A to be seen by a doctor.

On 10/15/24, I interviewed Guardian A by telephone. Guardian A stated she was not made aware of Resident A going six days before being seen by a physician regarding a possible UTI. She stated Resident A overall has been doing very well in the home and they typically contact her with any medical or health issues regarding Resident A. She stated it is concerning that there was six days before Resident A was seen for a UTI.

On 10/16/24, I interviewed North Country Community Mental Health nurse Meghan Scott by telephone. Ms. Scott stated she was contacted by Ms. Bobby Moore on

8/7/24 regarding Resident A reporting a burning sensation inside her body during urination. Ms. Scott stated she concurred with Ms. Moore's recommendation to Ms. Knagg, that medical treatment should be sought. Ms. Scott stated she would have recommended that Resident A see her physical as soon as possible and if they were not available immediately that Resident A could have been seen the same day at a walk-in or urgent care clinic. Ms. Scott stated six days later did not seem reasonable for the home to seek medical attention.

APPLICABLE RULE	
R 400.14310	Resident health care.
	(4) In case of an accident or sudden adverse change in a resident's physical condition or adjustment, a group home shall obtain needed care immediately.
ANALYSIS:	Although an interview with Ms. Faith Moore revealed she could not remember Resident A reporting a burning sensation while urinating, interviews with Ms. Knaggs, Ms. Bobby Moore, and Resident A all revealed that she had reported a sudden change in Resident A's physical condition on 8/7/24 and needed care was not obtained immediately until 8/13/24.
CONCLUSION:	VIOLATION ESTABLISHED

On 10/17/24 I conducted an exit conference with the licensee designee Jory Harland. Mr. Harland stated he would submit a corrective action plan for approval.

#### IV. RECOMMENDATION

Upon receipt of an acceptable corrective action plan, I recommend no change in the status of the license.

By have

10/17/24

Matthew Soderquist Licensing Consultant

Date

Approved By:

Russell Misiag

10/17/24

Russell B. Misiak Area Manager Date