



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 22, 2024

Simrat Dhillon
Evergreen Villas LLC
205 Washington St
Mount Clemens, MI 48043

RE: License #: AM500402137
Investigation #: 2024A0990026
Evergreen Villas

Dear Ms. Dhillon:

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 "L. Reed".

LaShonda Reed, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place, Ste 9-100
Detroit, MI 48202
(586) 676-2877

Enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM500402137
Investigation #:	2024A0990026
Complaint Receipt Date:	08/27/2024
Investigation Initiation Date:	08/28/2024
Report Due Date:	10/26/2024
Licensee Name:	Evergreen Villas LLC
Licensee Address:	205 Washington St Mount Clemens, MI 48043
Licensee Telephone #:	(616) 485-0584
Administrator:	Zubair Ahmed
Licensee Designee:	Simrat Dhillon
Name of Facility:	Evergreen Villas
Facility Address:	205 Washington Street Mt. Clemens, MI 48043
Facility Telephone #:	(248) 854-8527
Original Issuance Date:	03/09/2022
License Status:	REGULAR
Effective Date:	09/08/2024
Expiration Date:	09/07/2026
Capacity:	12
Program Type:	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
The direct care staff working in the facility are not trained.	No
The direct care staff in the home are hired without a physical exam.	Yes
The direct care staff working in the facility are not fingerprinted.	No
The direct care staff references are not checked at hire.	No
There are multiple residents that are two persons assists. There is only one direct care staff working the day and night shift.	No
There is no fire drills conducted.	Yes

II. METHODOLOGY

08/27/2024	Special Investigation Intake 2024A0990026
08/27/2024	APS Referral Adult Protective Services (APS) referral denied at intake.
08/28/2024	Special Investigation Initiated - On Site I conducted an unannounced onsite investigation. I interviewed direct care staff Malaysha Brown, Kamyra Bush and Selena Johson. I interviewed Resident A and Resident B.
08/28/2024	Contact – Telephone call received I received a phone call from Zubair Ahmed, administrator while onsite. I conducted a brief phone interview.
09/09/2024	Contact - Telephone call made I conducted an interview with Relative A1.
09/25/2024	Contact - Document Received I reviewed employee, resident and facility records.
10/15/2024	Contact - Telephone call made

	I contacted the Reporting Person. The phone number is disconnected.
10/15/2024	Contact - Telephone call made I left a brief message with Relative B.
10/15/2024	Contact - Telephone call made I conducted a phone interview with Relative A2.
10/16/2024	Exit Conference I conducted an exit conference with Zubair Ahmed, administrator.
10/21/2024	Exit conference I conducted a new exit conference with Mr. Ahmed.

ALLEGATION:

- **The direct care staff working in the facility are not trained.**
- **The direct care staff in the home are hired without a physical exam.**
- **The direct care staff working in the facility are not fingerprinted.**
- **The direct care staff references are not checked at hire.**

INVESTIGATION:

On 08/27/2024, I received the complaint via email. In addition to the above allegations, it was reported that the facility is very unprofessional, and most of the workers are not certified as Med techs or certified nursing assistants. The newly hired staff receive only 2-3 days of training. The staff is “lazy” and on their phones a lot.

On 08/28/2024, I conducted an unannounced onsite investigation. I interviewed direct care staff Malaysha Brown, who has worked at the facility for seven months. She is fully trained, having completed a medical exam and a TB test at hire, and is certified in CPR and First aid. There are currently 12 residents living in the facility.

On 08/28/2024, I interviewed direct care staff Kamiya Bush, who has been employed at the facility for one month. Ms. Bush, said that she completed a medical exam and a TB test at hire, and is fully trained.

On 08/28/2024, I interviewed direct care staff Selena Johnson, who has been employed at the facility for two months. Ms. Johnson, like her colleagues, completed a physical exam and a TB test at hire.

On 08/28/2024, while onsite, I received a phone call from Zubair Ahmed, administrator. I conducted a brief phone interview. Mr. Ahmed was informed of the allegations. I requested several documents related to the allegations.

On 09/25/2024, I reviewed employee, resident, and facility records. I reviewed the employee record for direct care staff Malaysha Brown and Heidi Buchanan. Both employees have verification of completion of required training in the following areas: reporting requirements, First aid/cardiopulmonary resuscitation, personal care, supervision, and protection, resident rights, safety and fire prevention, and prevention and containment of communicable diseases.

Ms. Brown and Ms. Buchanan had verification of completion of the Workforce background checks upon hire. Ms. Brown was hired on 02/23/2024, and her physical exam was completed on 02/29/2024. Ms. Brown's TB test was completed on 08/02/2024. Ms. Buchanan was hired on 09/27/2022, her physical was completed on 11/08/2022, and her TB test was completed on 11/02/2022. I observed that Ms. Brown and Ms. Buchanan had two reference checks completed at hire.

APPLICABLE RULE	
R 400.14204	Direct care staff; qualifications and training.
	<p>(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:</p> <ul style="list-style-type: none"> (a) Reporting requirements. (b) First aid. (c) Cardiopulmonary resuscitation. (d) Personal care, supervision, and protection. (e) Resident rights. (f) Safety and fire prevention. (g) Prevention and containment of communicable diseases.
ANALYSIS:	Based on the investigation, there is insufficient evidence to support that the employees are not fully trained. On 08/28/2024, I interviewed direct care staff Malaysha Brown, Kamiya Bush, and Selena Johnson and they all stated that they were fully trained. I reviewed the employee records for Malaysha Brown and Heidi Buchanan, and both had verification of the above-required training.
CONCLUSION:	VIOLATION NOT ESTABLISHED

APPLICABLE RULE	
R 400.14205	Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.
	(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the physician's knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.
ANALYSIS:	Based on the investigation, evidence supports that a physical at hire was not completed for direct care staff Heidi Buchanan. Ms. Buchanan was hired on 09/27/2022, and the physical exam was not completed until 11/08/2022.
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.14205	Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.
	(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.
ANALYSIS:	Based on the investigation, there is sufficient evidence to support that TB tests were not completed at hire. Direct care staff Heidi Buchanan was hired on 09/27/2022, and her TB test was completed on 11/02/2022. Maylasha Brown was hired on 02/23/2024, and her TB test was completed on 08/02/2024.
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.14201	Qualifications of administrator, direct care staff, licensee, and members of household; provision of names of employee, volunteer, or member of household on parole or probation or convicted of felony; food service staff.
	(10) All members of the household, employees, and those volunteers who are under the direction of the licensee shall be suitable to assure the welfare of residents.
ANALYSIS:	There is no evidence to support that direct care staff Malaysha Brown and Heidi Buchanan did not have Workforce Background Checks completed. I observed in their employee record that both had varication of completion at hire.
CONCLUSION:	VIOLATION NOT ESTABLISHED

APPLICABLE RULE	
R 400.14208	Direct care staff and employee records.
	(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information: (f) Verification of reference checks
ANALYSIS:	Based on the investigation, insufficient evidence supports the claim that direct care staff Malaysha Brown and Heidi Buchanan did not complete reference checks. In their employee record, Ms. Ahmed verified two reference checks.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

- **There are multiple residents that are two person assists. There is only one direct care staff working the day and night shift.**
- **There are no fire drills.**

INVESTIGATION:

On 08/28/2024, I conducted an unannounced onsite investigation. I interviewed direct care staff Malaysha Brown. Ms. Brown works full-time from 7AM to 2 PM. Ms. Brown said that there are always 2-3 people working on each shift. Ms. Brown said that there are two residents, Resident A and Resident B, that require a two person assist.

On 08/28/2024, I interviewed direct care staff Kamiya Bush. Ms. Bush said that she has not participated in a fire drill. Ms. Bush denies working on a shift alone or having knowledge of any staff covering shift alone. Ms. Bush said that there is only one staff that requires two-person assist and there are two people on shift.

On 08/28/2024, I interviewed direct care staff Selena Johnson. Ms. Johnson works 7AM to 7PM shift. She has never worked a shift alone. Ms. Johnson said that she has not participated in a fire drill. Ms. Johnson said that there are two residents that two-person assist.

On 08/28/2024, I interviewed Resident A. Resident A is bed bound but is fully verbal and aware. Resident A said that she has not participated in a fire drill. Resident A said that there always two staff persons there to assist her. Resident A said that she feels safe at the facility.

On 08/28/2024, I interviewed Resident B. Resident B said that there are always "ladies here to help me". Resident B was asked about fire drills and stated that he does not understand what that means.

On 08/28/2024, I received a phone call from Zubair Ahmed, administrator while onsite. I conducted a brief phone interview. Mr. Ahmed was informed of the allegations. Mr. Ahmed said that no staff ever work alone. I requested several documents to be sent via email.

On 09/09/2024, I conducted an interview with Relative A1. Relative A1 is currently not visiting the facility to be interviewed regarding the allegation for fire drills. Relative A1 said that when she visited the facility, she observed at least two staff working although, she believes that Resident A needs at least five persons to assist her.

On 09/25/2024, I reviewed employee, resident, and facility records. I reviewed the staff schedules for August and September of 2024. There are three shifts: 7 AM to 7 PM, 7 AM to 1 PM, and 7 PM to 7 AM. There are two staff per shift. I reviewed Resident A and Resident B's *Assessment Plans*, and both had two persons assist. I reviewed fire drill records for July and August of 2024, and two drills were recorded. I requested the names of the staff that participated in the fire drill from Mr. Ahmed, and he documented that Selena Johnson participated in the July fire drill.

On 10/15/2024, I conducted a phone interview with Relative A2. Relative A2 said that two or more staff members are always present. Relative A2 has not observed any fire drills.

On 10/21/2024, I conducted an exit conference with Ms. Ahmed. I informed Ms. Ahmed of the change in the previously discussed findings. Mr. Ahmed believes that Ms. Buchanan may have had a TB test done before hiring, but it was about to expire. Mr. Ahmed was informed that the staff contradicted the fire drill records. Mr. Ahmed was unsure why the staff or the residents would deny participating in the fire drills. Mr. Ahmed said that he would have staff sign off when fire drills are conducted. Mr. Ahmed agreed to submit a corrective action plan.

APPLICABLE RULE	
R 400.14206	Staffing requirements.
	(2) A licensee shall have sufficient direct care staff on duty at all times for the supervision, personal care, and protection of residents and to provide the services specified in the resident's resident care agreement and assessment plan.
ANALYSIS:	<p>There is insufficient evidence to support the allegations that there is inefficient staff per the required needs of bed-bound residents. On 08/28/2024, I conducted an unannounced investigation and interviewed direct care staff Malaysha Brown, Kamiya Bush, and Selena Johnson. All three direct care staff denied working their shifts alone. There are always 2-3 staff persons working per shift. There are 12 residents, and two residents, Resident A and Resident B, are bed-bound per interviews and their <i>Assessment Plans</i>. I interviewed Resident A and Resident B, and both said that more than one staff is working at the facility.</p> <p>I interviewed Relative A1 and Relative A2, and both said at least two staff members are always working when they have visited. I reviewed the August and September 2024 staff schedules and found adequate staffing, with at least two staff members per shift.</p>
CONCLUSION:	VIOLATION NOT 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:	There is evidence to support that fire drills are not being conducted as required. I interviewed direct care staff Malaysha Brown, Kamiya Bush, and Selena Johnson. All three staff members said that they had not participated in or witnessed fire drills. I reviewed fire drill records for July 2024 and August 2024, and there was a record of the fire drill. However, Ms. Johnson was listed as a person who participated in the fire drill, which contradicts her interview. Furthermore, Resident A and Resident B denied participating in fire drills.
CONCLUSION:	VIOLATION ESTABLISHED

III. RECOMMENDATION

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

L. Reed

10/21/2024

LaShonda Reed
Licensing Consultant

Date

Approved By:

Denise Y. Nunn

10/22/2024

Denise Y. Nunn
Area Manager

Date