



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

December 16, 2024

Ryan Goleski
The Haworth Center
30225 13 Mile Road
Farmington Hills, MI 48334

RE: License #: AH630236793
Investigation #: 2024A1035088
The Haworth Center

Dear Ryan Goleski:

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,

Jennifer Heim, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(313) 410-3226
enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH630236793
Investigation #:	2024A1035088
Complaint Receipt Date:	09/24/2024
Investigation Initiation Date:	09/24/2024
Report Due Date:	11/24/2024
Licensee Name:	Detroit Baptist Manor
Licensee Address:	30301 W 13 Mile Rd. Farmington Hills, MI 48334
Licensee Telephone #:	(810) 626-6100
Administrator:	Ryan Goleski
Authorized Representative:	Ryan Goleski
Name of Facility:	The Haworth Center
Facility Address:	30225 13 Mile Road Farmington Hills, MI 48334
Facility Telephone #:	(248) 539-3131
Original Issuance Date:	05/09/1999
License Status:	REGULAR
Effective Date:	11/18/2023
Expiration Date:	11/17/2024
Capacity:	59
Program Type:	AGED

II. ALLEGATION(S)

	Violation Established?
Family A was not informed of Resident A foot ulcer. Resident A received delayed wound care.	Yes
Additional Findings	No

III. METHODOLOGY

09/24/2024	Special Investigation Intake 2024A1035088
09/24/2024	Special Investigation Initiated - Letter
09/26/2024	Contact - Face to Face
10/22/2024	Contact – Phone interview with Family A
12/10/2024	Inspection Complete. BCAL Sub Compliance.
12/16/2024	Exit Conference

ALLEGATION:

Family A was not informed of Resident A foot ulcer. Resident A received delayed wound care.

INVESTIGATION:

On September 24, 2024, the department received a complaint forwarded from Adult Protective Services (APS) which read:

“Resident A had a sore on her left big toe and middle toe of her right foot. Family A was told it was being treated with ointment. Family A took Resident A to an independent podiatrist and Resident A was sent to the hospital. Resident A’s bottom and vaginal area were red and pink, and the skin was broken down.”

On September 26, 2024, an onsite investigation was conducted. While onsite I interviewed Staff person (SP)1 who states she met the EMS at the facility upon Resident A’s return from the hospital. SP1 states Resident A returned from the hospital “soaked in urine, peri area red and broken down.” SP1 states she cleaned, changed, and preformed a head-to-toe skin assessment at this time. SP1 states family had taken Resident A to a doctor appointment and was sent to the hospital for further evaluation and IV antibiotics.

While onsite, I interviewed Resident A. Resident A was observed in bed, SP1 was in the process of changing her brief. Resident A alert and orientated to self, unable to answer basic questions.

Through interview Family A states, she had not been notified “as far as she can recall” of resident A’s foot ulcer therefore had not made a doctor appointment. Family A states she had made a doctor appointment for the family practice physician who gave a referral to podiatry. Resident A was sent to the hospital from the podiatry appointment for further evaluation and IV antibiotic therapy.

SP1 states she informed Family A about Resident A’s foot ulcers at the beginning of “June” SP1 states “I was treating them by cleaning them and keeping them covered.” Staff members report changes in skin to SP1 or supervisor on duty.

Through record review, Resident A was seen by Family Foot Care on 9/17/2024, related to diabetic foot ulcers. Notes indicate full thickness ulceration left hallux, right second digit. Family A was instructed to take Resident A to local emergency room for further evaluation and IV antibiotic treatment. Since discharge Resident A has received weekly follow up wound care in office.

Hospital records indicate Resident A was sent to the ED related to “bone exposure of the right second toe and ulcer to the left first toe.” Resident A received care at local hospital from 9/17/2024 through 9/20/2024.

APPLICABLE RULE	
R 325.1931	Employees; general provisions.
	(1) Personal care and services that are provided to a resident by the home shall be designed to encourage residents to function physically and intellectually with independence at the highest practical level. (2) A home shall treat a resident with dignity and his or her personal needs, including protection and safety, shall be attended to consistent with the resident's service plan.

ANALYSIS:	<p>Through direct observation, there was no breakdown noted on peri area and buttock. Dressing observed on left foot. SP1 states podiatry provides orders related to foot ulcer.</p> <p>Through record review, there was no documentation noting foot ulcers, conversation occurring with family related to necessary care related to foot ulcers, nor treatment or preventative measures in place to prevent or reduce ulcers. Due to these reasons, this allegation has been substantiated.</p>
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

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



10/23/2024

Jennifer Heim, Health Care Surveyor Date
Long-Term-Care State Licensing Section

Approved By:



12/10/2024

Andrea L. Moore, Manager Date
Long-Term-Care State Licensing Section